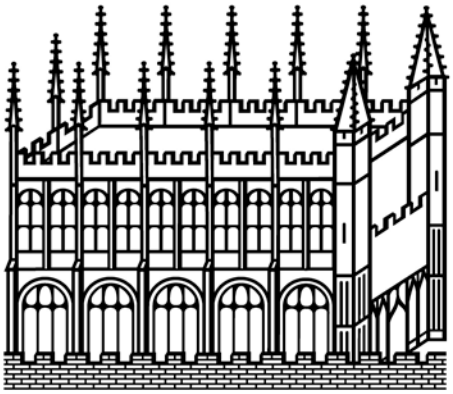


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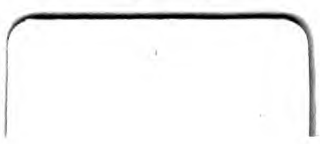
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

[*From the Case-Book of* GEORGE JOHNSON, ESQ., M.D., *Physician to King's College Hospital, Professor of Medicine in King's College.*]

THE PRACTICAL VALUE OF RHINOSCOPY.—CASE OF A CYST OBSTRUCTING THE POSTERIOR OPENING OF THE RIGHT NASAL FOSSA.

Professor Czermak, when he was in London last summer, told me that the main object which he had in view during this last visit was to give an impulse to the study and practice of rhinoscopy. Laryngoscopy, he knew, was appreciated by us as it deserved to be, but he thought that the comparatively unattractive and difficult art of rhinoscopy had received too little attention. Impressed by these remarks of my friend and teacher, I determined, in future, to pay more heed to this invention of his, and the following case affords a good illustration of its value.

I may take this opportunity of remarking that I have found a round glass mirror about the size of a sixpence far better than the small steel mirrors which are usually made for rhinoscopy. The chief objection to the steel mirror is the rapidity with which it cools and consequently becomes dimmed by the patient's breath. I may observe, too, that I am more than ever convinced that in the practice of both laryngoscopy and rhinoscopy the reflector should be fixed on the *forehead* and not in front of one eye. The latter position is attended with no advantage, that I can discover, in the mode of illumination, while its disadvantages and inconveniences are obvious and indisputable. (See two papers by the Author, 'Medical Times and Gazette,' Feb. 14, 1863, and June 6, 1863).

CASE.—*Gradually increasing and at length complete obstruction of the right nostril. Rhinoscopic examination discovers a globular tumour filling the posterior opening of the nasal fossa. The tumour, removed by forceps, proves to be a cyst containing a glairy fluid. Cure.*

Mr. J—, æt. twenty-four, about two years ago, after a severe cold, began to experience some difficulty in drawing air through the right nostril; this difficulty continued and steadily increased until at the end of about a year the obstruction was complete. During the last year he has been unable, by any effort, either to inspire or to expel air through the right nostril. The left nostril remains pervious, but, in consequence of the obstruction on the right side, the patient habitually keeps his mouth open; respiration being impeded when the mouth is shut. The voice has somewhat of a nasal character. There has been no unusual discharge from the nostril. Examination of the nostril in front discovers no obstruction. The mucous membrane appears quite healthy, nor is any abnormal appearance visible on examination of the palate and pharynx in the ordinary way through the open mouth. Rather more than a year ago he consulted an eminent surgeon who probed the nostril without discovering the seat or cause of the obstruction. He has consulted me occasionally during the past year. I prescribed various remedies; he has twice gone into the country for rest and change of air, but while his general health and strength have improved the nasal obstruction and its attendant annoyances remain the same.

In the early part of December, on his again consulting me, I determined to make a rhinoscopic examination. He has a throat favourable for rhinoscopy; a small uvula, with the soft palate at some distance from the back of the pharynx, so that a small mirror can be introduced obliquely beneath and behind the soft palate, and it is unnecessary to draw the uvula and palate forwards. I soon obtained a complete view of the posterior nares. The left nostril was found quite normal; the right was seen to be completely obstructed by a tumour of apparently globular form, having a slightly granular surface, and a yellowish green colour. It touched the floor and the septum of the nose; and, externally it pressed upon and concealed the turbinated bones. By means of a probe, bent like a shepherd's crook, and introduced below and behind the palate, I succeeded in touching the surface of the tumour, while I saw it in the mirror; it had a soft, but somewhat elastic feel. I concluded that the tumour was a polypus, and I now asked my friend and colleague, Mr. John Wood, to examine the patient with me, and to devise a plan for removing the tumour. He at once saw the tumour in the mirror, and made a sketch, which gives a correct representation of the appearance presented by the posterior nares. (See woodcut, Fig. I.)

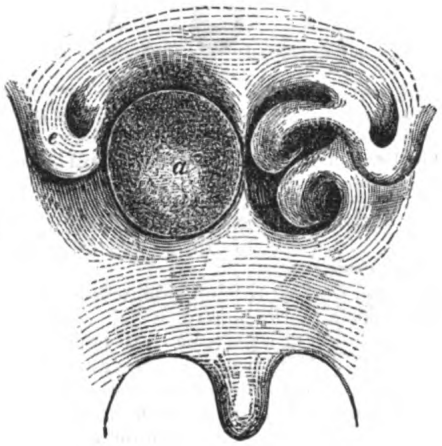


FIG. I. Posterior view of uvula, soft palate, and nares, as seen in the mirror. The tumour *a* on the left of the figure fills up the posterior opening of the right nasal fossa; *e*, the orifice of the right Eustachian tube.

On probing the nostril he found, as I had done before, that while the probe readily passed through the left nostril backwards, a soft obstruction was felt at the back of the right.

On the 23rd Dec., Mr. Wood, in the presence of Dr. Yearsley and myself, introduced a slender curved polypus forceps through the anterior opening of the nostril, grasped the tumour, and as he was drawing it forwards there was a sudden rush of a glairy fluid, like white of egg, and some membranous shreds came away between the blades of the forceps. The patient could now readily blow through the right nostril; and on rhinoscopic examination the nostril was seen to be pervious. The tumour had disappeared, the turbinated bones were plainly visible, and on the under side of the middle turbinated bone there was an abraded surface, from which apparently the tumour had been torn (see woodcut, Fig. II.) The tumour evidently had not been a solid polypus, as we had supposed, but a hollow, globular cyst, containing fluid. This was burst by the forceps, and now not a trace of it remains. On the second day after the operation, a portion of the cyst-wall came away, this I have preserved; it is smooth on its inner concave surface, but uneven on the outer surface, by which, apparently, it had been attached to the mucous membrane. During the first few days after the operation, the abraded surface (indicated at *a*, Fig. II.) was covered by a purulent secretion; this has now healed over. The mucous membrane appears quite healthy. The patient has lost all sense of obstruction in the nostril; he can breathe comfortably with the mouth closed, and the voice has recovered its natural tone.

The practical value of rhinoscopy in this case can scarcely be called in question. It is doubtful whether by any other method of exploration the position and nature of the

tumour could have been determined with sufficient certainty to warrant an operation for its removal.

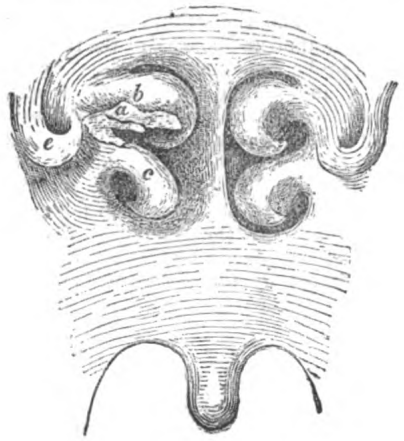


FIG. II. The posterior nares after the removal of the tumour; *a*. The abraded surface from which the tumour was torn. *b*. The middle, and *c*, the inferior turbinated bone. *e*. The Eustachian tube.

Czermak, in the last edition of his work,* gives a good illustration of the value of rhinoscopy in correcting an erroneous diagnosis.

A young man, deaf on the left side, was found to have a tumour at the back of the nostril which conveyed to the finger the impression of a polypus. An operation was contemplated, but a rhinoscopic examination discovered a tapering swelling of the mucous membrane, nearly as thick as the finger, surrounding the orifice of the left Eustachian tube, also great swelling of the middle and inferior turbinated bones, but no polypus nor any tumour which an operation could have removed or lessened.

From the Case-Book of BARNARD HOLT, ESQ., *Senior Surgeon to the Westminster Hospital, &c. &c.*]

CASES ILLUSTRATIVE OF THE BENEFITS TO BE DERIVED FROM THE EMPLOYMENT OF THE STRICTURE DILATOR IN THE TREATMENT OF STRICTURE OF THE URETHRA.

Mr. A—— was sent to me from from Shanghai, suffering from stricture of the urethra, of a painful and somewhat complicated kind. He informed me that for a considerable period he had experienced difficulty in micturition, and that he had been the subject of several attacks of retention of urine, that it was usual for him to pass water frequently during the day, and that after riding he suffered intense pain, so as to compel him to assume the recumbent posture. Many and frequent attempts had been made to increase the diameter of the urethra, but without success, and after very prolonged treatment, it was found to be impossible to pass a larger instrument than No. 3, and as each attempt was followed by severe suffering, he had been advised to come to England, and place himself under my care. Upon examination, I found he had a tight elastic stricture in front and another behind the bulb, which after some difficulty admitted a No. 3 catheter, grasping it with great tenacity, and rendering it somewhat difficult to remove; there was no bleeding, but the introduction gave him pain, and he informed me he always passed water with great difficulty after the passage of a bougie. Having taken his abode in my immediate neighbourhood, I in a we after his first consulting me, introduced the dilator and once split the strictures with the No. 12 tube, substituti a catheter of that size simply for the purpose of removi the urine; he did not make the least complaint when t tube was passed, and assured me the pain of the operati was infinitely less than he had suffered from the small theter. As he was somewhat out of health, and in order prevent any rigor, I passed the catheter again in four hou and withdrew the urine; this was repeated on each day four days, and then on every subsequent day for a fortnig at the expiration of which time he was taught to pass t bougie for himself, which he effected with the greatest ea This gentlemen never had a bad symptom of any ki whatsoever, he was out the day following the operation a in less than three weeks was perfect master of his ca passing his own No. 12 with the greatest ease, and to u his own words, "making water as well as he ever did his life."

Mr. T—— was sent to me by a surgeon at Ramsgate, consequence of his being the subject of an obstinate stri ture of the urethra, which had defied the efforts of his ow surgeon to pass any instrument into his bladder. He cor plained of the usual train of symptoms, and, in additio that the stricture was so irritable as to bleed upon eve occasion that a bougie was attempted. After some difficul I succeeded in introducing a No. 3, and on the third da following passed the dilator and the No. 12 tube. Althoug he was a highly nervous sensitive person, he never co plained of the least pain from the operation, and in o week returned to Ramsgate, passing his water in a fu stream, and capable of introducing his own No. 12, whic he did in my presence before leaving London.

Mr. W——, a merchant of Liverpool, consulted me f obstinate stricture of the urethra, from which he had bee suffering for sixteen years. His chief complaint was fr quency and great straining in passing water, a dull, heav aching in the perinæum, turbid and mucoid urine, an great irritability of the urethra after the passage of catheter, so that for many days succeeding each introdu tion, the urine passed slowly, and in a very fine stream. No. 3 catheter could be introduced without material diff culty, but it was firmly grasped and required some force remove it. Having made arrangements to be near me f a week I passed the dilator, and split the obstruction with t No. 12 tube, the urine was at once removed with the No. catheter, and again in four hours by the same means, assures me that the pain was momentary and trifling; the was the slightest possible bleeding, not amounting to a te spoonful. This gentleman, like the others, never had t slightest bad symptom, he resumed his business on the f lowing day, and in ten days from the operation return to Liverpool, having been taught to pass his own No. 1 and making water as free as he ever did.

The above cases, although not types of stricture of gr severity, yet were of a class that rendered the tre ment by ordinary dilatation almost useless, the str ture being of that nature which would allow its to be dilated to No. 4, but no further, and wh speedily contracted so soon as the passage of t catheter was abandoned for even a week. It will be noti that in neither case was there rigor or inconvenience of a kind; and this I believe my more extended experie enables me to state is attributable to the removal of urine from the first twice after the operation, for in no c has there been the slightest inconvenience of any ki whether fever, rigor, retention, or any complication. T following is a case of a more obstinate kind, and afford still more striking illustration of the benefit to be deri from this method of treatment. Mr. ——, a patient of Cleveland, of Maida Vale, consulted me, by Dr. Clevela advice, in consequence of an old resisting stricture, wh had defied the introduction of a catheter for two years, a which was rapidly becoming worse. The patient, a gen man thirty-seven years of age, had for many years been subject of stricture; four years since Dr. Cleveland s

* Der Kehlkopfspiegel und seine Verwethung für Physiologie und Medizin, p. 127-8. Leipzic, 1863.

ceeded in dilating the urethra so that the stricture would admit a No. 8, his patient, however, subsequently neglected the treatment, and in two years afterwards it was found to be impossible to pass any instrument beyond the first stricture situated in front of the bulb.

Upon seeing the patient, I found him pale, with a feeble heart somewhat out of health, and making water only by great straining in a very small stream, and frequently by drops. I failed in passing even the smallest catheter, for although I could succeed in entangling the point in the second obstruction, I could not penetrate it. Upon my second visit, after an interval of a day, I succeeded after a prolonged trial, and with great difficulty in passing a No. 1 through three strictures into the bladder, and as there had been so much difficulty in introducing it, I determined to retain it by fixing it to the penis. On the following day the catheter had become somewhat loosened, and upon its removal, and with great difficulty, I succeeded in passing the dilator and splitting the stricture, with the No. 12 tube, although from the patient shrinking at the time the tube was thrust forwards, they were not so effectually split as I should have desired; a No. 9 catheter was passed to remove the urine. In four hours after a catheter was again passed, upon the principle I have already mentioned, to prevent any rigor, and on the following and first three days a catheter was introduced once daily; in less than a week No. 11 could be passed with facility, he never had the semblance of a bad symptom, and is progressing uninterruptedly well.

Mr. Ambler, of Hemel Hempstead, requested me at my monthly visit to the Hemel Hempstead hospital, to see a young man, a shoe-maker, who had suffered from stricture for many years; he had been frequently the subject of retention of urine, and on more than one occasion had infiltration and abscess, of which there was ample evidence in his indurated and perforated perinæum fistulæ existing, through which the urine escaped. *No instrument had ever been passed into his bladder*, although numerous attempts had been made over a series of years. Upon examination I found a hard cartilaginous obstruction at the bulb, through which, with great difficulty, I was enabled to pass a No. 1 catheter. It was, however, arrested at a membranous part, but after considerable perseverance I succeeded in passing the catheter into the bladder, the eye of the catheter became blocked with blood, and some doubt was expressed by one surgeon as to the catheter having reached the bladder. The case being one of considerable severity and complication, I advised his removal to the Westminster Hospital. Between the time of my seeing him at Hemel Hempstead and his removal to the Hospital another abscess had formed, and was opened shortly after his arrival, and gave him some relief; retention of urine, however, supervened, and he was placed under the influence of opium, which enabled him after some time to pass a small quantity of urine; in a few days he was somewhat more easy, and upon my second attempt I succeeded, after great difficulty, in passing a No. 1 catheter, and removing the contents of the bladder, together with a considerable quantity of pus, evidently from an abscess in the prostate; this catheter was fastened in, and on the following day, although he was much exhausted, I passed the dilator, split the obstructions, and introduced a No. 10 catheter with ease. A considerable quantity of pus escaped after the urine was removed, the catheter was passed a second and a third time during the day and night, but although it entered the bladder with the greatest ease, the patient was unable on the following day to relieve himself, the catheter was therefore again had recourse to. A further report upon this case will be forwarded in a short time. The case is interesting, 1st, from the fact of a catheter never having been introduced into the bladder; and, 2nd, that the operation was performed with perfect impunity, although the patient was at the time the subject of abscess in the prostate, and many fistulæ in perinæa.

SMALL-POX IN MADRAS.—From a recent return it appears that the deaths from small-pox in the Madras Presidency amount to 20,000 annually.

[*From the Case-Book of* JAS. YEARSLEY, ESQ., M.D.]

ON THE REMOVAL OF EXUBERANT GROWTHS OF THE TONSILS AS A REMEDY FOR IMPERFECT HEALTH IN YOUNG PERSONS.

Twenty years ago he would have been a bold man who would have ventured to express an opinion and act upon it as an axiom, as I have done for many years, that the tonsils in a permanently enlarged and indurated state—in other words, in a diseased state—should be removed. It is a well known fact that for that long period, and even longer, I have advocated such treatment in cases of deafness, and on the first announcement of my opinions, I suffered no little opprobrium for my zeal in pressing forward the practice, but it was at the hands of those who either did not or would not understand the rationale of the treatment. Without further recurring to the past, or resuscitating the many most absurd utterances of some of my contemporaries on this subject, such as loss of voice, wasting of the mammæ and other distant glands, as consequences of removing the exuberant growths of tonsils, *for be it remembered the tonsils themselves are never wholly removed*, I am going to astonish these worthies, and it may be many others, by recommending, as the result of an immense experience, that in all cases, and wherever enlarged tonsils exist, the morbid growths should be at once removed. There may be no deafness, there may be no muffled voice, no direct manifestation of functional derangement, but in the vast majority of cases there will be an evident deterioration of the general health and bodily vigour, which will be found to arise wholly and solely from enlarged tonsils. Paterfamilias may be heard to say, "I don't know what is the matter with my son, Tom, but he does not seem to thrive like the other children; he ought to be an inch taller and a stone heavier than he is, and yet he eats, drinks, and sleeps well, though he is oftener in the hands of the Doctor than he ought to be, who, however, always manages to patch him up again by a little alterative medicine and a run at the sea-side."

Look at Tom's throat; there you will probably detect the source of all the mischief, in the presence of tonsils, more or less enlarged, filling up and obliterating the space between the arches of the palate, the sharp outlines of which are scarcely, if at all, discernible.

Then among the girls of the family, the watchful mother cannot understand why Tiny (she is called Tiny because there is less development of body and limb than in her sisters) is always so mopish and quiet, so little disposed to join in the frolic and fun going on around her, so demure, so free from the spirit of coquetry natural to young girls!

Let the throat be examined, and though there may be no great enlargement of the tonsils, there will be enough to cause ill-health in the manner presently to be pointed out. If there were any great enlargement, the voice would be affected, the patient would breathe through the mouth instead of through the nose, and there would always appear to be present a persistent cold, the breathing would be heard across the room, and there would be disturbed sleep through the inability of the patient to sleep with the mouth shut.

Now the mode in which delicacy of health is brought about by the presence of enlarged tonsils may be thus explained. The diseased glands are situated in what may be called the grand highway of life—the throat—over which every breath of air necessarily becomes contaminated as it passes into the lungs, whilst every morsel of food is rendered unwholesome by being imbued with the unhealthy secretion poured out upon it from the diseased glands on its way to the stomach; hence the patient may be said to be always breathing an impure atmosphere, and eating tainted food. The effect upon the health is precisely similar to that which such conditions of existence—bad food and bad air—pro-

duce in young persons in whom there is no enlargement of the tonsils—that is, they become pale and emaciated, weak and flabby, and of stunted growth. But there is yet another reason for the delicacy of health attendant on these cases. The enlarged glands, more especially when held back by adhesion, exercise a certain degree of pressure on the carotid artery as it proceeds along the side of the neck to supply the brain with blood. Any interruption of this kind diminishes the nervous energy of the system generally, and makes its mark upon the general health. Remove the morbid growths, free the arches of the palate, and in a few weeks you will scarcely know your patient to be the same person. I have proved it in hundreds and hundreds of cases. No medicine is necessary. On another occasion I will explain how best to manipulate; here it will suffice to say that it should not be done with the clumsy, unmanageable guillotine, which often includes within its grasp parts which should not be cut; but with a knife and forceps specially constructed for the purpose, no such mangling need be perpetrated. Shortly I hope to say something more about the arrest of development, and the delicacy of young persons as the consequences of enlarged tonsils, and with what certainty vigorous health may be restored by their removal.

CASE OF APHONIA OF NINE YEARS' DURATION.

Mrs. ——, of middle age, the wife of a Medical man, in the autumn of last year, called to consult me for an affection of the throat, involving among its consequences, complete Aphonia. For nine years she had never heard the sound of her voice, and she lost it after protracted watching at the death-bed of her child. On an inspection of the larynx I could discover no lesion whatever, but the vocal cords could not be brought into apposition, hence the loss of voice. Although no abnormal condition was apparent, it might have been supposed that such existed, from the fact, that for a long time previously she had experienced a most unpleasant taste from what appeared to her to be a fetid discharge occasionally rising into her mouth, from the left side of her throat. The local treatment consisted of a free sponging of the larynx with a solution of the nitrate of silver, thirty grains to the ounce; by means of a silver spatula, armed with a roll of cotton-wool well saturated with the solution and bent to the proper angle, the general health being at the same time attended to. This treatment was persisted in daily for a fortnight, when she suddenly recovered her voice. After leaving me (I think on the thirteenth day), she spoke to her friend in a "croaking" voice, and after the next application it became of the natural *timbre*. In a few days she returned to her home, quite well, and I had the satisfaction of receiving from her husband a letter of thanks for the cure which had been effected. For six weeks she retained the voice, and I was beginning to calculate on a permanent cure when she returned to me as bad as ever. I may mention that the fetid discharge never recurred after the first recovery of her voice, and I had been disposed to attribute my success to the brushing away of some excrescence or tumour, or deposit, from the neighbourhood of the left vocal cord. With my mind bent upon that idea, I had less faith than before, or perhaps than I ought to have had, in resuming the local treatment, still I persevered for a few days, until in consultation with Dr. George Johnson on the state of her general health in connection with the local malady, we agreed that for a time, at least, this alone should be attended to, and with this view she a second time returned to her home. Our joint laryngoscopic examination showed the wide open triangular glottis motionless when she attempted to speak, as I had myself frequently verified. But the lady herself having the fullest confidence in the success of the local treatment by caustic solution, resolved to make another trial. Not liking to trouble me again, thinking she had tried my patience long enough, as she was pleased to express it, she called upon another physician, who discovered that the vocal cords ran parallel to each other and never approximated in any one part! how this could be I know not; he professed to be confident of success, first by something he called the bromide of ammonium, then by cayenne pepper, then by nux vomica, then by strychnine all conveyed upon the larynx by vapour saturated with these substances, and lastly, by electro-galvanism, on the plan, of Dr. Morel-Mackenzie, but all failed until at her own suggestion was again tried, the solution of the nitrate of silver in vapour. In three or four applications the remedy had succeeded, and she again returned to her home. I have been surprised to hear that in three weeks this case was reported at the Pathological Society as a permanent cure, after, as it was said, Dr. Johnson and myself had failed! For my patient's sake I trust it may be so, but my experience in similar cases teaches me that this lady will again experience a temporary loss of voice, indeed, she has already had signs of it leaving her, though of her ultimate recovery there can be little doubt.

My intention in quoting the foregoing case is not to bring it forward as possessed of any novelty, but to show that we have gained nothing by any of the new-fangled remedies, or the new-fangled modes of applying them. If nitrate of silver applied to the larynx by saturated vapour will cure, so will nitrate of silver by saturated water. And a probang of sponge, or a silver spatula, devised for the purpose, armed with a roll of cotton-wool and bent to a proper angle so as to command the glottis, will be as efficient an instrument as the vaporiser. I have nothing to say against the electro-galvanic appliances of Dr. Morel-Mackenzie, of which, in many cases I think highly.

Lastly, let me entreat the readers of Medical journals to receive with caution the statements, made at the Medical Societies, which by a suppression or by exaggeration of facts, are not always trustworthy or truthful.

[*From the Case-Book of* ARTHUR LEARED, Esq., M.D.]

MANGANESE AS A REMEDY IN DISEASES OF THE STOMACH.

Pain caused by food is a very common functional affection of the stomach, and it affects women more frequently than men. Its ordinary position is at a spot just below the ensiform cartilage, but it may be localised at other points over the region of the stomach. At times it is diffused over a considerable space. When it has continued some time and especially if its seat is the spot first mentioned, the affected part feels sore on pressure, and this soreness may remain after cessation of pain. In many cases pain extends a good way upwards beneath the sternum, more rarely it is diffused downwards towards the umbilicus, or even below it. It frequently extends towards the right in the track of the duodenum, and is sometimes experienced in the cardiac region itself. In many cases pain shoots from the part locally affected as from a focus, in various directions through the thorax, frequently to the upper part of the back.

The perception of pain by different individuals is very variable, which partly accounts for the varying descriptions of the present affection. By some patients it is described as a dull continuous pain, by others as of a tearing, gnawing, or scraping nature, or like that which might be caused by a tight ligature.

The pain usually comes on from a quarter of an hour to an hour after a meal, but in severe cases is induced by taking even a few morsels of food. Its duration is uncertain but it usually last some hours. There appears to be always a short interval between the time of swallowing the food and the occurrence of pain. A valuable means of diagnosis between it and the pain of ulcer of the stomach in which pain generally happens immediately on swallowing solid food, is thus afforded. But the intensity of pain afford no measure of the gravity of the disease. The pain of cancer or of other organic diseases of the stomach may be less severe than that which is purely of a functional nature. Flatulence with a sense of distension are experienced

some cases, while in others they are entirely absent. Constipation is not a prominent feature of the disease.

The pain and tenderness are seldom connected with gastritis, as their transient nature, as well as the accompanying symptoms, sufficiently prove. They are simply an expression of exalted sensibility of the mucous membrane of the stomach, which becomes intolerant of the natural contact with the food, or, else of the gastric juice itself. The facts that the pain does not come on until the food has been some time in the stomach, and that albuminous food—that which requires gastric juice for its reduction, causes suffering, while starchy aliments cause it in a less degree, or, not at all—support the idea that the gastric juice is its source. I have been led by several circumstances to the belief, that the epithelial coating of the gastric mucous membrane is imperfect; that it is either shed too rapidly, or, owing to its imperfect growth, is inadequate for the protection of the delicate surface which it covers. Thus, the state of the tongue whose surface is continuous with that of the stomach, is generally very characteristic of the disease. Owing to a denudation of its epithelial covering, its extremity is very red, and its irritable-looking papillæ stand prominently out. The effect of treatment also proves that inflammation is not concerned in the disease.

I have thought it necessary to describe in some detail the nature of the disease before bringing forward a new remedy for it, because there are other painful conditions of the stomach which are not benefited by the same means. Its successful use will, therefore, greatly depend on accuracy of *diagnosis*. The gastric pain caused by gout, generally *connected* with an excess of acid is not removed by the same treatment; the pain which attends organic disease of the stomach is little influenced by it, and the same may be said of the neuralgic pain, which is especially apt to occur when the stomach is empty.

In the treatment of the disorder before us, direct sedatives seldom give more than temporary relief. Opium has the great disadvantage of inducing constipation. Prussic acid, with or without alkalies, so useful in some kinds of stomach pain, is generally futile. But the nitrate of bismuth has long been in deserved repute; more recently it has been almost superseded by its carbonate. These preparations are also open to the objection that they induce constipation. Both these substances are but sparingly soluble in the fluids of the stomach, and it occurred to me that their beneficial action may be exerted in a mechanical manner. It seemed possible that the diffusion of an inert powder over the walls of the empty stomach might, as it were, blunt the over sensitiveness of its mucous membrane. With this view I tried, in several cases, the effects of silex prepared by precipitation from its solution, a perfectly inert and insoluble powder. The results were not encouraging. Passing then to substances which combine mechanical with a special action, I tried in many cases the saccharated carbonate of iron with little success. A fair trial of the magnetic oxide of iron yielded no better results. All the substances mentioned were given in doses of from x. to xx. grains. In pursuance of the same inquiries the black oxide of manganese, freed from impurities, at length came under trial. Here the results have been unexpectedly satisfactory. After having used it in several hundred cases, both in hospital and private practice, and after an experience of some years, I do not hesitate to pronounce it a most valuable addition to our stomach remedies. It is certainly more efficacious in allaying the hyperæsthetic state of the mucous membrane than bismuth. This has been proved by alternately exhibiting each remedy for a week at a time in severe cases, and carefully noting the results. But, independently of this, manganese has one cardinal advantage—it does not constipate. Assuming them equal in other respects, this alone is enough to stamp its superiority over bismuth, in the use of which we are constantly obliged to teaze the gastro intestinal surface with irritating purgatives. Another advantage not to be overlooked, especially in hospital practice, is this—the purified oxide of manganese can be procured at about one-sixth the price of the preparations of bismuth. I possess notes of a great number of cases treated by manganese which incontestibly prove its efficacy. Space will not at present allow of these details, but the result of its trial in forty hospital out-patients, men and women, briefly stated, must suffice. The duration of the disease ranged from three weeks (the shortest) to several months and even years. The dose of the manganese was, in almost every instance, ten grains taken three times a day before meals. Alterations in diet could have had little influence in these cases.

After having taken manganese one week,

Pain was quite removed	in 12	
Very much relieved	in 15	28
Relieved	in 10	
Unrelieved	in 3	
	40	

After having taken manganese two weeks,

Pain was quite removed	in 4	
Very much relieved	in 15	
Not so well as first week	in 1	
Patients did not attend	8	
	28	

Some of these patients continued taking the medicine for several weeks, and although a few who ceased to attend may possibly have remained unrelieved, no instance of failure came to my knowledge.

I was particular in ascertaining the effect on the bowels, and in four cases it is noted, that the medicine was thought by the patients to constipate, in three of these only slightly. More extended observations, however, convince me that it has no constipating effect. In one case, on the other hand, it was stated to have purged.

Manganese is also highly useful in pyrosis, generally removing, first the watery discharge, and afterwards the pain in a short time. In certain irritable states of the stomach it is also of much service. In one remarkable case, in which a woman had been affected with vomiting for many months, after the failure of bismuth, manganese was very successful in quieting the stomach.

The purified oxide of manganese may be given in doses of from five grains to half a drachm, according to the severity of the case. I tried the carbonate of manganese in a few cases with good results as regards pain, but in doses of ten grains it is apt to induce nausea, or even vomiting. The sulphate given in solution also allays pain, but I found that even five grains is still more liable to disagree with the stomach.

The ordinary black oxide of manganese is very impure, and therefore unfit for use. The purified manganese may be obtained from Messrs. Garden and Robbins, 372 Oxford street, W. I shall feel indebted to any gentleman who may make a trial of the remedy, for a report of the results.

12 Old Burlington street.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By ROBERT HUNTER SEMPLE, M.D.,

Senior Physician to the St. Pancras and Northern Dispensary.

The present century has been fertile in results advantageous to the advancement of Medical science and practice. The happy discovery made by Laennec that certain solid bodies conveyed to the ear the sounds generated in the thoracic region of a patient, opened up the whole domain of chest-diseases to the cognisance of the physician, who before only made a dubious guess at morbid processes which he now detects almost with certainty. Strangely enough the stethoscope revealed the existence of many sounds which are heard just as well by the unassisted ear, but which had not previously been heard or described, because they had never before been sought for. The adaptation of

condensed rolls of paper (which formed Laennec's first stethoscope) and of wooden cylinders, to the auscultation of the chest, merely proved that certain sounds were generated within that cavity, and they might have been heard there by Hippocrates himself, if he had placed his ear in the right place. The invention of the stethoscope was, in fact, the discovery made for the first time that the best way to ascertain the healthy and morbid condition of the heart and lungs was to listen to the sounds which these organs emitted: and whether the physician listened to the chest itself, or to the sounds transmitted from the chest through the stethoscope, was a matter of comparatively little importance, so that he really heard them, and duly estimated their value.

The advancement made in pathology kept pace with and threw abundant light upon the researches made by Laennec; for by continual comparison of the sounds heard during life with the appearances observed on necroscopical examination, the true meaning of the different sounds was gradually unfolded, until the practitioner was enabled to detect the state of matters going on within the chest with almost as much certainty as if the parietes were made of transparent materials, and he was able to see through them into the interior.

The brilliant discoveries of chemistry lent a valuable assistance to every branch of pathology, investigating with the utmost minuteness and accuracy the composition of the solids and fluids of the body, and the changes which they undergo under the ceaseless operations of life. The improvements in the microscope, its greater cheapness, and the increased facilities thereby afforded for the general employment of this instrument, have progressively developed the construction of the minute tissues of the human organism, the processes by which they spring from their original germs, and the degeneration which they undergo from the influence of disease.

The study of the Diseases of the Heart may be said to have begun only after the publication of the Treatise of Laennec, who, although including Cardiac Diseases in his volumes, and describing some of the morbid sounds of the Heart, threw no great light upon the subject, which was taken up and pursued with much greater success by Bouillaud and Andral in France, and by Hope, Williams, Latham, and Richard Quain in this country.

The human body consists of a number of parts so intimately connected and interwoven with one another that it is exceedingly difficult, in innumerable instances, to determine the exact sequence of morbid action; whether a given organ is the original seat of disease, or whether it is only secondarily affected, whether the local mischief originates the constitutional malady, or the constitutional malady predisposes to or excites the local mischief. This remark is especially applicable to the affections of the Heart, an organ which sympathizes with every other organ and structure of the body, and which supplies to every part its indispensable nourishment. The pulse, that *fallacissima res*, as Celsus terms it, gives timely intimation of the existing condition of the central organ of the circulation, and tells us whether it is beating in its regular course or is accelerated in its movements, whether its beatings are performed with increased or diminished energy, whether the powers of life are exercised too vehemently, or whether they are flagging in their course.

Still in these days of the subdivision of mental labour, and of the immense accumulation of materials too mighty to be comprehended by a single mind, the mere necessity of the case, rather than any natural boundary, induces men to choose one subject in preference to another for their special pursuit and cultivation, and viewed in this light the study of the Diseases of the Heart presents many attractions. The very facts that this organ is the centre of the circulatory system, that the arrest or suspension of its action causes actual or temporary death, and that its derangements must entail serious consequences upon the rest of the system, invest with peculiar interest every condition which it presents, and render the investigation of its healthy or morbid actions a matter of paramount importance in the practice of Medicine. The wonder indeed is that an organ so important may be seriously impaired (as is often the case) without causing a correspondingly dangerous state of the general system, and that life and comparative health and comfort are quite compatible with even advanced disease of its structure. Nay, more, it is often the case that palpitation and severe pain of the heart may cause the utmost distress to the patient, when there is no morbid lesion at all; and *vice versâ* the most insidious and destructive changes may be going on in the texture of the organ while the patient is wholly unaware of their existence. Considerations such as these, while they ought to make us the more careful to investigate every morbid condition, should render us equally guarded in forming a prognosis as to the result of a given case, which may entirely falsify our anticipations, if we were guided solely by physiological or pathological reasonings.

The diseases of the heart may be *acute*, as in inflammation of the organ, or rather of the membranes which cover or line it; but this inflammation is rarely idiopathic, being usually associated with some diathetic condition of the system. The *chronic* diseases are far more numerous, and they also are rarely idiopathic, being usually the results of the acute inflammations, or being produced by disease of organs associated with the heart in function, or by constitutional disturbances. The diseases may also be divided into *Functional*, or those which are unconnected with any perceptible lesion, and *Organic*, or those in which there is visible or tangible change in structure. The latter are, of course, the more interesting to the morbid anatomist, although the former are equally important to the pathologist, who does not always look for visible change of structure to account for every deviation from the healthy standard.

The organic changes consist in inflammation of the membranes, of enlargement of the heart itself, of obstructions or insufficiency of its valves, of diminution or weakening of its muscular fibres, and of deposition of fatty matter within the substance of the latter. This fatty degeneration of the heart, although it has been admirably described and demonstrated of late years, and although it has satisfactorily explained a great amount of the mortality from heart disease, still demands further and most careful consideration, more especially in connection with the physical signs which indicate its existence during life, and with the remedial measures, the adoption of which might arrest its progress.

Another most important subject developed in very recent times in connection with cardiac pathology, is the value to be placed upon the existence of fibrinous concretions, or what were formerly called polypi, in the large vessels of the heart. These bodies, as is well known, were described as morbid products by the bygone race of Medical practitioners, but from the great frequency of their occurrence in post-mortem examinations, they were generally regarded by most practical anatomists as merely changes occurring from ordinary causes some little time before death. In fact, I had so often found them myself that I ceased to regard their appearance as of any importance, and when some years ago, my friend, Dr. Richardson, started the theory that their formation was the *cause* rather than the accompaniment of death, I was inclined altogether to doubt the truth of the opinion. Since that time, however, Dr. Richardson has worked out his views with so much energy, as to support, in a certain sense, the view that these fibrinous concretions may, in particular cases, be formed suddenly, and may cause rapid dissolution. This subject has received a further development by the curious discovery that portions of fibrinous concretions may be carried from the pulmonary artery into the capillary vessels of the lungs, or from the aorta into the arterial ramifications throughout the system, thus causing local obstructions which may terminate according to the structure affected, in gangrene, in inflammation, in congestion, or in softening. The local obstructions have received the general name of *thrombosis*, and the transportation of minute fragments of clots to distant parts is designated under the name of *embolism*.

(To be continued.)

MEDICAL SOCIETIES.

HARVEIAN SOCIETY, DEC. 17th, 1863.

PRESIDENT, DR. H. FULLER, in the chair.

A paper was read by Dr. TILBURY FOX,

ON PORRIGO.

The author first commenced by objecting *in toto* to the further use of the term *porrigo* in dermatology. The term tinea would be a proper substitute in the parasitic class of cases; and the impetigo contagiosa, in the form of scalp disease, more recently known as porrigo startinii. A description was then given of the disease as it affects the different parts of the body; on the scalp as isolated circular, flat, yellowish, granular looking scabs, without any inflammatory areola, developed as a primary disease from a small pustule; on the general surface as small red points, isolated, most usually becoming pustular, then quasi bullous (always umbilicated) and presenting a circular form with more or less redness around, attaining the size of a shilling, or more, and then breaking out into superficial, wet leather looking ulcerated surfaces. The contents of the pustules were shown to be made up of puriform material, (a plastic lymph) pus, fat, epithelial cells, and parasitic animal and vegetable growths, resembling the trichophyton, and also bodies resembling amyloid corpuscles. The parasites were only found, as an accidental component of the disease. *Dr. Fox* noticed certain deviations from the normal standard. The disease is essentially and highly contagious, and the specific contagious quality resides in the secretion of the pustule, and is not parasitic, as shown by microscopic examination. Cases were quoted to show that the disease was inoculable by the introduction into the skin of a sound person of some pus, or of some of the discharge. Dr. Fox then proceeded to point out the similarity between cases of impetigo contagiosa and so called "bastard vaccinia." That "bastard vaccinia" was, in many cases, simply impetigo contagiosa, and this mostly followed vaccination, or could be traced by contagion through a series of cases to some one subject in whom the disease had followed so close upon vaccination, that the I. contagiosa of the scalp often co-existed with so-called bastard vaccinia of the surface. That inoculation produced a pustular condition, closely resembling vaccinia, and Dr. Fox touched upon the explanation of the relation of this disease to vaccination, and asked what, if any, is the modifying influence of the universal practice of vaccination upon existing disease. Some of the cases appeared to be impetigo modified by vaccination. Dr. Ross's observations were referred to. The author had described the disease as it had lately been seen in the quasi epidemic form among the patients in his department of "Diseases of Women and Children," at the Farringdon Dispensary.

The PRESIDENT observed that a large field of observation was opened out by the connection between vaccination and scrofula. Vaccine might cause eruption, either by constitutional irritation or by specific poison. At Southampton, children who were vaccinated had had a remarkable epidemic of skin disease.

Dr. HILLIER thought that the author of the paper had included several diseases under one head. He was fully satisfied that impetigo was sometimes contagious, and that some of these cases seemed to have all the anatomical characters of ordinary non-contagious impetigo, whilst others had the characters so well described by Dr. Fox. This differs from ordinary impetigo in the character of the secretion and in the extension of ulceration beneath the raised cuticle. The existence of umbilication was generally due to the cuticle dipping down into a sweat duct, and might be present or not. He was not quite sure whether this was a separate disease, or whether rupia, &c., might not also in children occasionally become contagious. Scabies and pediculi complicated the question. The term porrigo is a bad one, having been applied indiscriminately to all kinds of scalp diseases. Dr. Hillier stated that Willan and Bateman's porrigo favosa was not fever, but the contagious impetigo; whilst *P. lupinosa* answered to favus, and *P. scutulata* to *tinea tonsurans*. He had several times heard from practitioners that their supply of vaccine lymph appeared to have become impure, and vaccination by it had caused eruptions. Was this caused by lymph having been taken too late, or by its having come from unhealthy subjects? Splitting of hairs is not always due to parasitical growths, as Dr. H. had found by experience, and as *à priori* considerations would prove.

Dr. CHOWNE thought the author's views dangerous, as casting discredit upon the important practice of vaccination, without being grounded upon sufficient observation of facts. He believed eruptions of this kind occurred merely coincidently, not in consequence of vaccination.

In reply to Dr. Drysdale, the author showed that he used sulphur ointment as an external application, and cod-liver oil and iodide of potassium internally.

Dr. TILBURY FOX observed, in reply to Dr. Hillier, that he had been very careful in drawing logical conclusions in the matter. He had noticed that this disease frequently followed in the wake of vaccination. He could not agree with Dr. Hillier that there was any proof of the contagious nature of ecthyma or rupia in any case. As to pediculi and vegetable parasites being a cause of contagion, there was direct proof to the contrary. They were altogether absent in the majority of cases. The splitting-up of hairs into their ultimate fibres was thought by Dr. Hillier not to be due always to parasitic disease, but a condition of fungus capable of producing the lesion was generally overlooked, and as to umbilication it was due to the pathological behaviour of the diseased derma.

PLYMOUTH PUBLIC DISPENSARY.—TESTIMONIAL TO DR. COOKWORTHY.—At a special meeting of the committee of the above dispensary, after appointing Dr. Cookworthy Consulting Physician, in accordance with the request of the Court of Governors, it was resolved—"That a marble tablet be erected in the committee-room, at the expense of the institution, commemorating the invaluable services of Dr. Cookworthy to the charity, during a period of fifty years. That a public subscription be entered into for promoting the acquisition of a handsome testimonial to be presented to Dr. Cookworthy, the subscription to be limited to one guinea. That the nature of the inscription, and of the testimonial, and the promoting of the subscription, be left to a special committee, which was appointed for the purpose."

A TURKISH "DIVINE" PRACTITIONER.—The following advertisement appears in our Stamboul contemporary, the 'Terjuman Ahval'—"Headaches, tooth aches, lumbago, eye-sores, fever, &c., cured by a celebrated divine just arrived from Asia Minor, by breathing on the patient and by charms. Address: Dede-kave, at Allserai."

A WORTHY EXAMPLE. — A CHRISTMAS OFFERING. — The workmen of the factory of Messrs. Collards, pianoforte manufacturers, of Camden-town, have contributed by small subscriptions the sum of 8*l.* 10s. 2d., and presented the same to the governors of the University College Hospital, as a simple offering of their appreciation of the goodness and worth of the institution, and the promptitude and benefits afforded to those in sickness and distress.

THE CITY LUNATIC ASYLUM.—A meeting of the officers of the City of London Union has been held for the purpose of considering the steps to be adopted to prevent the transfer of the new City Lunatic Asylum to the county justices. Resolutions condemnatory to the transfer were unanimously adopted.

TESTIMONIALS.—The patients of Joseph Holmes Buxton, Esq., M.R.C.S., of Islington, invited him to a sumptuous luncheon on the 19th ult., at Middleton Hall. About eighty gentlemen were present. The chairman, the Rev. T. Woolmer, in a most suitable speech, presented a testimonial, consisting of a brougham, horse and harness, together with a silver salver, in recognition of the valuable professional services which for many years he has rendered to the neighbourhood.

TO OUR SUBSCRIBERS.

Since 1861 *the Subscription to this Journal has been* 19*s.* 6*d. per annum, if paid in advance, and* 21*s.* 8*d. credit.*

In consequence of the many improvements introduced into the New Series, with others in contemplation, involving considerable outlay, placing the Journal quite on a par with its contemporaries, the subscription henceforth will be 21*s.* 8*d. if paid in advance, or* 26*s. credit.* 6*d. per Number stamped,* 5*d. unstamped. Or the Journal can be procured through any Bookseller or Newsman in the usual course of trade.*

*** *Owing to the demand made on our space for the insertion of Advertisements, we have been compelled to postpone the publication of several important communications.*

THE MEDICAL CIRCULAR.

ADDRESS
to
THE MEDICAL PROFESSION.

IT is now twelve years since the first number of the MEDICAL CIRCULAR was offered to the Profession, and during the period that has elapsed between that time and the present, a continued course of success has justified the boldness with which we undertook the publication. Those who are acquainted with the difficulties of literary enterprises will easily imagine the obstacles we have had to surmount in the progress of our career, and we need not hesitate to remark that we have occasionally fallen, while steering our course, upon rocks and sand-banks, which it will be our duty henceforth to detect and to avoid.

Starting at first only as a review or summary of the Medical knowledge published by our contemporaries, the MEDICAL CIRCULAR has gradually extended its scope, and has aimed at, and attained, an amount of originality and variety which now place it in the first rank of Medical periodical literature.

It is time to review the position which we occupy, and while guided by somewhat different auspices from those under which we have hitherto courted public favour, it becomes our duty to develope the plans which we have sketched out for the future management of the Journal. While avoiding the paths which experience has proved to be erroneous, we do not pretend that the new ones into which we enter may always be the right ones; all we can claim is indulgence for our good intentions, and credit for the honesty of our motives. The zeal and energy of our predecessors we hope to imitate and preserve, while we abandon some former features of our Journal, or strike out new ones, or modify any or all of them, as circumstances may require.

One peculiarity which at first distinguished our pages, namely, that of offering a reflex of all the Medical knowledge of the day throughout the world, will be studiously maintained. The interchange of thought among the nations of the earth, effected by means of those typographical appliances which modern science has devised, and facilitated by the increased rapidity of transmission in latter days, is peculiarly valuable to the Medical practitioner in making him acquainted with the most recent discoveries and inventions in medicine and surgery throughout the habitable globe. Our Summaries, condensed from this extensive field, will present without fear, favour, or exclusiveness, abstracts of every paper written on Medical subjects; and these abstracts will be alike acceptable to the busy practitioner, who wishes to acquire a knowledge of existing Medical and Surgical art and science, but who has not time to wade through the mass of language in which it is enveloped, and to the man of study and reflection who desires to know the titles and the subjects of all new contributions to the literature of our common calling. Very few of those who read our abstracts are probably aware of the labour involved in their compilation: but those who are accustomed to literary toil need not be informed of the fact and the time required to winnow the corn from the chaff, and to seize the salient points of an article from amidst the verbiage with which it is too often encumbered. We can fearlessly assert that the pages of the MEDICAL CIRCULAR offer a complete library of reference to all papers on practical medicine presenting the slightest claim to originality, published in the English language, and to many written in foreign tongues. This feature of the CIRCULAR, under the heading "Spirit of the Periodicals," which distinguishes us from our contemporaries, raising us beyond the level of an ephemeral print, and entitling us to a permanent place on the library bookshelves as a work for future reference, will be carefully continued.

For some time past, we have incorporated with this Journal the rich stores of information contained in the French 'Journal of Practical Medicine and Surgery,' and have thus presented a digest of continental as well as of British Medical literature. This feature will also be retained, although the plan will be somewhat modified; and, instead of printing *in extenso* the translation of the whole Journal, we shall hereafter select only such parts of it as are of peculiar interest or importance, allowing it to appear as the foreign portion of the "Spirit of the Periodicals." The space thus left at liberty will further enable us to introduce somewhat of a novel feature, which is well illustrated in this the first number of the New Series, namely, comments and cases from the case books of practical men—we say advisedly practical men—men who cannot find time to sit down to prepare a course of six or twelve lectures for this or that journal, but who would not regard it as a tax upon their time to transcribe from their daily records of cases, some one which will seem to elucidate a successful mode of practice, or conform or refute a supposed

Medical fact. The consulting and the general practitioner are equally invited to enrich this deparment of the Journal with such contributions of cases occurring under their own observation and treatment.

Our Hospital Reports, temporarily suspended in consequence of our space being otherwise occupied, will be resumed, and a picture will thus be presented of the progress of practical Medicine and Surgery throughout the British dominions; but as we do not profess that our own personal sphere of observation can extend beyond the limits of the Metropolitan Hospitals and Dispensaries, we shall feel obliged by the transmission from provincial or foreign institutions, of short clinical Reports to which we shall be happy to give insertion as opportunity offers itself.

With respect to the Editorial department, we really think it necessary only to remark that it will be conducted with the same spirit of fairness and energy by which it has always been characterised. Being ourselves among the working members of the Profession, it is no part of our plan to sit still with a pen behind our ears in a comfortable office, and while ourselves free from the cares and anxieties of Medical life, to criticise or it may be, condemn the proceedings of our brethren. No, we place ourselves in the same position as they occupy, and while withholding our countenance and support from any instances (if there be such) of bad faith or unfair dealing in our ranks, we shall readily sympathise in those numerous trials and annoyances to which our fellow-labourers are exposed in their daily ministrations, and shall, with all the power we possess, defend the honourable practitioner of Medicine from his assailants, whether among the public in general or among the prejudiced portion of the public Press. Never was there a time when our Profession needed this moral support more than at the present, when it is the fashion to attribute base motives to many of our most honourable and self-sacrificing brethren, and when, we regret to add, even some of our Medical contemporaries do not exhibit more than a lukewarm advocacy of gentlemen so unjustly attacked. For ourselves then we may adopt, although in a limited sense, the phrase applied by the philanthropist in Terence's play to all mankind,

"Homo sum, nil humani a me alienum puto,"

which we may paraphrase by the observation that we are working practitioners of Medicine ourselves, and that the cares and anxieties of our Medical brethren, their trials and vicissitudes, their joys and their sorrows, we feel as we do our own.

These remarks are, of course, partially applicable, and with a sad significance, to those unfortunately numerous cases of persecution carried on against Medical men, which it has been our painful duty of late to record and to comment upon, and which, if allowed to proceed in the same reckless manner as heretofore, will render the practice of Medicine and Surgery an utterly dangerous pursuit. The results of human sickness and infirmity are in the hands of God alone, and man is but the minister and the interpreter of Nature; the quality of the disease, and its successful or unsuccessful termination, must often be obscure, and ἡ κρισις χαλεπη, *judgment is difficult*, is an aphorism as old as Hippocrates. If, then, the Medical practitioner is to be dragged into a court of law for results which no human wisdom can anticipate or prevent, nay more, if he is to be answerable when his treatment has been perfectly successful, but where from corrupt or revengeful motives, his patients think proper to turn round against him, we repeat, that under such circumstances, the Profession of Medicine will become so dangerous that none will dare to follow it except those who have no reputation and no money to lose, and who would consequently be exempt from persecution.

The injustice inflicted upon Medical men, in certain departments of the public service, has been freely exposed in our columns, which will still be open for the redress of grievances in this direction. But truth compels us to add, hat very great improvement has already taken place in this respect by the efforts of the Medical Press, backed by the voice of the Profession; and still greater triumphs may yet be achieved by patience, unanimity, and perseverance. In the administration of the Poor Laws, an immense boon has lately been granted to Medical men, by making their offices permanent, except in cases of legal disability, or of proved misconduct; and thus the power of capricious dismissal of Medical Officers by Boards of Guardians is altogether annihilated. The inequality of payment in different districts, and the enormous amount of work imposed upon some Medical Officers, are just subjects of remark, and the exposure of this kind of hardship by the Medical periodicals, is often followed by redress.

We shall devote even more attention than heretofore to our Review of Books, a department requiring not only great learning, but also tact and discrimination, and the gentlemen to whom this task has lately been confided, and by whom it will henceforth be performed, are in all respects admirably qualified to execute their duties in a spirit of fairness, justice, and impartiality. No undue reticence will ever prevent us from expressing a righteous opinion upon the merits of the publications which may be presented to our notice, and on the other hand, no mean spirit of jealousy or rivalry will ever intervene to warp our judgment or induce us to deny merit where merit is due.

In conclusion, we have only to ask the indulgence of our readers for any shortcomings of which we may be hereafter culpable. Being no novices in the art of journalism, we know and feel that the path we tread is difficult, and one in which thorns are more abundant than roses. The jealousy unhappily existing among some members of our Profession, the class-interests which unfortunately linger among our ranks, the over-zeal of some of our number, the apathy of others, the want of *esprit de corps* to bind us all together in one common brotherhood, all these circumstances render the duties of a Medical editor sometimes an embarrassing, often an arduous, generally a thankless task. All we can say for ourselves is that we have no class-interests to defend, no personal ends to gain, no unfriendly feelings to gratify; we wish to do justice to all, and to promote, as far as lies in

our power, that unanimity of which our Profession stands so much in need, and we have no enemies except the enemies of our common calling. With regard to our contemporaries we shall, while freely commenting upon the opinions they may express, abstain most carefully from the use of any but gentlemanly weapons.

With these remarks we enter upon the duties of our new volume, wishing all our readers a "Happy New Year."

SUMMARY OF THE WEEK.

THE DEATH OF MR. THACKERAY.

The decease of Mr. Thackeray in the prime of life has cast a melancholy shade over the festivities of our late Christmas, and has, in the language of Dr. Johnson as applied to the death of Garrick, "diminished the public stock of harmless pleasure." Mr. Thackeray was a strongly built man, but of pale rather than florid complexion. He was usually healthy, except in the year 1849, when, as is well known, he suffered from a severe illness, for which he was treated by Dr. Elliotson, to whom, in the preface to one of the volumes of *Pendennis*, he offers a warm tribute of gratitude and respect. The only unfavourable symptom from which he occasionally suffered was vomiting, and he experienced an attack of this nature the day before his death, but no importance was attached to the circumstance owing to the frequency of its occurrence. He was also subject to an ailment of a surgical nature, for which he intended to avail himself of the services of a well-known and distinguished surgeon. On Thursday morning, December 24, he was found lifeless in bed, in his usual recumbent attitude. The *post-mortem* examination was made in the afternoon of the same day, and the cause of the death was found to be the effusion of a large quantity (from 6 to 7 ounces) of serum, between the dura mater and the brain. As soon as the membrane was punctured the effused fluid was poured out in a continuous stream. This effusion is probably to be attributed to the frequent attacks of vomiting, to which the great humourist and philosopher was subject in late years.

THE CRAWLEY COURT-MARTIAL.

Colonel Crawley has been honourably acquitted of the charges brought against him, as was generally expected from the manner in which the case was conducted, and the result has been received with great satisfaction by the military authorities, but very coolly by the public. A feeble attempt has been made to get up a subscription to pay his expenses, but it appears to have met with little response. For ourselves, as Medical journalists, the affair presents very little interest, except that the Colonel attempts to throw the blame of the death of Serjeant-Major Lilly (if any blame attached to anybody), upon the subordinate officers of the regiment, including the surgeons, Dr. Turnbull and Mr. Barnett. To our infinite surprise, we find the 'Lancet' joining in the censure which the Colonel endeavours to cast upon the Medical officers, and which, in our opinion, is entirely undeserved. These la ter gentlemen appear to have had a very difficult part play, and whichever way they turned, under the th existing state of the regiment, they would have gone wro As it was, they did nothing but their bare duty; th found a man, hitherto bearing an irreproachable charact placed in close arrest, and they are now blamed, if understand the matter correctly, for not demanding release. It is quite clear that if they had done so, th would have been reproved for stepping beyond their dut and interfering with the discipline of the regiment; and t very small indulgence which they did ask for and obta for the serjeant, were accorded in such an ungracious ma ner by the Colonel, as probably to dissuade them fro making any further representations or remonstrances. T principle of making the medical officers the scape-goats answer for any mismanagement or mishap in a regime is an old device, but we did not expect the 'Lance to applaud such a stale trick.

WHO IS TO BE THE NEW PRESIDENT OF THE MEDICAL COUNCIL.

The General Medical Council will hold a special meetin this day week, at the premises in Soho square for the pu post of electing a President in the room of the late M Green. We have already stated that the gentlema unanimously designated by the voice of the Profession fo the vacant appointment, is the respected President of th College of Physicians, Dr. Watson, who, from his persona position and character, and his total independence of cliqu or party, is considered to be the very best selection tha can posssbly be made. An absurd statement has appeare in the 'Lancet' to the effect that a considerable party in th Medical Council is desirous of promoting the election o Dr. Burrows to the Presidential Chair, but we have ampl means of knowing that no such party exists, and tha Dr. Burrows is himself promoting the election of D Watson. The only fear entertained is that the latter ge tleman will decline to undertake the labours and respo sibilities of the post, but we hope that he will reconsid the objections which we believe that he has urged, an will thus gratify the members of the Council who, i common with the Profession are unanimous in desirin his acceptance of the honour thus intended for him.

THE RESPITE OF GEORGE VICTOR TOWNLEY.

It should be generally understood that the convict Tow ley will be transferred from a prison to a lunatic asylu on the ground that he is now insane, and consequently longer a responsible agent. Whether it be the fact that th hereditary tendency to insanity has now become develope or whether his long imprisonment and his remorse f the crime he has committed, have finally unsettled h reason, it is impossible to determine, but it is beyond a doubt that he is now insane. In justice to Dr. Forb Winslow, it ought to be stated, that that gentleman test fied as to the state of Townley's mind only at the tim when he saw him, and when, as it now turns out, he w actually hereft of his reason. We have cause to rejoice ther

fore that a lunatic has been spared from public execution, but, we should have been still more rejoiced if the person so respited had been a poor man instead of a gentleman, for we cannot help believing that if he had been a poor man he would inevitably have been hanged. He has been saved from the gallows, in fact, by Dr. Winslow. In the case of the poor unfortunate lunatics, Fooks, Burton, and Holden, who were hanged last year, we supplicated in vain that a commission of inquiry should be appointed to examine into the state of their minds, but the Government were as stern as Shylock in the Merchant of Venice—

"*Portia.* Have by some surgeon, Shylock, at your charge,
To stop his wounds, but he do bleed to death!
"*Shylock.* I cannot find it: 'tis not in the bond."

We merely asked for an inquiry in the case of the poor men, but the answer was that the law made no provision for the adoption of such a course, although it now appears that the existing laws are quite sufficient to meet such cases. Can it be said that the attention of the Home Secretary is merely bestowed on people in a good position of life, but is withheld from common soldiers, and half-idiotic and friendless boys?

THE MEDICAL STAFF OF ST. BATHOLOMEW'S HOSPITAL.

The senior physician to St. Bartholomew's, Dr. Burrows, has voluntarily resigned his post, although he is in the prime of life, and Mr. Skey has, according to recent by-laws of the hospital, become disqualified from holding any longer the position of surgeon, on account of his age. The case of Mr. Skey is rather a hard one, inasmuch as he occupied for a great number of years the ill-requited post of assistant-surgeon, and has only within a comparatively recent period received the honours and emoluments of the full surgeoncy. The present senior-surgeon of the hospital is very much older than Mr. Skey, but is exempted from the operation of the by-law because he was elected before it was passed. Nevertheless, it is felt that this gentleman is now so full of years and of honours that he might gracefully retire to make way for younger men, and such a step on his part would only add to the general respect which is entertained for his distinguished talents, and for the services which he has rendered to British surgery.

THE MEDICAL ACT AND THE CHEMISTS AND DRUGGISTS.

Some of the Chemists and Druggists are exceedingly alarmed a a proposition which has been laid before the Medical Council, to apply to Parliament for an amendment of the Medical Act, so as to bring the practice of Pharmacy in some way under the control of the law. The proposition in question originated, we believe, with the Irish members of the Council, the practice of pharmacy in the sister island being regulated by special local enactments: but we believe that the plan meets with little favour on this side of the channel. The chemists and druggists have, therefore, not much cause for alarm; still we cannot but think that their excessive repugnance to any legislative restrictions is rather amusing. We find that the Pharmaceutical Society, which has really done very great service in raising the condition of Pharmacy in this country, does not share in the sentiments entertained and expressed by the chemists and druggists who have lately met together to oppose the threatened amendment of the Medical Act. The Pharmaceutical Society, indeed, appears anxious that the business of the Chemists and Druggists should be placed upon a more satisfactory basis it is than at present, and it does not fear that any existing rights would be destroyed or injured, even if the legislature should demand from pharmaceutists some measure of education.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. SKEY commences the number with a paper entitled, "Records of Cases Treated in the Hospital" (St. Bartholomew's). He makes some remarks, in the first place, upon the diversity of treatment adopted at different hospitals for the same diseases and injuries, and he throws out a suggestion that the Medical Staff of each hospital should visit all similar institutions, and compare notes of the results of treatment every year for their mutual guidance. Mr. Skey then proceeds to give some practical hints as to the treatment of several common affections. In treating Varicose Veins, he condemns the use of needles, whether through the veins or under them, as their employment is rather dangerous, and as they generally fail to obliterate the veins. He prefers making a small number of small eschars on the most projecting surfaces of varicose veins, the escharotic being composed of pure potash and powdered lime. The Bursæ which come under the notice of the surgeon, are the bursa in front of the knee-joint, and the adventitious bursæ, called *ganglions*, on the back of the wrist and elsewhere. The former may become dilated by a collection of serum or pus, and the best treatment is to pass through it a moderately thick silk thread, which destroys the bursa; the treatment of the so-called *ganglions* is to evacuate the contents *entirely*, so that the opposite walls may be in absolute contact. Ranula is an affection, the exact cause of which is unknown, but Mr. Skey once extracted a portion of calcareous matter from what appeared to be the orifice of a duct. The best treatment is to pass a thread through the middle of the cavity. The treatment of Burns, according to Mr. Skey, should consist in the application of stimulants, as first recommended by Dr. Kentish, of Bristol, about half a century ago. The best stimulant is the nitrate of silver employed in solution in the proportion of from ten to fifteen grains to an ounce of water for an adult, and of less strength for a child. The best treatment of Chronic Ulcers is by the constitutional administration of opium, in doses of ten to fifteen drops of the tincture night and morning. After five or six days of such treatment, a large chronic and foul ulcer will throw out healthy granulations, and will eventually cicatrise. Dr. BRINTON communicates some "Clinical Remarks on a Case of Cerebral Meningitis." The patient was suffering from tuberculosis in the lungs and the intestines, and was seized with cerebral symptoms,

indicating effusion in the cranial cavity, and tubercular deposit in the brain. The examination made after death confirmed the accuracy of the diagnosis made during life Mr. W. S. SAVORY commences a series of "Observations on Caries, and it Relations to Necrosis." In the present paper he examines the process of ulceration as applied to Caries, and he shows that it consists not only in the removal of effete matter, but in the diminution or alteration of the substances forming the healthy structures. In caries, phosphate of lime is carried off, and the ulcerating bone exhibits evidence of the degeneration of the osseous tissue, and of the presence of oil-globules. DEPUTY-INSPECTOR-GENERAL T. LONGMORE, Professor of Military Surgery at the Netley Army Medical School, offers some "Remarks on the Recently Proposed American Plan of Treating Gunshot Wounds of the Chest, by 'Hermetically Sealing.'" We reprinted the paper advocating this plan, from the 'American Medical Times,' in the MEDICAL CIRCULAR of Oct. 28th, last year. Professor Longmore now examines carefully the nature of the proposed improvement in Military Surgery, and he comes to the conclusion that this kind of treatment can be usefully applied only in a very limited number of cases, and that in the great majority it will be attended with such serious inconveniences as to render its general adoption very unadvisable.

THE 'MEDICAL TIMES AND GAZETTE.'

Professor SIMPSON, of Edinburgh, commences a series of Clinical Lectures on the "Diseases of Women," with some remarks on Acupressure, or the artificial arrestment of the hæmorrhage from cut or wounded arteries by the pressure of a needle passed across their mouths or tubes. This subject, as Dr. Simpson remarks, belongs to the whole domain of Surgery, although the first idea of acupressure sprang from the study of a female surgical disease, namely, vesico-vaginal fistula. In the course of a very ingenious and learned argument, Dr. Simpson shows that the reason why most wounds inflicted in surgical operations do not heal by the first intention is because the ligatured arteries are wounded, ulceration and sloughing ensue, and the silk and other ligatures excite irritation which is inimical to the healing process. The practice of acupressure consists in passing needles, not *through*, but over or under the ends of the divided arteries, and thus compressing them against the living tissues and occluding their orifices. Dr. GEORGE HARLEY commences a course of Lectures on the "Urine and Diseases of the Urinary Organs." This first lecture is merely introductory, showing that urine is solid in some classes of animals, as in reptiles and birds, and in all animals devoid of a urinary bladder, but fluid in many others. Of liquid urines, that of carnivora contains uric acid, that of the herbivora contains hippuric acid. Dr. HANDFIELD JONES offers some records of a case of "Proptosis, Goitre, Palpitation, &c., with Remarks." The case was one of what is called exophthalmic goitre, and occurred in a female aged forty, appearing to arise from over-work and anxiety. The patient recovered under the use of nutritious diet, tonics, and sedatives. Dr. H. Jones thinks that the protrusion of the eye-ball in such cases is caused most probably by serous effusion in the orbit. Dr. PEACOCK commences the description of some cases of "Unusual Slowness of Pulse, with Remarks." He considers that this peculiarity is chiefly dependent on cardiac disease, and he refers to several cases in support of this view. Mr. J. G. HILDIGE, of Dublin, relates a case of "Sub-acute Glaucoma of both Eyes treated by Iridectomy." The patient was a lady aged thirty-five, in whom the symptoms of glaucoma were very manifest, and the sight was seriously impaired, but the performance of the operation was followed by complete recovery. Mr. Hildige takes the opportunity of defending the utility of iridectomy from its detractors, and he calls upon the latter to imitate the example of Mr. Wharton Jones, who once ridiculed the operation but now admits its value.

THE 'BRITISH MEDICAL JOURNAL.'

Dr. A. T. H. WATERS commences the number with the first of a course of Lectures on "Certain Mutual Relations of Physiology, Pathology, and the Practice of Medicine," delivered at the Liverpool Medical Institution. In the present lecture Dr. Waters points out some of the debateable topics in the physiology of certain important organs, as the liver, the glycogenic function of which has been asserted and denied, but which probably really exists; and he then refers to the present condition of our knowledge of cardiac diseases as a consequence of the advances made in physiological and pathological science. Mr. BERNARD BRODHURST continues his Lectures on "Orthopædic Surgery," his present subject being curvatures of the spine. He describes the causes of lateral curvature of the spine, or scoliosis, and illustrates his observations with some well-executed wood-cuts. Although the symptoms of lateral curvature are so obvious that it appears impossible to overlook them, yet instances occur where this distortion is not recognized, and Mr. Brodhurst mentions a case, in which, although the patient had a kind and attentive mother, the deformity was not even suspected.

(Continued at page 14.)

REVIEW OF BOOKS.

The Principles and Methods of Medical Observation and Research: with copious Nosologies and Indexes of Fevers, and of Constitutional, Cutaneous, Nervous, and Mental Diseases. By Thomas Laycock, M.D., &c., Professor of the Practice of Medicine, and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh. Second Edition. Sm. 8vo. pp. 403.

The publication of the first edition of this work supplied a great need to the student of medicine. In it, for the first time, an attempt was made to remedy a fundamental defect in medical teaching—a defect to which may be largely traced the gravest evils which have beset physic. At all times a source of immeasurable mischief, this defect at the present time is more especially to be dreaded and guarded against. The defect in question is the absence of any sufficient provision by which the medical student might attain to a mental culture and discipline suited to his special and immensely wide spheres of knowledge and labour. In this work Dr. Laycock strove to teach, in what manner

this much-needed culture and training may be attained. He accomplished his difficult and delicate task so successfully, that the work at once took a foremost place amongst medical classics. Of all his works none perhaps will have conferred a deeper and more lasting benefit upon the study of medicine in Great Britain than this student's *Orgaron*, and none, perhaps, will add a greater lustre to the teaching of the University of which he is so distinguished an ornament.

Dr. Laycock tells us that he penned the work "to guide and assist the zealous medical student on the one honourable and certain, but difficult road to professional distinction and success." No student can afford, if he would be just to himself and his profession, to neglect this aid and guidance.

The second edition of the work is nearly double the size of the first, but with little comparative increase in price, although handsomely got up. It is divided into two parts, the one on principles and methods of observation; the other, entirely new, constituting a guide to professional reading and classification of facts. The various mental processes involved in the accurate observation of diseases are described in the simple and familiar style of a lecture. The nature and uses of theories in practice are set forth, and the fallacies to be avoided in judging of the causes of disease, and the effects of remedies are indicated. Amongst the practical points specially and originally treated, we find the natural order of disease as illustrated by the laws of vital periodicity, the physiological diagnosis of constitutional morbid states; the fallacies and difficulties of therapeutical inquiries; the rules for conducting statistical inquiries according to the numerical method, and an exposition of the analogical or philosophical method. Professor Laycock has strong claims to write authoritatively on these important subjects, having been well known for many years as a practical and successful student of them all. The lecture "on the order of succession of morbid phenomena," is a practical summary of his inquiries into the laws of vital periodicity, and that on the clinical observation of constitutional morbid states, supplies a great want in medical literature—namely, scientific and precise definitions of diatheses, such as the strumous, syphilo-strumous, gouty, atheromatous, which are not to be found in practical works. Professor Laycock's early experience and labours in sanitary inquiries enable him to estimate rightly the value and deficiencies of medical statistics. This first part cannot fail to be useful as a book of reference to every practitioner who desires to observe and make public the result of his observations, for even in the shortest report of "a case" to the journals, or the composition of a paper to be read at a society, a knowledge of these principles and methods will be found essential.

The second part is a highly condensed classification of the most important diseases. That of fevers is a complete summary of all our most recent knowledge combined with the author's special views. It includes numerous varieties of the following: general fevers, endemic fevers, epidemic fevers, the exanthemata, fevers allied to the exanthemata, profuse fevers, including every kind of leprosy and syphilitic disease and epizootic fevers. Amongst these last we observe "Trichinia—fever of a typhoid and rheumatic character, with muscular inflammation, due to the Trichina spiralis," the parasite of "measly" pork. Amongst constitutional diseases we observe that the fibroid, osseous, and fatty have a place, together with "constitutional discolorations" or "chromatosis." The classification of these diseases is preceded by an exposition of their pathological anatomy and etiology. It contains a new order of skin diseases named *figurate*, which "includes those in which the cause of disease multiplies locally in the cutaneous tissues, and spreads symmetrically so as to assume a determinate outline or figure." In like manner we find the classification of diseases of the nervous system preceded by an exposition of causes. Of these there are four orders, viz.: Tissue-nervous diseases or *trophesiæ;* motor-nervous diseases or *kinesiæ;* sentient nervous diseases or *æsthesiæ;* and mental diseases and defects, the *vesaniæ*. Dr. Laycock has "formed the class, *trophesiæ*, to find a distinct place for the new and important group of diseases of the small arteries, capillaries, and tissues, which are primarily dependent upon changes in the nervous system, and thus facilitate the study of them."

The volumes end with a classification of mental diseases "according to a method not hitherto attempted, and based on the author's long continued researches." It includes all kinds of mental deficiencies, as well as of diseases and disorders of the mind, and is a sort of index to them. It will be seen from this brief summary of the contents of this book that it is a book of reference for general use by the practitioner of whatever class or specialty.

Obscure Diseases of the Brain and Mind. By Forbes Winslow, M.D., D.C.L., Oxon. Third Edition, revised. London: Robert Hardwicke.

From the large experience of Dr. Winslow—an experience now extending over upwards of twenty-five years—the Profession anticipated in the publication of this volume a very valuable and instructive work on brain disease; a work which throw a vast additional light upon the very obscure subject which he has made his especial study. It is needless to say that expectation has not been disappointed, as a more original publication has never been issued to the medical world. As the title indicates, this volume is not an exposition of the ordinary and well-known forms of lunacy when pronounced and patent; but it penetrates into far deeper soil, and turns up a medical substratum hitherto entirely uncultivated. Those who have had any experience of lunacy know but too well that its curability depends entirely upon the stage at which treatment begins. Where the lunacy has only just declared itself, full 75 per cent. of cases are cured; where, on the other hand, it has been of long standing, the average cures are not more than 10 per cent. Acting upon this important hint respecting the value of early treatment, Dr. Forbes Winslow has evidently asked himself, "Why wait until the mind is actually thrown off its balance? There must be early warnings which tell of the coming catastrophe, and if we can clearly recognise these, our chances of reducing the number of incurable cases will be still further increased!" The thought was logical, and has been well elaborated in the volume before us. By penetrating deeply into the symptoms which invariably go before a mental overthrow, Dr. Winslow has brought to light a mass of morbid phenomena of mind which was before completely hidden to the medical eye. The careful gardener when he sees any abnormal appearance of a flower or a leaf, at once penetrates to its origin, investigates its nature, and at once removes the cause. Dr. Winslow in this volume has pointed out the same course of action. Long before mental disease actually declares itself, the mind through its agents, the five special senses—those delicate tests of a healthy sensorium—give out some notable signs of the coming trouble. The classification of these indications—nay, the very indications themselves—in many cases we owe to the study and great experience of Dr. Forbes Winslow. The portion of the volume devoted to the elucidation of the morbid phenomena of memory, motion, sleeping and dreaming, is devoted to the same end, viz., the furnishing of indications of diseased functions, which if not noted and treated medically are but too apt to degenerate into diseased organization. To seize the moment before this fatal transition has taken place is indeed the object Dr. Winslow evidently aims at in his practice, and the value of this volume is that it points out the means of doing so to others. That it will prove the text-book of the Profession in cases of "Obscure Diseases of the Brain and Mind," we have no doubt. The number and the variety of the cases afforded in illustration of the incipient symptoms leading up to marked cerebral derangement, are most valuable in a professional point of view, and indicate in the clearest manner the large grasp Dr. Winslow has taken of his subject, and the labour he has devoted to it. Since the days of Abercrombie no volume has appeared touching the morbid workings of the intelligent faculties

which at all approaches Dr. Winslow's work, and certainly no medical volume that we are acquainted with is written in a more charming manner. The third edition we see is much more full and complete than the earlier ones, and it fully deserves the great success, both at the hands of the Profession and the philosophical public, which it has won for itself. That it is still destined to run through many more editions, there can be no question.

PROLAPSUS UTERI—RUPTURED PERINÆUM.

Abstract of Clinical Lecture, by T. W. NUNN, Esq., delivered at the Middlesex Hospital,

Mr. Nunn remarked that in the majority of cases in which he had performed Mr Baker Brown's operation for ruptured perinæum in the hospital, the malady for which the patient had applied for relief, was prolapsus of the uterus. Mr. Nunn, stated that he some time previously to the subject of ruptured perinæum being so much studied (and he thought that thanks were due to Mr. Baker Brown, who first prominently brought the matter before the Profession at the Westminster Medical Society, where he (the Lecturer) had himself heard experienced accoucheurs maintain that ruptured perinæum was a very rare accident), had in the pages of the 'Lancet' advanced the opinion that prolapsus of the uterus was due to a falling of the *floor* of the pelvis, and that a very important part of that floor was constituted by the *levator ani.* Since, however, his attention had been specially called to cases of ruptured perinæum, and he had found that partial rupture of the perinæum was an exceedingly common injury, he had in some measure been compelled to modify his opinion as regards the cause of prolapsus, but was at the same time strengthened in his physiological views as to the natural support of the uterus, namely, that it depended upon the *due tension* of the pelvic floor.

"What is called the perinæum in the female," said Mr. Nunn, "is in reality a great transverse elastic band, or rather girder, stretching from one natural limit of the outlet of the pelvis to the other, and occupying the space between the rectum and vagina, and upon this band the pelvic viscera immediately rested. The destruction of this band by the laceration of its component tissues in the median line takes away from the levator ani its power of supporting, and at the same time deprives the sphincter ani of its anterior '*point d'appui*,' thus the anus is dragged backwards, and rectocele induced,—as was seen in a case placed under my care by Dr. Henry Bennet, in which rupture of the perinæum had not only allowed the bladder to become prolapsed, but also the lower two inches of the rectum, so that defæcation was impeded." Mr. Nunn adverted to this case, which was admitted into Regent ward, and was operated on in the usual way with good results.

As regards the steps of the operation and management of the case "For a completely satisfactory result, it was necessary in making the denudation of mucous membrane; to do this with sufficient freedom, as upon the thickness and solidity of the new perinæum the required tension depended. It is not requisite to retain the catheter in the bladder more than twenty-four or thirty-six hours, and this even as a matter almost of convenience. It is not requisite to let the deep suture remain for a much longer period, neither is it desirable to draw these too tight as it is obvious that if drawn tight they must have a tendency to cut out. It is not advisable either to feed highly or stimulate freely, or give more opium than sufficient to lock up the bowels. It is most essential that the patient should be kept perfectly quiet, and not allowed, without assistance, to even turn in bed. It is of great importance where any inflammatory engorgement of the uterus and uterine neck exists to reduce this as far as possible, before operating, as the weight of the womb under such circumstances acts very prejudicially on the newly united perinæum. It is of equal importance after recovery from the operation that an accurately adjusted perineal bandage should be constantly worn, since relapses of procidentia are in most instances due to the neglect of this and over exertion of the patient."

REVIEW OF THE PERIODICALS.

(Continued from page 12.

THE 'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

Mr. Bouchut gives the name of phreno-glottism to the spasmodic and intermittent convulsion of the glottis and diaphragm occasionally observed in new born or very young infants of nervous, weak, or ricketty constitution. This affection has been denominated thymic asthma, Millar's acute asthma, infantile asthma, internal convulsion, laryngismus stridulus, and spasm of the glottis, the latter being the term adopted in an excellent thesis on the subject by Dr. E. Garcia Wich, of Montevideo.

An infant, aged five months, who since the beginning of January was subject to spasmodic attacks, was brought to Mr. Bouchut's consultation on the 6th of April last year. The parents stated that the child was born after protracted labour, that the trunk had been expelled before the head, and that the latter had ever since remained large and somewhat irregular in shape. In January, convulsions of the muscles of the face has been observed, causing a kind of painful *rictus* attended with squinting. Transitory and irregular attacks of suffocation followed, gradually increasing in violence and frequency. On the 12th of February an extremely severe paroxysm took place; as many as fifteen relapses occurred in the twenty-four hours each fit lasting from 20 to 100 seconds. The attacks assumed two distinct forms: in one they were characterised by *suffocation*, sudden difficulty of breathing, and frequent gasping for air; the face became pale, the entire body was agitated, and the child was unable to cry out. After a short interval some colour was restored to the countenance, and several sighs followed by screams ensued. These fits were transient. In the other form, which the parents called the *accidents*, the fit was ushered in by a short sharp scream, followed by several prolonged moans; the head was thrown back, and the child seemed to be under the influence of a distressing dream. The breathing then became slower, the face was painfully convulsed, the pupil expanded, and the eyes appeared ready to start out of their sockets. The sclerotic assumed a blueish tinge, and the swelled and blackened tongue protruded from the gaping mouth. Previous to this period of asphyxia, the infant's body and limbs were rigid and the arms thrown out. As soon as asphyxia set in the muscles relaxed, and the child returned to consciousness with a sob. This condition was followed by violent epileptic convulsions, and the most alarming spasmodic contractions of the muscles of the face and extremities.

In the intervals of the paroxysms, the child was in appearance well and lively, although its tongue seemed to have suffered, and some slight convulsions of the face were occasionally observable.

When Mr. Bouchut first examined the child, he ascertained the presence of the symptoms of rachitis, but of no other organic disease whatever. From the account given by the parents, he surmised the case to be one of laryngismus stridulus, but as this was merely a conjecture, the professor confined himself to the treatment of the only apparent disease, rachitis, and prescribed one table-spoonful of cod-liver oil every morning, and at one meal in the day a pinch of phosphate of lime.

After an interval of one month, the child was again brought to the hospital; his condition had undergone no change, and during the consultation, a slight attack came on which left no doubt as to the true nature of the case and the existence of a neurosis involving simultaneously the diaphragm and larynx.

Mr. Bouchut considers phreno-glottism as a very serious disease. Dr. Salathé, however, who has written an interesting treatise on the subject, asserts that out of twenty four children whom he has attended for the affection, he lost but two, and conceives that he owes his success to the exhibition of musk. Mr. Bouchut thought himself therefore justified in testing the value of the remedy, and has prescribed the following mixture to be taken in dessert

spoonfuls, without discontinuing the use of the phosphate of lime.

℞ Moschi, gr. iij. ss.;
Mist. acaci, æ, ℥ij ss.

During the four ensuing days no nocturnal attacks were observed. During the day a single paroxysm supervened, equal in intensity to those which had preceded; no similar improvement having occurred for three months, some slight hopes were now entertained that the medicine was conferring real benefit, and it was accordingly persevered in.

Mr. Garcia Wich undertook to visit the patient and report on her progress, and remarked that the fits of asphyxia had entirely ceased under the influence of the musk, but that the transitory attacks of oppression attended with slight cyanosis, and convulsive gasping, which from the earliest appearance of the disease recurred four or five times in the night, and as often in the day time, were in no respect modified by the treatment. He nevertheless recommended the mother to persist in the use of the musk, which was continued, interrupted, and resumed, with or without syrup of cinchona, cod-liver oil, and phosphate of lime; various circumstances interfered with the regular prosecution of the treatment, but at last two incisors were cut, and at the date of Mr. Garcia's last visit, on the 2nd of October, two months had elapsed without any disturbance whatever of the respiratory functions.

Mr. Salathé exhibited the musk, either in powders half a grain daily in four doses, or in an ounce mixture containing one grain, a tea-spoonful of which was given every hour. This practitioner increased or diminished the dose according to the requirements of each case, but persevered in the use of the remedy for some time after the symptoms had disappeared. He remarked that the drug seemed to display greater efficacy in the case of weak infants, who are better able to bear the action of stimulants. In vigorous children, in whom cerebral congestion might be apprehended as a consequence of violent convulsions, he prefers the exhibition of oxyde of zinc, recommended by Baudelocque, Odier, and others, in gradually increasing doses from two grains to fifteen in syrup or preserves.

This result suggests an inquiry into the share of the musk in the cure of the disease. But even admitting that the termination of a crisis due to the evolution of the teeth, combined with the exhibition of remedies calculated to remove the complication of rachitis, may have been instrumental in relieving the neurosis, it would obviously be unfair to overlook the fact that the musk checked and mitigated considerably the paroxysms. In seven of Mr. Salathé's cases, the symptoms were merely alleviated, whereas in fifteen others a complete cure was effected in the course of a few days.

GENERAL CORRESPONDENCE.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

SIR,—Will you allow me space in your journal to correct some inaccuracies which have crept into the report of the debate on Dr. Drysdale's paper, read before the Harveian Society on 29th November last.

In the MEDICAL CIRCULAR of 16th December, p. 354, it is stated, "Dr. Sisson repudiated the base doctrine of some, that the cure of venereal diseases was unimportant, because they were a Divine chastisement of vice." Again, p. 355, "Dr. Sisson had entered his protest against the doctrine of some, that venereal diseases were &c." I beg to say I neither intended that my remarks should, nor do I believe they will, bear any such construction. The exact words I used were these: "I have made no mention of those practitioners who are indifferent about any treatment for syphilis, believing it to be a just punishment for man's transgressions, for to act consistently with such an opinion is tantamount to relinquishing the profession, since most of 'the ills which flesh is heir to,' arise from our own acts of omission or commission." Inferring thereby that there would be no patients for them to treat.

In his reply, Dr. Drysdale is reported to have said, "The child spoken of by Dr. Sisson as benefited by mercury, had died." From this it would appear as if the child had been treated by me; but it was Dr. Drysdale's patient, and the case was communicated by him to the 'Medical Times and Gazette,' of 11th July last. I stated that by this case Dr. Drysdale had unwittingly shown what he denies, that the remedial action of mercury is prompt. He says the child died. Will you allow me to ask him of what?

I am, &c., R. S. SISSON, M.D.
3 Warrington terrace, Maida Vale, W.
24th Dec. 1863.

Births, Marriages, and Deaths.

BIRTHS.

DUNCAN,—On the 19th ult., at Upper Gower street, Bedford square, the wife of Dr. H. Archdeckne Duncan, of a son.

HARLEY.—On the 28th ult., at Harley street, the wife of G. Harley, M.D., Professor of Medical Jurisprudence in University College, of a son.

HELSHAM.—On the 29th ult., at Grove Villa, Loughborough road, Brixton, the wife of Dr. Hector Helsham, F.R.C.S., of a son.

WAY.—On the 15th ult., at Daniel street, Portsea, the wife of Frederick W. Way, M.R.C.S., prematurely of a daughter, still-born.

WILLIAMSON.—On the 27th ult., at Quality street, Leith, the wife of Thos. Williamson, M.D., of a son.

MARRIAGES.

SEATON—SPRAGUE.—On the 24th ult., at Kimbolton, Hunts, the Rev. J. Montague Seaton, M.A., Second Master of Cheltenham Juvenile Proprietary School, to Madeline, eldest daughter of Charles Sprague, M.R.C.S.E., of Kimbolton.—No Cards.

SYSON—KEELING.—On the 30th ult., at St. Peter's Church, Blackley, Edmund John Syson, L.R.C.P.Ed., of Wath-upon-Dearne, to Sarah Frances, eldest daughter of the Rev. W. R. Keeling, M.A., Rector of Blackley.—No Cards.

TOLLER—BROWN.—On the 29th ult., at the Parish Church of St. Mary's, Scarborough, Ebenezer Toller, Esq., Medical Superintendent of the Glocester County Asylum, Wotton, near Glocester, to Mary Elizabeth, youngest daughter of the late Wm. Brown, Esq., Solicitor, of South Shields.—No Cards.

DEATHS.

BOOTH.—On the 25th ult., at Gower street, F. Booth, M.D., aged 72.

DANIELL.—On the 24th ult. at Newport-Pagnell, Henrietta, the wife of Edward Daniell, Esq., aged 66.

IVES.—On the 15th ult., at Daniel street, Portsea, Anne Ives, the wife of Frederick W. Way, M.R.C.S., and second daughter of Edmund Ives Palmer, Esq., of Wade Court Manor, Warblington, Hants, aged 23.

JONES.—On the 18th ult., at Chesterfield, Thomas Jones, F.R.C.S.E., aged 46.

LEWIS.—On the 28th ult., at Ryde, Isle of Wight, David Lewis, M.D., aged 65.

STATTER.—On the 28th ult., R. Dover Statter, M.R.C.S.E., of Mount Pleasant, Liverpool, aged 38.

WHEELER.—On the 26th ult., at Shirley Lodge, Southampton, C. W. Wheeler, L.S.A., aged 71.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to Practise, on Thursday, December 24, 1863:—Alfred Square Cooke, Gloucester; Paulin Martin, Abingdon, Berks; Thomas Theodore Steward, Wolverhampton; William Hanks, Snaith, Yorkshire; Samuel Edward Walker, Warwick; John Robert Ruddock, Leeds; William Henry Disen Meuce, Cambridge; Na-

thaniel Levett, Grosvenor-place School ; Philip John Simpson, Gower street, Bedford square.

The following gentlemen also on the same day passed their First Examination :—David Webster Tomlinson, St. Mary's Hospital : Josiah Paull, St. Bartholomew's Hospital ; Charles Edward Martin Shaw, St. Bartholomew's Hospital.

MARRIAGES OF CONSANGUINITY.—M. de Cricq Cassaux, with a view to refute the arguments lately brought forward to prove the danger of marriages amongst relations quoted at the last sitting of the Academy of Sciences the example of the ancient kings of Persia, who, since the time of Cambyses, had been in the habit of marrying their sisters, and even their daughters, and yet produced a very fine race.

THE CASE OF SUPPOSED MURDER IN PARIS BY A MEDICAL MAN.—The physician to whom we alluded last week, and who is in custody under suspicion of foul play upon a lady whose life he had insured for 22,000*l.*, is a homœopath. He belongs to the nobility. and must be very young, and his diploma is dated 1854. It is reported that the autopsy of the young lady has been made, and that no poison whatever was found.

PRISON DIETARIES.—At the last weekly meeting of the Society of Arts, Dr. Edward Smith read a paper "On the Value of Foods to the Working Classes." Mr. Chadwick, in reference to prison diet made a comparison between the results of the diet establshed in sixty gaols. In 20, where the diet was the lowest, 188 ounces of solid food being allowed, the per centage of sickness was 3, deaths 1½ per 1,000 : in 20 gaols where an intermediate dietary from 213 ounces of solid food was adopted, the sickness was 18 per cent., and the deaths 3 per 1,000 ; and in 20 gaols with the highest dietary, 228 ounces per week, there were 23½ per cent. sick, and the deaths were 4 per 1,000.

ABERDEEN INFIRMARY.—The medical students of the University of Aberdeen are about to give two entertainments, chiefly vocal, at the Music Hall, in aid of the funds of the Infirmary. A great success is anticipated. Last year the students gave a dramatic entertainment, which was eminently successful.

VENTILATION.—At the last meeting of the Croydon Board of Health it was resolved, on the recommendation of the chairman, that, in order to secure proper arrangements for the ventilation of dwelling-houses, a copy of the bye-laws, so far as related to the building of houses, should be given to every builder on his depositing the plan of a new house at the office, and also that the attention of the people should frequently be directed to the subject of ventilation. A very prudent course of proceeding, which reflects the highest credit on the Croydon Board of Guardians.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. — The next meeting will take place on Wednesday evening, the 6th Jannary, at Eight o'clock. The Chair will be taken at half-past Eight precisaly. The following papers will be read :—"Note on the Root-Bark of Calisaya." By John Eliot Howard, F.L.S. "Note on *Cassia moschata*." By Daniel Hanbury, F.L.S. "On Goa Powder." By Mr. David S. Kemp. Note on the Recovery of Essential Oils from their Watery Solution." By Mr. T. B. Groves. Thompson's Patent Bottles, and Thonger's Patent Label for the Prevention of Accidental Poisoning, will be exhibited at the Meeting.

MEDICAL CORONERS.—The office of coroner for the Stafford division of the county of Stafford is vacant by the death of Mr. Collis. We understand that Dr. Wollaston, of Stafford, is a candidate. The medical practitioners of the district have it in their power to place Dr. Wollaston at the head of the poll. That they will do their duty no doubt can be entertained.

POISONING WITH SALTPETRE.—An inquest has recently been held at Oswestry on a man named Wilson, who had been supplied by a chemist with several packets of saltpetre in mistake for Epsom salts. It appeared that these two articles were kept in adjoining drawers in the shop. Verdict, Accidental death. Is it possible that the jury separated without passing some censure upon the druggist who supplied the poisonous dose ?

MR. LAWRENCE'S ELECTION AT PARIS.—At the meeting of the Academy of Sciences of Paris on the 21st of December last, the members proceeded to the election of a foreign correspondent in the section of medicine and surgery, in the place of the late Sir Benjamin Brodie. Mr. Lawrence obtained forty-five votes and Dr. Simpson one. Mr. Lawrence was therefore declared duly elected.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—At the Quarterly Court of Governors of Addenbrooke's Hospital, held on Monday last, Lord Hardwicke in the chair, the question of adopting Dr. Humphry's plan with regard to the erection of a new hospital was again discussed ; and it was eventually agreed to refer the matter to the Committee for them to obtain from Mr. Wyatt a specification and working drawings, and then to apply to four substantial contractors for tenders as to the cost. A special meeting will be called to consider the subject.

MEMORIAL TO THE LATE DR. ENGLEDUE.—The friends of the late Dr. Engledue have recently placed in the committee-room of the Royal Portsea, Portsmouth, and Gosport Hospital, an admirably executed and correct portrait of the deceased as a token of their appreciation of the services rendered by him to that institution.

THE NORWICH INFIRMARY ASYLUM.—At a late special meeting of the Norwich Town Council a report from the committee appointed to consider the necessity of providing an asylum for pauper lunatics was received and adopted, though by a small majority. The Council have by this decision confirmed the arrangement to purchase the leases of the premises of the Norwich Infirmary together with the furniture and fittings.

APPOINTMENTS FOR THE WEEK.

Wednesday, January 6.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m. ; Obstetrical Society of London, Annual meeting for election of officers, &c. Papers by Dr. Day and Dr. Grailly Hewitt. President's address, 8 p.m.

Thursday, January 7.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m. ; Great Northern Hospital, King's cross, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; London Surgical Home for Diseases of Women, 2 p.m. ; Royal Institution, Professor Tyndall, F.R.S., "On Electricity at Rest and Electricity in Motion," Juvenile Lectures, 3 p.m. ; Harveian Society, Anniversary, President's address, election of officers, and conversazione.

Friday, January 8.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, January 9.

Operations at St. Thomas's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; Royal Free Hospital, 1½ p.m.

Monday, January 11.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m. ; Metropolitan Free Hospital, 2 p.m.

Tuesday, January 12.

Operations at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Glasgow Medical Journal, No. XLIV, January, 1864. Glasgow : W. Mackenzie.

The Second Step in Chemistry, or the Student's Guide to the Higher Branches of the Science, by R. Galloway, F.C.S., &c. London : John Churchill and Sons, New Burlington street.

The Pharmaceutical Journal, January, 1864.

The Social Science Review and Journal of the Sciences. Edited by Benjamin W. Richardson, M.A., M.D., January 1, 1864.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

[*From the Case-Book of* Mr. ERICHSEN, *University College Hospital.*]

EXTENSIVE SCALP-WOUND WITH SLIGHTLY DEPRESSED FRACTURE OF THE SKULL.

J. B., æt. forty-five, a labourer, admitted April 17, 1863.

History.—Whilst wheeling some débris from a house at the height of fifty-two feet from the ground, the scaffolding upon which he was, gave way, and he was precipitated that distance, falling upon his feet first, but immediately afterwards upon the back of his head, which came in contact with some iron spikes. He became insensible, but recovered in a few minutes.

On admission there was found an extensive wound of the scalp, reaching from two inches above the left ear, across the vertex to about three inches above the right ear; from these points it reaches back on the left side about three or four inches. The whole of the scalp included in these measurements was entirely stripped off the bone and could be detached downwards and backwards to the occipital protuberance.

There was a good deal of hæmorrhage at the time of admission, necessitating the tying of several of the smaller vessels and an enlargement of the wound in order to reach the deeper. Mr. Erichsen had the wound brought together by means of three silver-wire sutures, after which cold was applied, and, there being no symptoms of cerebral disturbance, there was no interference with the depressed bone; the site of the depression was an inch below the anterior superior angle of the left parietal bone and extended for about an inch and a half.

The patient was ordered the following pills to be taken at once:

℞ Calomel, gr.iv.;
Extracti Coloc. co. gr. vi; in pil. ij., et haustus domest: post horas tres.

April 18th.—Has had a good night; there are no cerebral symptoms; pulse 108, firm and regular; bowels opened by medicine; skin, moist and perspiring.

19th.—Slept well last night; wound healthy and discharges pretty freely; bowels open; is thirsty and slightly feverish; pulse 108; no cerebral symptoms.

20th.—Has a cough; there is no pain in the head, nor any indication of cerebral symptoms; the discharge is quite healthy; pulse 100; bowels open; ordered mistura effervescens.

21st.—Cough is troublesome; wound healthy; there is some bagging of matter at the occipital extremity of the wound, whence, an incision being made into it, there flowed away some pus to the very great relief of the patient.

22nd.—Passed a very good night; cough is still troublesome; discharge is quite healthy.

25th.—The wound has united in its centre to the extent of an inch and a half, and throughout is quite healthy; the cough is better; sleep is good; pulse has fallen to 96, and is full, as well as strong.

28th.—Wound is united at two or three points; health is good; bowels being costive is ordered

℞ Calomel, gr.iij.;
Extract. Coloc. co., gr. viii.—in Pil. ij.;
Et haust. sennae, ℥j. cras. mane.

May 2nd.—Wound granulating from the bottom at the point where it gaped so widely, and is perfectly healthy throughout, nor in the discharge is there any deviation from what it should be, the general condition of the patient being unimpaired.

May 24th.—All through there have been no unfavourable symptoms, and the patient being perfectly recovered is discharged.

[*From the Case-Book of* JAS. YEARSLEY, M.D.]

THE ARTIFICIAL TYMPANUM IN CASES OF PERFORATE MEMBRANA TYMPANI.

The triumph of Aural Surgery is in no instance more striking than in the case of a patient who presents himself before you so deaf, and with such an amount of disorganisation of the tympanum, as would have disposed you a very few years ago to come to the conclusion that nothing could be done. In 1842, I had discovered that such cases were not altogether hopeless, and in 1848 I published in the columns of the 'Lancet' the very simple means by which we might effect amelioration, if not cure, in such cases. It is a singular observation to make, but it is no less a fact, that every aural practitioner who holds the same views as myself, as to the nature and causes of deafness, must prefer to see, in all cases of a certain standing, structural disorganisation of the membrana tympani, rather than that the membrane should be patent and imperforate. His eye will brighten when he hears of symptoms which indicate demolition of the aural apparatus, and when by inspection he discovers the extent of the structural disease he knows that his chances of affording relief are commensurately increased.

The following case will serve to illustrate the point for which I am contending—namely, the more disease there be, the better chance there is for the patient.

Mr. E., is a teacher in a school, and had been deaf for twenty-five years, so deaf that he had lost many situations. On examination of the ear, it was found that both membranes were perforated, and the tympana altogether disorganised; the otorrhœa, characteristic of, and usually attendant on these cases, had subsided for many years, though he perfectly remembered the ear-ach, and the "gatherings inside at the beginning of the deafness." When the discharge ceased, the hearing greatly diminished, and the temporary improvements usually attendant on these cases he had not experienced for many years. He had gone the round of aural surgeons, and had been told by one of them, who had unmercifully blistered him, that nothing more could be done for his relief.

The wetted cotton in this case proved eminently successful. The effects are best described in the patient's own words:—

"In less than five minutes you made me hear as I had not heard for at least a quarter of a century. I never shall forget the change. When I left your house and went into the streets, I was almost bewildered by the sound of voices, footsteps, and the different vehicles. I thought every one was shouting and making as much noise as possible. I was afraid almost to cross the streets, for omnibuses and carriages which were at a considerable distance seemed to be quite upon me.

"When I reached home and went into the school, it was with the greatest difficulty that I could remain there; over and over again I was tempted to beg permission to leave for that afternoon, because the sound of the pupils' voices, and even the rustling of their clothes, annoyed me so much. At present I am accustomed to it, but still find it very hard to bear.

"Now that you, Sir, have taught me to put in the cotton, I can make myself hear even better than you did. I can perfectly hear all ordinary conversation, sermons, &c. I

could not have believed that I had been so deaf, so great is the difference I experience."

Nothing can be more interesting than the various descriptions given by the patients of their new perceptions under the influence of this singular remedy—one is taken by surprise in hearing for the first time within remembrance the chirping of birds *outside a window*, a noise which he thought must be in his own head as a symptom of his disease—another is going to cut wood in the forest, and is frightened by a noise in his head equal to a loud cataract, he discovers that it is the rippling of the brook by the side of which he had worked for years, and never heard it before.

[*From the Case-Book of* Mr. J. ZACHARIAH LAURENCE. *Reported by Mr. Robert Moon, House-Surgeon Surrey Ophthalmic Hospital.*]

A CASE OF AMAUROSIS DEPENDENT ON EFFUSION INTO THE ORBIT.

Elizabeth P., aged eleven years, a very precocious and intelligent child, presented herself at this Hospital on the 26th of August, 1863, stating that she was unable to see with the right eye. A fortnight previous to this time she suddenly felt a "pricking pain" in the right eye and right side of the forehead, and on covering the left eye she discovered that the sight of the right eye was "dim." From that time she continued at intervals to complain of the pain in the eye and supra-orbital region, which would last for about fifteen minutes at a time, or occasionally for several hours, the sight becoming visibly less day by day, till, at the time of her applying at the Hospital, she could barely distinguish light from darkness.

The appearances which the affected eye presented were as follows:—It was more prominent than the other (left) eye, was slightly divergent, and somewhat drawn up. The power of inversion and eversion of the globe was diminished, and on closing the left eye the pupil of the right (which before had been of a normal size, in a bright light) became suddenly dilated to a very considerable extent. No abnormal condition was discoverable with the ophthalmoscope, beyond a slightly-increased vascularity, which was common to both fundi. This tended to strengthen Mr. Laurence in his first impression, that the seat of the mischief was extra-ocular, more especially as on further investigation, it appeared that for three years she had been subject to periodical attacks of violent pain in the head, which he always referred to the vertex and forehead. The pain was so severe as at times to make her "cry out dreadfully" with the agony. She had not suffered a recurrence of the pain during the two months previous to her coming to the Hospital. Mr. Laurence expressed, as his opinion, that the blindness was caused either by the presence of a tumour behind the eye, or by effusion within the orbit or cranium, a diagnosis which the previous and after history of the case appears fully to have justified.

She was ordered two leeches to be put on the right temple, and a powder containing two grains of grey powder and three of rhubarb, to be taken three times a day. As within a few days she was attacked by a return of the pain in the head of a most distressing character, accompanied by obstinate constipation and vomiting, she was unable to leave her bed, and from that time was attended by Mr. Jeffrees, of Kennington, under whose care she has since remained. The constipation continuing, Mr. Jeffrees was compelled to remove several scybala, after which the head symptoms were less severe, and the vision of the right eye began to improve.

On the 8th of September she was able to count fingers quite well, but the centre of the field of vision was still perfectly dark. She was now again examined with the ophthalmoscope, but nothing abnormal could be found. When last seen, on the 20th of November, the vision a movements of the globe were perfect, and her general heal was very greatly improved.

Effusion, either intra-cranial, or intra-orbital, was doub less the immediate cause of the temporary amaurosis, producing paralysis of the sentient structures of the e As the effusion became absorbed, so the pressure w diminished, and the vision gradually returned.

[*From the Case-Book of* MR. GASCOYEN. *Notes furnished by J. G. de Gorrequer Griffith, House-Surgeon to the Dean street Lo Hospital.*]

S. W., æt. twenty-nine, of fair complexion and spa habit was admitted into the house on Oct. 8th, 1863, f Rupial patches on the abdomen, thorax, neck and limbs.

History.—Entered the Service in 1852 as a marine; 1857 contracted a sore at the very extremity of the peni near the urethral orifice, which he states to have been hard for this he was treated, as far as he knows, without a mercury; certainly the gums were never made tender, t chancre was healed in about a month; he was detained hospital for about three months, owing to the formation buboes in either groin, and to their having been subs quently opened, so as to allow the escape of the lar quantity of pus contained in them. Twelve months sin after a heavy "bout" of drinking which he had kept u for about a week, and which had lowered him very muc there appeared "pimples," first on the face and then o different parts of the body, from these matter came out an scabs formed over them, when the latter fell off they le the skin on the face sore and red, on the body in som parts at least, ulcerated. The ulcers were treated by sars parilla internally, and as a local application, some kind white ointment was used.

All the spots except one on the forearm, and another o the neck had disappeared before last May, and he remaine quite free from them, *till he fell into bad health* in last Se tember; in the beginning of which month the same eru tion appeared on the left abdominal wall, immediately ov the left crista ilii, then all over the abdomen; the ches face, arms and legs being the last to be affected. Th state he presented on admission, having moreover, nume ous cicatrices of the former eruption, some of which wer and are still of a glistening white, not unlike a large vacci nation mark, others being tubercles of the size of filbert reddish and polished on their surface, of a gristly hardnes and perfectly moveable.

The treatment pursued is necessarily varied, because the obstinacy and rebelliousness of the eruption, whic though it never wholly disappears, fades for a few days, t again break out afresh. Immediately on admission he wa put upon

℞ Ferri pot. tart., gr. v.;
Pot. iodidi, gr. iij.;
Infusi quassiæ, ℥j. t. d. d.

the patches were touched with the Lotio. cupri. sulph. gr. ad. ℥j.

On Oct. 12, he was ordered Ol. morrhuæ in half oz. dos twice daily, as well as to continue the above.

Oct. 24.—Continue the above, but in addition let hi have the mercurial bath every night, gr. x. of calomel bein employed.

On the 31st.—The bath was to be given only every othe night.

Nov. 2nd.—Omit bath.

Nov. 6th.—The following was substituted for the abov mixture:

℞ Iod. pot., gr. iij.;
Liq. hyd. bichlorid, ℥iss.:
Tinct. Opii, ℥v.;
Tinct. cinchonæ, ℥j.;
Decocti ejusdem, ℥j.—ter in die.

This on Dec. 1st, was laid aside for the first mixture, and the following lotion was to be applied to the patches :

℞ Acidi tannici, ʒss. ;
Glycerinæ, ℥ss.—ft. lotio.

Dec. 8.—In addition to this mixture and lotion he was ordered the mercurial bath as previously ; but discontinued it on Dec. 12th.

Dec. 29th.—The mercurial treatment seeming not to agree with him, Mr. Gascoyen has put him upon quinine and cod-liver oil only ; the patches to be washed frequently in the day with the simple lotio. plumbi. The patient is at present progressing favourably.

This case is of especial interest, as illustrative of the fact, that the sequelæ of syphilis may be of an aggravated and obstinate form, even though no mercury may have been administered.

CASE II.—Also under the care of Mr. Gascoyen.

SERPIGINOUS ULCERATION.

T. W., æt. thirty-two, of light complexion and delicate appearance, was admitted on Dec. 3rd, for Serpiginous Ulceration of the thigh.

History.—Was a soldier, and with his regiment went to Gibraltar, in 1854 ; he there contracted a soft chancre on the centre of the dorsum of tbe penis, but was quite cured of it in three weeks, none but simple remedies being employed. In 1861 he had gonorrhœa, and about nineteen months since, on his way back from India, he got a sore on the *right* cheek, just below the ramus of the jaw, another on the *left* upper arm, and a third immediately below the right knee. In May, 1862, he was discharged from the army.

On the day of his admission there was a large serpiginous ulcer, about the size of an ordinary saucer, on the centre, but outer part of the thigh, and another about the size of the palm of the hand over the left trochanter ; as well as the cicatrices of the old "eruption," which he describes as the same now presenting itself in the places just mentioned. He has never taken mercury. Mr. Gascoyen ordered him

℞ Iod. pot, gr. iij. ;
Ammon. sesquicarb., gr. v. ;
Decocti cinchonæ, ℥j.—ter in die.

With one of the ulcers, the smaller, was tried the Lotio. pot. tart. ferri. ʒj., ad ℥iv., to the other, the larger, the Lotio. plumbi., in which there is liq. plumbi. diacetatis, ʒj. ad ℈j. aquæ. So rapid was the amendment of the latter, that the lead lotion was after the first few days used to both ulcers, which healed speedily, and allowed of the patient being discharged cured on the 7th of January.

There have been in our wards for some little time two patients with immense inflammatory thickening of the prepuce, a condition of solid œdema, which makes the organ not alone unsightly, but unfit for the exercise of its generative function ; both have been, and one is still being treated with the local mercurial fumigation every night, or every other night, and by the enveloping of the penis during the day in a piece of lint, thickly smeared with unguent hydrarg. Under this plan of treatment the parts are rapidly improving, the enlargement is being reduced, the hardness becoming less hard, and the entire organ returning to its normal proportions.

ULCERATION OF THE DORSAL ARTERY OF THE PENIS AND HÆMORRHAGE.

G. W., æt. twenty-three, a navvy, of very stout build and of florid complexion, was admitted into the Male Lock Hospital, on Dec. 10, 1863, with a large ulcerating sore on the right side of the glans, involving the corona and the prepuce—with a large open bubo in the right groin, and herpetic eruption on the sides of the trunk.

He states, that about three months since, he contracted the sore on the glans, which has continued to spread ever since, and that a month subsequently the bubo made its appearance. The interesting feature in this case is, that the dorsal artery was opened into by ulceration, and that the hæmorrhage was arrested by putting a pledget of lint well soaked in the muriate tincture of iron into the fissure made by the ulceration, and from the bottom of which the blood welled up—then flexing the glans backwards upon itself ; in which position it was maintained for some hours by strips of lint passed over the glans from before backwards. An attempt was made to seize the bleeding vessel, but no firm hold could be obtained or secured ; hæmorrhage however, has been effectually arrested, nor does there seem any disposition to return, inasmuch as the ulceration has altogether ceased, and the wound, since the hæmorrhage, has taken on a healthy action.

REMARKS ON THE DRACUNCULUS OR GUINEA WORM.

BY DR. G. DE GORREQUER GRIFFITH.

This worm, which has received the name of Filaria Medinensis in addition to those names above written is, of the several varieties of Entozoa, one of, if not, the most troublesome ; often, indeed, endangering, and sometimes destroying, life by the wearing pain, by the exhausting suppuration and by the general irritation and disturbance which demonstrates itself by the attendant characteristic fever. If, however, there be not these extreme sequences, there may be a maiming of that limb, in which the Entozoa has become developed.

Various are the parts of the trunk and limbs which it chooses for its habitation, but it seems to have for the lower half of the body, and of it more particularly the legs, a special predilection. In the cases which have come under my notice, I have found the following order of frequency, as to the site of "pointing," that is, as to the place where the parasite determines, and seeks to effect an opening in the integument for the purpose, no doubt, of discharging its ova or of itself passing out of the body and into a higher organisation : First, the external malleolus ; second, the internal malleolus ; third, the base of the metatarsal bone of the little toe, or the dorsum of the foot : fourth, the inner or outer fossa, which lies between the inner or outer malleolus and the posterior extremity of the os calcis ; fifth, below the head of the fibula ; sixth, on the outer side of the leg and just about its centre ; seventh, the scrotum.

We will take, for purposes of illustration, the case of a patient, in whose leg the worm has fixed itself, and we will describe the subjective and objective symptoms, that are found to obtain. Under the former will arrange themselves a sense of heat, of stiffness, of swelling, an uncomfortableness and intense itchiness in the site of pointing, as well as in the neighbouring articulation—if it be close to the pointing—and in the entire limb : these gradually, or it may be quickly, merge into actual stiffness, pain, swelling, and the other usual local symptoms of acute inflammation ; moreover, in a great number of cases the itchiness, from being limited and almost confined to the site of pointing, diffuses itself over the entire body, and, rebellious to all means employed for its removal or for its alleviation, becomes most distressing. Under the objective symptoms we have, at the very outset of our patient's complaining, a somewhat hard swelling, round and about the size of a common coat-button, very slightly cone-shaped, the base being scarce wider than that part which rises above the level of the surrounding surface ; this, the "phlegmonous tumour" of M. Maisonneuve and the centre of the subjective symptoms, soon grows soft and becomes capped with a vesicle or bleb, owing to the lifting of the cuticle from the cutis by a serous fluid, at first clear, and which allows us to see the subjacent cutis red and raw in its appearance and likewise the head or some other part of the worm, as is indicated by a white speck or line in the centre of this vesicle. Should the bleb

remain for a few days unopened the limpidity of the serum is lost, the fluid entirely altering its character, becoming turbid, somewhat grumous and containing yellowish-white flakes, such as occur in unhealthy abscesses; in white men a blush of inflammation is seen surrounding it, but in the black this is not evident, there being instead an increase in the dark shade of the skin; in both white and black men alike there are puffiness, immediately surrounding the tumor and vesicle and involving the limb for some distance above and below,—edema, as evidenced by distinct pitting on pressure—and leading away from the pointing spot a narrow, winding swelling, which seems to be, and has been, more than once mistaken for a varicose, or even an inflamed vein; on examination, this swelling is found to be very tender, and is of such a peculiar nature, as to convey to our mind the idea of a violin-string being inserted beneath the integument and wound round the leg; sometimes it has a consistence not unlike the hardness of the "vas deferens." This cord-like hardness may precede the appearance of the bulla, and its cause may be hid in obscurity, until the appearance of the latter.

In every case I have been enabled to trace the disease through the several stages, which I have above enumerated, and have, in my own mind, long looked upon it as divisible into firstly, the stage of deposit; secondly, that of incubation, wherein the filiæ are being developed; thirdly, that of the formation of vesicula; fourthly, that of ulceration; fifthly of suppuration and expulsion; and lastly, that of healing.

Through sympathy, the glands, in connection with the affected parts, will become enlarged, hard, tender, or even acutely painful.

The causes assigned for the suppuration are: firstly, the presence of an *inanimate* substance, namely, the *dead* parasite, in the midst of living tissues, which are affected in a manner similar to that occasioned by the use of a seton, or by the presence of any foreign body whatever; with this I cannot entirely hold, since I have seen pus developed in the limb, or part affected, the worm not having been deprived of its vitality; secondly, the pouring out of a poison from the interior of the filiaria; to this supposition some colour is given by the facts, that we find pervading the interior a whitish fluid, that there is the general and harassing itchiness, to which we have before adverted, and that may be explained only by the hypothesis of blood poisoning; thirdly, and I think more probably, it is occasioned by the discharge and development of the ova and the great irritation caused by the enlarging in size and the movements of the young filariae. The tumour at the seat of pointing is, without doubt, produced by the parent-worm seeking thus an exit for the extrusion of its offspring, or for its own emergence into a new and higher kind of development.

This Entozoon, called from its slender proportions the "hair worm," is most frequently half a line to a line or a line and a half in thickness, sometimes even more; while in length it may be twelve feet and upwards; the caudal extremity is round and somewhat club-shaped, the capital being narrower and pointed; the entire worm is highly elastic, semi-transparent, of a yellowish-white appearance, and, when the central canal is filled with the peculiar fluid, supposed to be the cause of so much evil, the shape is round, which however being altered on the expulsion of this fluid assumes a flattened, band-like appearance.

In the young state the worm is cylindrical, with no tentaculæ or any other kind of appendages, and is possessed of immense activity, when it is floating in the fluid, which is, for a certain period, its natural element; nay, more even, when removed from this into water, it preserves for some days the same constant activity of movement.

The proper bed of this parasite is the subcutaneous cellular tissue, but it will not unfrequently be found wrapping and coiling itself around the tendons and nerves, hence occasioning the exquisite pain experienced by the sufferer, as the coils are being disentangled and the worm removed; a pain so severe, that I have seen the stoutest men almost faint under the infliction; at times, indeed most generally, we shall in some parts of its course discover the worm coiled upon itself, and deeply imbedded on the cellular tissue amongst the muscles.

Treatment:—Dr. Daniell, in his "Sketches of the Medical Typography and Native Diseases of the Gulf of Guinea," has it thus, of the native operation for the complete removal:—"A small semilunar incision was first made in the skin to expose the extremity of the worm and moderate pressure used to facilitate its protrusion; it was then seized and cautiously drawn out to the extent of an inch or two inches; two ligatures constructed from the exsiccated fibres of some graminous plant were next applied to that portion of the worm nearest the orifice of the skin, the other part being nipped off; the extremities of both these ligatures were of sufficient length to encircle the limb, round which they were fastened. A young plaintain leaf smeared over with palm oil was then placed over the wound and friction carefully employed with the same oleaginous fluid along the course of the worm. This process was daily performed, and a small portion of the worm regularly exposed, until the whole was gradually withdrawn, a perfect cure being the result."

The method which I have seen practised by the native Indians is very much the same as that described by Dr. Daniell, except that they make no incision into the skin, contenting themselves with merely opening the vesicle or allowing it to burst, seizing the presenting part of the worm, drawing it out from its bed for a little distance, and coiling it round a piece of linen continue the operation from day to day, till none of the parasite remain. Having made fast the piece of linen and the worm coiled upon it, the wound is somemetimes smeared over with some "chunam" paste, or covered with a pledget of cotton, saturated with saliva, in which by a process of chewing has been mixed the juice of the dried betel-nut; either mode of dressing being adopted, the entire is swathed somewhat tightly.

The class of patients in which I have met with this most frequently is the weakly, emaciated, and delicate; and when I have found it in the opposite, that is in the robust and muscular, the subjects were those lascars who had recently come to sea at the close of the "Sou-West," or the beginning of the dry "Nor-East Monsoon." I have never met with a case of it among the Chinese, and indeed they seem to have an exemption from the affection, even when in daily converse and close contact with the diseased, either resident in India or China, or living on board ship.

The treatment which I have adopted, and, at the expense of the least possible suffering, successfully, was as follows:—Immediately on the man presenting himself with the tumour or with the bulla, I made an opening into either and squeezed out, as much of the fluid as I could get to flow away; I then proceeded to knead thoroughly for a quarter of an hour the entire limb above and below the wound, desisting only if the pain became excessive, which I found to be very rarely the case when the kneading was continued steadily and firmly, and the palmer surface of the thumbs employed. This done, and some portion of the worm extruded, a pledget of lint was placed over the wound and over the protruded part of the worm, compresses placed upon the tract of the parasite, and the limb bandaged from the foot upwards to some little distance above the farthest point to which the worm could be traced the wound itself not being covered with the folds of the bandage. The kneading should be performed over as much of the limb as seems to be occupied by the offending cause, nor shall we be very much at a loss as to how far this extends, since it is distinctly traceable by the cord-like feel, which we have mentioned, or by the line of pain and redness, leading, according to the site of the wound, either upwards or downwards. This cord-like feel, especially taken in conjunction with the last two symptoms, is of great value as a means of ascertaining how far the worm has extended itself.

After the bandaging the patient is made to plunge the limb into water as warm as he can bear it, and to keep it immersed for some hours at a time; this being done severa

times during the twenty-four hours, on the next day the pain and swelling will be very much abated, the tension of the integument relieved and an additional part of the worm extruded, a greater length of the remainder admitting of extraction with a facility, which we could scarce anticipate. The same process, as was adopted the day previously, must be again put into practice, and very often it will be found advantageous to extend the opening along the course of the worm, so as to make a larger aperture of exit, and in this manner to hasten the expulsion of the irritating substance; furthermore, when we have ascertained the tract, we may make an opening in its centre down upon the entozoon, divide it and proceed to extract both fragments simultaneously. This plan is especially to be recommended, inasmuch as the cure is effected with so very much less suffering to the patient while he is under treatment, as well as with a very much greater degree of celerity. The simple division of the worm in its centre not alone has the advantage of enabling us to act upon the fragments at the same time, but likewise makes the worm relax its hold, so to speak, of the muscles, tendons and nerves, and as a consequence permits of our removing it with comparative facility. When there are a number of abscesses in the leg in connection with this source of irritation our best plan is to lay each one open, or if there should be a number close to each other, we may make an incision, which would include two or more. At the bottom of each abscess we generally find a knuckle, fold, coil, or series of coils of the worm, and have thus an immediate explanation of the purulent formation and collection. On opening these tumours at the same time that the fluid drains away, there are expelled an immense number of young filiæ, which are to be seen moving rapidly in their proper element.

In some cases instead of adopting the immersion I over the bandage place a hot linseed meal poultice or a hot fomentation cloth and encase all in a sheet of oil silk, so as to keep the affected limb in a constant vapor-bath;—and all these steps should be repeated daily, till no trace of the Dracunculus remain. The process of expulsion is sometimes very tedious in those instances, where the worm has coiled itself around the phalanges.

I hold it to be unnecessary to roll the worm upon a piece of quill, lint, linen, or to dispose of it at all in this manner, neither is it serving any more useful purpose to bind it down upon the integument, on the supposition, that unless such measures be adopted we shall lose sight of it altogether; since this supposition is based on the *erroneous* idea of there being an inherent retractile power in the parasite; this retractility depends not on any active power possessed, but simply on great resiliency or elasticity.

When the scrotum is the site of its lodgment the pain experienced is often most agonising.

The general treatment to be pursued is that best calculated to support the strength of the patient, at the same time that we take precautionary measures against the incessant irritation.

January 1st, 1864.

HOSPITAL REPORTS.

OPERATIONS BY MR. ERICHSEN.

Last Wednesday, in the presence of a large number of spectators, Mr. Erichsen proceeded to operate upon a female for a hard tumour of the left breast. Chloroform being administered, and the fibres of the pectoral muscles being well stretched by drawing the arm outwards and downwards, over the operating table, he made a rapid semilunar-shaped incision running along the lower margin of the breast, and somewhat obliquely across the fibres of the aforenamed muscles, partially lifted up the tumour at this its lower edge; and then making an incision immediately above the breast, so as entirely to circumscribe the mammary gland, as well as the tumour, both incisions were united; he then proceeded to dissect the mass so circumscribed completely away from the muscle. There was no unusual hæmorrhage; the wound was brought together by a few thread sutures, and having placed over it compresses of lint and towels, the entire was then made secure with an ordinary "roller," and the patient was removed.

Mr. Erichsen said, that the nature of the tumour had been rightly diagnosed previously to any operative steps having been taken, and, that, the diagnosis was now fully verified after removal, and after he had made an incision into it; that he had no doubt in his own mind as to its being scirrhus; 1st, because of the woman's age, she having arrived at that period when cancer is supposed most frequently to develope itself;—2nd, from the peculiar hardness of the tumor;—3rd, from its grittiness, when cut through with the scalpel;—4th, from its peculiar glistening white or blueish-white appearance on the divided surfaces,—5th, its striated structure, evident to the naked eye, and caused by intersections with white bands, which are composed of partly new structure and partly of cellular tissue.

The indications for removal in this case were:—the health of the patient had not begun to be impared; there was no glandular complication, nor any cancerous deposit in other organs or parts of the body; the glands of the axilla, and those below as well as above the clavicle were completely free from any appearance which would lead to the supposition of their involvement in the disease; only one breast was the seat of the disease; the tumour was quite moveable, and could be distinctly isolated from the subjacent parts; there was complete absence of tegumentary infiltration and of that peculiar unhealthy, oily and reddish-brown appearance which should, when other evidences are concomitant, warn the surgeon of the danger to be apprehended from any operative interference; the tumour had not taken on rapidity of growth, nor was there any sign whatever of a tendency to cuticular ulceration.

We know that cancer of the breast most frequently occurs in women, and is extremely rare in men. One instance of this disease in the male occurs to our recollection, and, as we are upon the subject, we will mention it; it was that of the late Dr. Bellingham, the eminent Dublin surgeon, who was one of, if not the greatest, advocate for the cure of aneurism by compression, at a time when such a proceeding was not in that estimation which it now gathers around it.

The causes of its greater frequency in women are to be found in the functions—the changes—the sympathies—and the more frequent liability to accident; in referring to the functions of the breasts allusion is made to the office of lactation, and the "draught" or rush of blood to the organ, when the child is put to it for the purposes of sucking; by its changes we mean, not alone this determination of blood at the period of lactation, but the alterations that nature effects, both at the accession of puberty, the development of the menstrual function at the period, and which, in fact, constitutes puberty, and likewise at the climacteric age, when there is a cessation of the wonted activity, a considerable reduction in the amount of blood circulating, causing a thorough lowering of its vitality, and as thorough an alteration in the functions, which it had exercised during the procreative period of the patient's life.

During the time of gestation also the breast is constantly undergoing certain changes, in order that it may be fitted for the office, which it shall be called upon to discharge after the birth of the offspring.

The sympathies of the breasts with other organs, but especially with the generative, and that not alone, when the latter are in a perfect condition of health, but also when they are involved in disease, are too well known to need our pausing here to consider them.

The liability to accident obviously arises from the larger development and prominence in women as compared with men.

The cancerous age—if we may be allowed the term—occurs at the time when there is cessation of the child-bearing functions; now, although cancer of the hard form is most

frequently coincident with the years between the 30th and 50th year of the patient's life, yet it may declare itself at even an earlier age: according to Mr. Birkett, those women who are between 45 and 50 are its most common subjects. The being unmarried, or sterility when married, are by some held to be causes of origin of this affection, while by others the very opposite conditions are supposed to be inductives. We should remember that the number of women who are married if not *de jure*, at least *de facto*, is proportionately larger than those who have in no signification been at all married.

This, we think, would in some measure help to explain the differences of opinion, based upon statistics, as widely different.

The next case on which Mr. Erichsen operated was that of a healthy looking child aged three years, from whom, by the lateral operation, he removed a lithic acid calculus of a rounded somewhat oval-shape, smooth on its surface, and of a dark brown or mahogany colour.

After its removal, in his accustomed manner, in order to obviate any danger of urinous extravasation or infiltration, he introduced into the bladder, through the wound, a gum elastic tube, for the direct transmission of the urine, and had it secured by means of tapes passed round the thighs and fastened to a band placed about the abdomen immediately above the hips.

The following statistics of Mr. Coulson show the periods of greatest danger in this grave operation:—Of 2,972 cases there was one death in every 13, the patients being below 10 years of age; after which, in a range varying from the 10th to the 80th years of life, the rate of mortality is 1 in 9, 1 in 6, 1 in 5, 1 in 4, 1 in 3.65, 1 in 3.23, 1 in 2.71

These tables at once declare how *comparatively* free from danger is this operation in young children; and this may be attributed—first, to the condition of the urinary organs themselves, they being as yet only incompletely developed, and very much less excitable or irritable than in the adult subject; and, secondly, to the quality of the fluid contained in the bladder; since in exact proportion to the amount of debris contained in this fluid is the amount of irritating power possessed by it, which is altogether dependent upon its acridity. We know that the greater the acridity, the greater is the danger to be apprehended from the passage of the urine over the freshly cut surfaces.

According to a tabulated form given by Mr. Hutchinson in the 'Medical Times and Gazette,' of January, 1859, there were in 186 cases, 137 which had not attained the age of 20; and of these 137 there were 123 recoveries; while of 49, which had passed the age of 20, there were found to be 26 deaths.

In the course of our remarks upon the operation we would notice the incontrovertible fact that in the child there is a remarkable immunity from danger, in whom it is performed with a result which yields, as regards success, to none other of the capital operations.

The principal features of difference met with in the performance of it upon the young patient are:—An increased vascularity of the tissues, through which our incisions must pass; the elevation of the bladder to such a degree as to constitute it an abdominal rather than a pelvic viscus, and so to render the perinæum actually deeper. These differences are not, however, by any means unimportant, since the first may occasion some little trouble or uneasiness from the hæmorrhage which may supervene, and the second demands the most careful use of the knife in making the deep incision. The elevation of the point in such a manner as to escape getting into the recto-vesical space, instead of into the bladder,—a mistake most, if not invariably, fatal. As a preventive to this terrible error, we would advise the young surgeon to have the bladder fully distended, so that it might come to occupy a greater portion of the so-called pelvic space, and afford him a not uncertain guide in his manipulations.

We should never lose sight of the circumstance that in the young subject there is a very great readiness to yielding on the part of the structures, and that it is in direct ratio with the youthfulness.

Much of success, however, is dependent upon the skill of the operator, not alone in his mere capacity of surgeon, but likewise as regards his general medical knowledge, whereby he is enabled to adapt at once the means of cure to the symptoms as they present themselves, and so combat them immediately and successfully. Not a little depends upon the judicious selection of cases, since nothing tends more to swell the lists of mortality than operating when the health is undermined, especially if by any organic changes in either the bladder or the kidneys; nothing is more to be deprecated than indiscriminate operation; nothing more reprehensible than to adopt this measure merely as a "*dernier resort.*"

GENERAL CORRESPONDENCE.

ON THE THERAPEUTIC ACTION OF MERCURY.

To the Editor of the Medical Circular.

SIR,—Will you kindly permit me to say a few words in reply to Dr. Thorowgood's letter "On the Therapeutic Action of Mercury," contained in your last number.

It would appear, from a quotation made by Dr. Thorowgood, that Dr. Chambers is one of the most recent writers who have spoken in praise of mercury in inflammatory diseases, and especially in hydrothorax.

I can only say, Sir, that I have the honour to range myself on the other side from that taken by Drs. Chambers, Thorowgood, and other distinguished authorities, but in doing so I only give utterance to the views entertained by a large and increasing number of physicians and surgeons in London, Paris, Dublin, and Edinburgh. Not to go further than your own columns, I may refer to the recent debate upon this subject in the Harveian Society (MEDICAL CIRCULAR, Dec. 2 and Dec. 16), when Dr. Pollock stated that he thought he was only expressing the general opinion of the Profession when he said that he believed that mercury was no longer looked upon as of service in the treatment of internal inflammations, such as pleurisy, pericarditis, or peritonitis, and Dr. Graily Hewitt said that he believed that mercury was never useful in puerperal peritonitis or other puerperal conditions.

With regard to the question of hydrothorax and pleurisy again, in which cases Dr. Thorowgood is so convinced of the advantage of mercury. In the first place, I presume from what I see in his letter, that he administers mercury in such cases, with the theory that it has some power of "hastening destructive metamorphosis," and also of "producing absorption of effused fluids."

Such properties are attributed to it by Dr. Chambers, and appear to be also believed in by Dr. Thorowgood. For my own part, I know of no well-made experiments which tend to prove this theory, and, indeed, I may as well say at once, that I believe, with Dr. Hughes Bennett and others, that mercury has only two undoubted properties—1st, purgative; 2nd, sialagogue. As to the rest of its *virtues*, they remain among the dogmatisms which men believe in without any sufficient evidence, for whenever any disease, such as syphilis, pericarditis, &c., has been treated without mercury, it has been found to be much less troublesome than with it.

Three of the most recent writers on the practice of medicine, Dr. Hughes Bennett, Dr. Gairdner, and Dr. Trousseau have treated at length the question of hydrothorax, and all of them seem completely to have abandoned the practice of administering mercury in that disease. Thus, Dr. Hughes Bennett, in his 'Clinical Medicine,' p. 617, says: "By some calomel is considered to be directly indicated as a means of favouring absorption from the serous cavity, and although I have frequently seen the drug employed for this purpose I have not met with a single instance where its good effect have been unequivocal." Such appears also to be Dr. Gairdner's opinion. As to Dr. Trousseau, as far as I remember, he never once seems to think of such a remedy in pleurisy or hydrothorax. Indeed, in Paris the antiphlogistic properties of mercury are now looked upon as belief

of the past generation, although the drug is still used in syphilis and iritis.

With regard to calomel being useful in peritonitis, is it not a very significant fact that it is not the practice of either Mr. Spencer Wells or Mr. Baker Brown to administer the drug after the operation of ovariotomy. Indeed, I believe the administration of calomel and opium in traumatic cases is now abandoned by the greater part of the best London surgeons.

I am glad to see that Dr. Thorowgood has not much faith in mercury in rheumatic pericarditis. The cases cited by Dr. John Taylor, of University College Hospital, have shown that mercurial salivation often does harm, but never any good in that complaint. Dr. Walshe, in company with Drs. Hughes Bennett, Habershon, and Gairdner, hold the same views with regard to pericarditis.

Lastly, is mercury a cholagogue, or useful in diseases of the liver? I believe that it frequently does much harm in such diseases, and what good it does has seemed to me to be simply owing to its cathartic powers, which it shares with a host of other purgatives. The physiological effects of mercury are actually to *diminish* the secretion of bile (Beale's 'Archives,' vol. i., quoted by Hughes Bennett, 'Lancet,' Dec. 3, 1863), instead of being, as asserted over and over again, a cholagogue.

I have, Sir, attempted, I fear most imperfectly, to answer the views brought forward by Dr. Thorowgood and many others, whose opinions I hold in the greatest respect; and I can only add that my own experience completely corroborates that of Drs. Hughes Bennett, Habershon, Gairdner, Walshe, &c., and I believe that I have more than once seen patients die in pleurisy and other inflammatory diseases, whose vital powers would otherwise have sustained them easily through the disease, had not the (in my opinion) most pernicious influence of calomel been superadded to the disease.

I am, &c.,

CHARLES R. DRYSDALE, M.D.,
M.R.C.P.L., F.R.C.S.E.

Southampton row, W.C.
Jan. 2. 1864.

HOSPITALS AND THEIR MANAGEMENT.

To the Editor of the Medical Circular.

SIR,—Your article on hospitals opens up, I think, a very important subject for discussion, and one in which the whole body of the profession, as well as the public at large, are interested. The question has often occurred to me—is the most made by these institutions of the opportunities afforded for investigating disease?

Have we always the right men connected with them so that ingenuity as well as science be manifested in the treatment and record of cases?

Are the atmospheric changes noted in connection with the changes that occur in various diseases?

Is the effect of diet also noted, and is diet administered with an object in connection with *the* disease, or by a rule laid down?

This subject is, doubtless, studied by many medical men in private practice, but is it made the most of in our public institutions?

Again, are there enough medical men connected with each hospital to prevent hurry, oversight, and fatigue, and to secure the most attention being devoted to the various cases?

Ought not each physician to be limited to a certain number of cases, say fifty out-patients and ten in-patients, by which means the cases would clearly be better studied, and additional workers and observers of disease would be employed.

Should not, also, the cases be somewhat classified? so that the physician, who has made the heart, lungs, liver, or kidney, his especial study, might have such cases immediately under his care and observation.

Clearly there ought to be no monopoly in these institutions. By rights, the utmost good feeling should exist, and not only should the best instruction be secured for the students, but also the best way of communicating it be adopted. Is this the case? and is not Edinburgh far before London in this respect! This is an interesting question for the thoughtful student, as well as for the physician who is excluded from these institutions, excepting as a casual observer.—I am, &c.,

ANTI-MONOPOLY.

MEDICAL THEORIES—THEIR USE.

To the Editor of the Medical Circular.

"It seems to me a most mournful hypothesis, that of quackery giving birth to any faith.—Quackery gives birth to nothing,—gives death to many things.—We shall not see into the true heart of anything if we look merely at the quackeries of it."—CARLYLE on *Heroes.*

SIR,—In a ormer letter I directed attention to some statements of Dr. Corrigan as to all our present theories in medicine being "nonsense." To the error of looking for some *one* great comprehensive law to guide us (as the law of gravitation, the astronomer) in place of such theories, as also to an extraordinary dictum of Sir B. Brodie in 'Fraser's Magazine,' that modern quackeries are giving birth to a very wide faith in them, solely because our young physicians are not adepts at diagnosis.

It is gratifying to find that Dr. Corrigan on the apocryphal nature of his teaching having been pointed out to him, is willing to leave theories and quackeries to the younger men, to be fought out; and that Sir B. Brodie's dictum had such seeds of decay in it that it has only influenced deeply men with homœopathic drug shops. A French *savant* has recently published a very profound essay on the Positive Philosophy of Comte, as applied to modern medicine; the only thing I see he is positive about is that we are in the "gall of bitterness" of direful routine, and men like Dr. Corrigan do not think of or broadly analyse medicine as it is; that our journalism is something like our tinctures and juleps of camphor, a mere decanting of old stale condiments and tinctures from one bottle into another. Even in cases like that of the wretched man, Townley, we as medical men differ more from party bias or rough education in this decanting of our ideas than from that education which *Emollit mores nec sinit, &c.*

I was astonished the other day on going into the chief homœopathic drug shop at the West-end to hear the gentleman behind the counter tell a lady, "Homœopathy progresses, but we have lost our great man,—Sir B. Brodie!" "Ah! those delightful letters in 'Fraser,'" responded the fair heretic, "he was indeed a man before his time; his letters have converted thousands." We have also the slow men who never heard of iridectomy for glaucoma, when the great Sir Astley was consul, or Mr. Abernethy, erewhile a Titan in a frieze coat thundered and made a noise at St. Bartholomew's; I have heard sensible accoucheurs tell their pupils, we had no chloroform when our grandmothers were attended by midwives, and brought forth splendid children" (but we had no vaccination then!) "and as our grandmothers did not want chloroform, surely the women of the present day do not require it." One need not fall out with these slow men, or men after their time, except that their example is most ruinous, and only ruinous in proportion as they are misunderstood by the public and acquiesced in by the Profession.

We have wide room for improvement as regards our young men entering the Profession, but it is not by telling them as Corrigan does, that all theories are nonsense, or as Brodie, that homœopathy spreads from our blank ignorance of what?—Diagnosis. Our "Introductories" of late are what Teufelsdroeck calls "etymological cinders," heaped up year after year on the dull fire of Medical Progress. Our profession ought to be the finest of all the professions, but it is not. We want new pabulum for the fire; there is work for all, but I pity all the young men, for the nuisance of Colleges like rust has so eaten into what ought to be the iron strength of our most noble calling. A large moiety of

the practice of the day is in the hands of a "profanum vulgus" of well-dressed chemists, hydropaths, homœologists, patent quack medicine vendors, "Dr. Sampsons" as vividly and truthfully pictured for all time in the tale of *Very Hard Cash*. Do our Brodies, Joseph Henry Greens, Lawrences, put out their littlest finger to check this? No, verily, but by a policy of "non-intervention" one could easily show that the present sad serious miserable progress of quackery is due to this non-intervention, this *rusticus expectat dum defluit, &c.*

If there be any use of words, the homœopaths are on the same level as the specialists. If we call them "empirics" they see we do not understand the use of words. Nature is their great *vis medicatrix*, over dosing is ours. I think we cannot understand the late Sir B. Brodie's opinions as to diagnosis in the English school, except under this view, that for many years if there was at all a "warp," so to call it in his fine intellect, it was this, that he was inclined to look on all diseases as nervous. All diseases in the main as likely to get well of themselves if left alone. He had seen or heard of (as every man conversant with London hospitals must have seen or heard of) dozens on dozens of knee-joints amputated that proved on examination perfectly healthy, violent inflammation of joints, so called, that ended in hysteria, or neuralgia, or perfect health by doing nothing at all. He had seen that half of our hospital therapeutics was a farce and "out door" hospital or dispensary prescribing a cruelty and a delusion. That pneumonia and typhus, if left to themselves, and the system supported by wine will recover better than by the bleedings of former years, that the lancet, in a word, is an anachronism for ever more. The only school in London on which the lamented baronet has left any impression is St. Bartholomew's, and the followers of Mr. Skey's practice will recognise what I say. Sir Benjamin had not examined much into Hahuemannism, and so he said our bad diagnosis was the only and chief cause of its spread.

In a previous letter I explained that our theories are like scaffoldings, but we must not mistake them for the building.

Do we sometimes allow theory to mislead us? the wish scientific is it ever father to the thought? Thus in such an obvious thing as the use of wine in fever or pneumonia, the blood seen at surgical operations under chloroform, which is scarlet, *if respiration be not embarrassed*, venous or black, if it be embarrassed; it has taken us many years to arrive at these two facts, one set of theorists holding strongly that they had always seen black blood as a rule, showing that anæsthesia is only another word for asphyxia or suffocation, other surgeons like the knights of old (only seeing the opposite side of the shield) always had seen scarlet blood, the logical effect in reality of the chloroform being *nil*! Overdosing by illegitimate practitioners, chemists, and others is the rock on which the Profession is going shipwreck. Also have we all sorts of errors in our hasty generalisation or grand laws without the picturesque grace of Sir Kenelm Digby, or Cervantes, to make us love or like them. Cervantes was a very early Hahnemannite, for he soberly prescribes for a gipsy who was bit by a dog, as a cure of hydrophobia, some of the hair of the dog that bit the patient mixed with rosemary, to the wound. J. Stuart Mill says all religious superstitions are inductions! Homœopathy is a superstition.

I believe the mere arithmetical system or "statistics," so called, is very liable to give us but half truths, or hasty generalisations or naked facts worth very little, as we can reason them away. Modern deductive logic argues from the known to the unknown, but by comparing groups of facts, and honestly taking in those reasons as most essential. The Chinese are not bad, they say, for if we have the facts the induction is only a toy! Macauley, Mill, and Liebig, think almost the same.

We have also men often arguing about different nay opposite things, thinking round about in an erroneous generalisation such discordant things are all the same thing, *i.e.*, it is quite the fashion, but it is not pathology, to rank half-a-dozen different things under the name cancer, to doubt as to what is secondary cancer, and because cancer cells are not found in the blood, (as we never look for them there) therefore secondary cancer must be a mistake. Now cancer elements have been found in the blood, and secondary cancer, in the glands of the axilla, to wit, in hard scirrhus, is not found always, but is found always when the cancer softens. Again, we may have so called cancer cells in a growth which is not malignant, and a growth unfortunately malignant in which are no cancer cells, but the empiricism of Velpeau is superior to all our grand generalisations so roundabout.

The Indian Army is being decimated by tubercular diseases, Miss Nightingale says, and the great leading newspaper asks in dismay, Can any body tell us what is tubercle or what is its origin? We have a theory as to bad ventilation here that might help us, but Corrigan says all theories are rank nonsense!

One of our chief officers of health, and editor of the leading Medical journal, cites Dr. Jenner's generalisations in fever as the greatest triumph of late years of the inductive philosophy, but Dr. Stokes and Dr. Kennedy, of Dublin, never cease their objections to these generalisations, and believe typhus, typhoid, relapsing fever, &c,, all one and the same, the poison one and the same. Dr. Christison, too, now comes to upset Dr. Murchison's doctrines of a like kind. We evidently want a great deal of calm extended observation in this class of diseases. We do not say that small-pox in a patient previously badly vaccinated, if very mild, is a different disease and subject to different generalisations, from primitive small-pox.

Again, let us look at the generalisations on the syphilitic diseases, and mercury, the great disturbing cause. Ricord changing his dogmas as often as common sense comes to correct pedantry; the two most unmeaning books I know are Bacon's and Hahnemann's rhapsodies termed *Organon*, yet how they are quoted as to fevers, cancers, blood coagulation, &c.

There is another peculiar line of reasoning now-a-days very common. Mr. Lister's on the 'Coagulation of the Blood' is eminently the last instance. Virchow and others do not believe in the Ammonia theory at all, so Mr. Lister labours to prove that blood coagulates, not because of ammonia or vitality lost, but it coagulates (according to the severest application of the inductive philosophy, in a logical circle rather), it coagulates; well, because it coagulates or has acquired a tendency to coagulate, that's all! To do Mr. Lister but justice, he does not wrap up all this in grandiose words, the law of coagulation, "it coagulates because it coagulates," but this is the whole thing. The 'Lancet' receives it as Mussulmen do the 'Koran,' it is a miracle!

Then we have very eminent men who tell us vivisections have never added a single fact to physiology; that Harvey's splendid induction of the course of the blood from the direction of the valves of the veins, as the first fruits of the *Novum Organon*, is the true way to add facts to physiology, but such foolish men do not know that the *Novum Organon* was not written till long after Harvey's discovery.

Finally, I would with all submission say, if we are to adhere to the proper use of words, a theory is the "bright consummate flower" of many roots of knowledge stuck in the otherwise sterile soil of every-day practice. What do we know of the blood without its theory of the circulation? what of inflammation but from Wharton Jones's theory &c.? what of a dozen other things, but from their theory. Again, hypothesis is said to be a system formed under some principle not proved, but there are principles that prove themselves. You cannot prove sugar is sweet, or vinegar sour, they prove themselves, and on this quibble mountains of medical arguments have been raised. It may be said too that globules and high dilutions cure where our frightful overdosing of general practitioners fail, but there can be no greater mistake than to say this is due to bad diagnosis of disease by our young physicians and surgeons. Nature cures while we are squabbling.

P.S.—Dr. Whewell believes "*false* theory often proves more advantageous to Science than the absence of theory." Truth in a word energizes or makes itself felt sooner out of error than out of confusion. It is to be feared the

"coagulation of the blood," absence of theory, or fashionable negative moonshine about "secondary cancer," or glaucoma and iridectomy, or the latest negative that frost is the cause of change of type in disease! may have given some colouring to Dr. Corrigan's extraordinary statements; but at least out of such confusion let us guide our younger students. Specialities differ from quackeries only in this,—that the latter partake of the nature of trade, they give birth to nothing; give us any false theory in their stead, we shall judge it sooner by its opposite than the fogs and roundabouts of one-sided journalism!

I am, &c., CHARLES KIDD, M.D.

Sackville street, Dec. 31.

REVIEW OF BOOKS.

Notice on the Law of the Production of Sexes in Plants, Animals, and Men. By Marc Thury, Professor of the Academy of Geneva. 1863.

M. Thury, commencing with the vegetable kingdom, shows that the stamens and pistils of plants, or the male and female organs, are merely variations of one common type, and from the experiments made by Knight upon water-melons and cucumbers, it appears that a more complete maturation of the vegetable juices brings about a development of male flowers in preference to females. Passing on to animals, it was found by Huber that in bees an early fecundation produces females, and a later one always produces males. M. Thury has some reason to believe that in poultry the cocks of the brood are from the last laid eggs. M. Thury had the opportunity of proceeding with his experiments on the mammalia in a large farm especially devoted to the breeding of the bovine race. In the rut of the mammalia, the ova are loosened from the ovary at the commencement of the period, and they are in a condition to be fecundated as long as the period of heat lasts. Now it was found experimentally that if the cows were served at the beginning of the rut, the offspring would be females, and if at the end, when the maturation of the ova would, of course, be more complete, they would be males; and the gentleman, on whose farm these experiments were performed, testifies to the uniformity of the results obtained.

It is suggested, rather than explained, that the same law prevails in the human subject, but this part of the matter is somewhat obscure.

If M. Thury's experiments should be found successful in other instances, a very important discovery will have been made in physiology, and the economical results are obvious. M. Thury is a scientific as well as a practical man, and the subject which he has broached in this small pamphlet is worthy of the deepest attention.

The Second Step in Chemistry: or the Student's Guide to the Higher Branches of the Science. By Robert Galloway, F.C.S., Professor of Practical Chemistry, Museum of Irish Industry. With illustrations on wood, pp. 771. London: Churchill and Sons, 1864.

The First Step in Chemistry is comparatively an easy matter. The student must make himself acquainted with the names and properties of some sixty elementary bodies, not half of which are of essential interest to himself or any one else. He must learn the method of preparing gases, of reducing metals, and of applying tests, and he must commit to memory the names, the atomic numbers, and other leading characters of the chief substances mentioned in chemical books and lectures. This part of the study is full of fascination by the brilliancy and variety of many of the results obtained, and by the facility with which the experimental processes are performed.

Mr. Galloway has already guided the student in this his first step, in a very able work which has attained a third edition, and he now leads him on to the investigation of the deeper mysteries of the science. It is absolutely indispensable that the chemical aspirant should master the contents of the first book before he attempts to unravel the intricacies of the second, but if he has diligently learned the preliminary matters to which we have alluded, the transition to the more difficult ones will be as easy as the progress of the schoolboy from common arithmetic to the operations of algebra. Having acquired an intimate knowledge of the characters of the chief elementary bodies, and of their mutual relations to one another, he will be prepared to enter upon the transcendental parts of chemistry, such as the calculation of specific gravities, the relations of volumes and atomic weights, the theory of the formation of salts, the laws of isomorphism and isomerism, the phenomena of dialysis and of the diffusion of gases, the nature of the organic radicals, the processes of fermentation, and many other kindred subjects requiring a combination of practical experience with powers of generalisation and the habit of close reasoning.

These are the subjects, together with many others of a like nature, which form the materials of Mr. Galloway's present volume, which displays immense research, and the contents of which are arranged in a very logical manner. Mr. Galloway shows himself a complete master of his subject; and the book, with its numerous and complicated formulæ, and its neatly-executed wood-cuts, is got up in the finished style which characterises the works published by the Messrs. Churchill.

LEGAL INTELLIGENCE.

PERILOUS ATTACK BY AN ALLEGED LUNATIC.—Mr. Pearse, of 1 Avery Farm row, Pimlico, accompanied by his two sisters, applied to the magistrate for his advice under the following circumstances:—

It appeared from their representations that on Thursday night a juvenile party was given at the house of Mrs. Bourne, of 6 Moore street, Chelsea, at which Mrs. Lovesey and Mr. Sidney Edward Pearse, who are the sister and brother of Mrs. Bourne, were present, as also Mrs. Pearse, of 1 Avery row, Mr. Sydney Pearse's sister-in-law. As the party were about leaving, Mr. Sydney Pearse struck his sister-in-law, Mrs. Elizabeth Mary Ann Pearse, a blow over the shoulder, and she staggered towards the fire-place, exclaiming, "Thank God, it has missed my heart," at which time she plucked part of a broken dagger from her left breast, which was followed by an issue of blood, and the point of the dagger had fortunately struck against the breast bone, by which circumstance her life was probably saved. After this Mr. Sidney Edward Pearse was lost sight of, but next found at the top of the house, where he had made a desperate attempt to commit suicide. Two medical gentlemen had seen him, and there was no doubt he was deranged; but in consequence of actions recently brought against medical gentlemen for the expression of their opinion on such matters they were unwilling to give certificates, and the friends entreated the assistance of the magistrate to restrain Mr. Sidney Pearse from committing further violence upon himself or others.

Mr. Selfe immediately granted a summons for Mr. Sidney Edward Pearse's apprehension, which was forthwith executed, and the accused was placed before the magistrate.

Mrs. Emma Louisa Lovesey said that prisoner lived at No. 6 Moore street, in his sister's house. At about half-past ten on Thursday night he came behind Mrs. Elizabeth Mary Ann Pearse, his brother's wife, and took her round the neck and she immediately left him. Subsequently she was found wounded as above described, and had been confined to her bed ever since. Prisoner had been drinking.

Mrs. Bourne was called, and said there had been no quarrel between the parties before the dangerous occurrence spoken of. Prisoner was suffering under a delusion that she and a man were following him about to murder him. On the same night shortly after the transaction witness heard fearful groans, and on searching the house found that he had gone on the roof where he was discovered, with his throat cut in two places and bearing five wounds on his breast. Dr. Whitmore attended him and pronounced him insane.

Prisoner was remanded for a week.

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THE MEDICAL CIRCULAR.

THE SIGNING OF LUNACY CERTIFICATES BY MEDICAL MEN.

A case brought before Mr. Selfe, the Magistrate of the Westminster Police Court, on Monday week, most painfully illustrates the jeopardy in which the lives of the public are at present placed in consequence of some actions lately brought against Medical men for performing what they conceived to be their duty in restraining the violence of persons alleged to be in a state of insanity, and dangerous to themselves or others. We have copied the newspaper report of the case to which we allude, in another part of our Journal, and we think it so important that we make no excuse for offering a few remarks in reference to the facts themselves, and to the inferences which may be naturally deduced from them.

We are told that at a juvenile party, a gentleman aimed a blow with a dagger at a lady relative, who immediately staggered, and found that she was wounded. On examination, a portion of the broken weapon was found in her breast, and on its withdrawal, a considerable quantity of blood flowed from the puncture. The point of the dagger had struck against the breastbone, by which, the Report goes on to state, the lady's life was probably saved. After this occurrence, the perpetrator of the deed was missed for some time, but was eventually found at the top of the house, where he had made a desperate attempt to commit suicide. Two Medical men had seen him, and, we are told, there was no doubt he was deranged, but in "consequence of actions recently brought against Medical men," we quote the exact words of the 'Times' report "for the expression of their opinions on such matters, they were unwilling to give certificates, and the friends entreated the assistance of the magistrate to restrain the alleged lunatic from committing further violence on himself or others." Mr. Selfe immediately granted a warrant for the apprehension of the accused person, who was accordingly brought up in custody, and appeared perfectly calm and collected. The wounded lady had been confined to bed ever since the event, which occurred on the previous Thursday.

The above report appears in all the newspapers, and we may assume it to be substantially correct. It shows that Medical men now shrink from the duty of either expressing an opinion upon such cases, or of taking such measures as may prevent the perpetration of violence and outrage by alleged lunatics. No one surely can blame them for acting with such caution, under the heavy responsibilities which any action done by them, or any opinion expressed by them in such cases, may entail on their character or their finances.

It is quite evident, as matters now stand, that in whatever manner a Medical practitioner may act, he incurs very great danger, from which the law offers him no protection. If he finds a person in a state of raving delirium, and doing mischief to himself or others, and he forthwith recommends the imposition of restraint, he is clearly liable to an action at law as soon as the patient recovers, because he has invaded the liberty of the subject, and taken the law into his own hands. It will be recollected in the case of Symm v. Fraser and Andrews, that the defence successfully set up, was that the defendants imposed no restraint, and did not recommend it, and that, in fact, the restraint was imposed by the patient's own friends. In another case which occurred some year or two ago, an action was brought against Mr. Wakem for imposing restraint, or authorising its imposition, upon a person said to be suffering from *delirium tremens*, and a verdict was given against him, although only for a nominal sum, on the ground that he ought not to have restrained the plaintiff unless under the authority of a certificate of lunacy. The law upon this point, therefore, is clear enough, namely, that an alleged lunatic cannot be controlled in any way unless by the means pointed out by the Acts of Parliament.

Now these means consist in the filling up of a Certificate of Lunacy, which is so framed as to prevent all undue influences, so far as human intelligence can foresee. The Legislature has thought proper, in the case of private patients, in order to avoid the public exhibition of the alleged lunatic before the magistrate at a police court to entrust the duty to the immediate relatives of the patient, fortified by the opinions of two Medical men, who must see the person separately, and who must not in any way be in partnership with one another. The filling up of the Certificate by the Medical men is nothing more than the expression of an opinion on their parts, and it is exceedingly difficult to understand why they should be responsible at law for such opinion any more than for stating their opinion that such and such a one is the subject of Typhus Fever, or Consumption, or Dropsy. It has been shown, however, that the expression of such an opinion although not a crime or a misdemeanour, and though made in perfectly good faith, may render a Medical man liable to heavy pecuniary damages, and we cannot wonder, therefore, that the Profession declines the responsibility of giving it, with such a probable result in view.

It is very likely that recent events will introduce a thorough change in the system of filling up Certificates of Lunacy. The Profession will only be too glad to be relieved of the duty which is at present laid upon them, and they will readily transfer the obligation into the hands of others. They have hitherto believed that they were acting only in the interests of humanity in preventing murder, or suicide, or other kinds of violence; but they will discontinue these services when they find they are no longer needed. There are of course some practical difficulties in the way of altering the present law; but it should be generally understood that Medical men are not *compelled* to sign Certificates of Lunacy. Their doing so is a voluntary act on their part, and they have considered it as a portion, and a very disagreeable portion, of their duties, performed for the protection of the public.

It is now time to protect, not the alleged lunatic, but the Medical Profession. The sensation writers of the day are either not aware, or they are wilfully blind to the fact, that abundance of penal enactments exist to protect lunatics, or alleged lunatics, from their own relatives, from Medical men, and from the keepers of lunatic asylums. It is just possible that Medical men may not be the best judges of what does and what does not constitute insanity, and that this *kind* of knowledge is better understood by the editors of newspapers, the writers of sensation novels, and police-magistrates. If such be the case, in Heaven's name, let these persons perform the necessary duties, and undertake the responsibilities; all that the Medical Profession wish is that the lives of the public and of individuals should be protected from violence and wrong, and if this object be attained, it matters nothing whatever to whom the duty is confided.

IRIDECTOMY.

The subject of iridectomy has of late occupied, as it well deserves, a large share of the attention of the Medical Profession. It is a new operation, strongly recommended in some quarters for the relief of a disease, the pathology of which has usually been obscure, and the treatment of which has usually been unsuccessful. Many Medical men are still in doubt as to the nature of glaucoma, the disease in which iridectomy is now generally practised, and as to the reasons why this particular operation should be adopted for its relief. One of our contemporaries, the 'British Medical Journal,' has devoted considerable space to the elucidation of these points, while expressing itself as being sceptical as to the measure of relief afforded by the new operation; while some others, as the 'Medical Times and Gazette,' appear to treat almost as fools all those who entertain any doubts upon the matter, and hold up the operation to general admiration as one of the triumphs of Ophthalmic Surgery. We must confess that with every respect to the authority of Gräfe, who first advocated the operation for the cure of glaucoma, and to those distinguished ophthalmologists in our own country who have followed in his steps, we must at present rank ourselves on the side of the sceptics; but we are quite ready to be convinced as soon as sufficient evidence is placed before us.

We must first ask what is Iridectomy? and what is Glaucoma? In its etymological meaning iridectomy signifies the cutting out of the iris, either wholly or partially, and it is plain to every one that such an operation will be manifestly useful when the object is to form an artificial pupil in consequence of inflammation or injury to the iris, causing mechanical obstruction to the passage of the rays of light. But how is cutting out a portion of the iris useful in glaucoma? and what is glaucoma?

Upon this point pathologists are not yet agreed. The word has hitherto been applied to a condition of the eye somewhat resembling amaurosis, but distinguished from it by the greenish appearance of the background of the eye, and resembling it in its serious and often incurable character. But of late years attempts have been made to define more accurately the morbid conditions constituting glaucoma, although its pathogenesis is restricted by Gräfe to a choroiditis in the early stage, the pathology of the latter stages being left uncertain by the German ophthalmologist. Now, admitting that glaucoma is at first an inflammation of the choroid membrane, how does an excision of part of the iris relieve that malady?

We have read with considerable interest a letter published in one of our contemporaries, from the pen of Mr. Haynes Walton, who has given a history of the operation itself, and of the disease which it is intended to relieve. It seems that Gräfe's attention was first drawn to the efficacy of this treatment in internal inflammation of the eye-ball by observing the results of the operation for artificial pupil by excision, after irido-choroiditis with closed pupil. He then proceeded to employ the operation in glaucoma, which he regarded in its early stage as an inflammation of the choroid. Mr. Haynes Walton asserts that any benefit obtained from iridectomy in this latter disease is derived, not from any direct effect on the iris, but solely in consequence of the evacuation of the aqueous humour. The operation, therefore, might as well be Keratotomia or Keratonyxis, the object being merely to make an incision into the cornea for the purpose of allowing the escape of the aqueous humour, and the iris need not be incised at all. The effect of this proceeding seems to be to relieve tension, and in this effect consists its utility. Such, at least, is Mr. Walton's explanation.

It appears that the idea of tapping the cornea to relieve congestion or inflammation of the eye really originated with the venerable Dr. Wardrop more than half a century ago, when he published a paper "On the Effect of Evacuating the Aqueous Humour in Inflammation of the Eyes," in the Medico-Chirurgical Transactions. In this paper he remarks that the great and immediate relief afforded by the evacuation of the aqueous humour arises chiefly from the sudden removal of tension. He wishes it to be understood most probably that the discharge of the aqueous humour is not to be recommended as the sole remedy in any case of ophthalmia, but it is only to be considered as

a powerful auxiliary in some cases, and a sure and only one in others, of preventing the total destruction of the eye.

Such are some of the facts and opinions advanced by Mr. Haynes Walton, who has evidently paid much attention to the subject. Mr. Bowman, however, strongly advocates the operation as recommended by Gräfe, and asserts its utility independently of the relief of tension, which he does not regard as an essential condition of the numerous lesions comprehended under the name of glaucoma. We are much inclined to think that Mr. Haynes Walton's views are, at all events, deserving of deep attention.

SUMMARY OF THE WEEK.

THE ACCOUCHEMENT OF THE PRINCESS OF WALES.

This happy event, which occurred on Friday evening last, took the country by surprise. The Princess of Wales was amusing herself on the ice at Virginia Water until four o'clock in the afternoon, and at two minutes to nine in the evening the infant Prince was born. Without pretending to the accuracy of information on this interesting and delicate subject, which appears to be possessed by our contemporary the 'Observer,' we believe that the birth of the infant was not expected for about two months, and the actual result was that preparations had not yet been made for his reception. No nurse was in attendance; Dr. Farre, who had been engaged to attend on the occasion, was at a distance; Dr. Sieveking, who is not the physician-accoucheur, but the physician in ordinary, arrived when the business was over, and the actual medical ministrations were afforded by Dr. Henry Brown, a general practitioner at Windsor, who is the local Surgeon to the Royal Family, and who thus had the sole and undivided honour of attending on the auspicious occasion.

THE NEW PRESIDENT OF THE MEDICAL COUNCIL.

Since the publication of our last Number, we have learned with regret that the objections which we stated to exist in the mind of Dr. Watson, as to his acceptance of the office of President of the Medical Council, have been so strong as to induce him definitively to decline the proffered honour. We understand that Dr. Burrows will, in all probability, be proposed and elected, and on the principle that if we cannot have what we like, we must like what we have, we congratulate Dr. Burrows on the prospect of his appointment. The only objections that can be urged against this gentleman are his comparative youth, his want of weight and influence, and the consequent fear that he will be unequal to the task of controlling the somewhat unruly elements of which the Medical Council is composed. But he is a gentleman and a scholar, and as his two predecessors have been surgeons, it is only fair that a physician should in turn preside at the Council.

THE RESPITE OF GEORGE VICTOR TOWNLEY.

The public excitement caused by the respite of this convict, has by no means diminished since his removal to Bethlehem, and the newspapers, perhaps for the want of something better to write upon, are still full of complaints and remonstrances against Sir George Grey for the course he has adopted. In many of the observations made by our non-medical contemporaries we entirely agree, and more especially in their insinuations that there is one law for the rich and another for the poor. We stated last week our impression that if Townley had been a poor man, he would inevitably have been hanged, and that money, and the services of Dr. Forbes Winslow, had saved him from that catastrophe. We should have been, however, more satisfied of the sincerity of the opinions expressed by our contemporaries, if we had found that they themselves dealt out equal justice to the rich and the poor. Last year we argued that the poor unfortunate lunatics, Fooks, Burton, and Holden, ought at least to have been allowed the benefit of the advice of experts, to assist the judges, juries, and the Government, in arriving at a just decision in their cases; but none of the non-medical papers even entertained the suggestion, and the poor wretches were hanged in due course. The great objection urged against the respite of Townley is the irresponsibility of the agency by which the respite has been effected, and it is argued that the reasons which have induced the Government to spare the convict's life ought to be made public; and it has been suggested that another Commission should be appointed, consisting, not of Commissioners in Lunacy, or of Medical men engaged in Lunacy practice, but of independent men, capable of forming a calm and unbiassed judgment. To this course there cannot be any valid objection; but under all circumstances we hope that on any subsequent occasion, where questions similar to the present may arise, equal justice will be dealt out to the rich and the poor, and the latter, as well as the former, will be allowed the assistance of the Lunacy Commissioners to decide as to their sanity or insanity, or at any rate to assist the judge and jury in arriving at a just conclusion.

THE CASE OF SYMM V. FRASER AND ANDREWS.

We are happy to state that the subscription instituted for defraying the expenses incurred by the defendants in this iniquitous trial is proceeding very favourably, but we quite agree with the writers of some letters in the pages of one or two of our contemporaries, urging the necessity of the contributions being general, and not confined to a few public-spirited persons. As matters stand, we find that a limited number of the members of our Profession come forward, on repeated occasions, to succour their brethren when overtaken by unmerited persecution, while the great majority refrain from offering any succour at all. When the disinclination to subscribe on such occasions arises from inadequate means, we should not utter a word of comment, far less of censure, for we know but too well how many of our body are struggling for bare subsistence under privations which are not the less severe, because they are borne in silence. But we cannot too strongly express our surprise that the names of many of our Profession, who are known to be living in affluence, are often conspicuously absent when such sympathy is expected. We feel that the hint now given is sufficient for the present time; but we would

emphatically impress upon all ranks of the Profession the necessity of instituting some common fund for the defence of gentlemen dragged into Courts of Law for matters connected with the exercise of their calling. We understand that Mr. Brady, M.P., who has proved himself a staunch friend to the Medical Profession, and who, as is well known, is one of our own body, has expressed himself very warmly in favour of such a movement, and we hope that his praiseworthy efforts will be seconded as they deserve to be. In the case of Drs. Fraser and Andrews, the Medical witnesses called for the plaintiff indignantly deny that they instigated the action in any way, and one of them (Mr. Barrett) distinctly declares that he advised Mrs. Symm not to bring it. In the name of common sense then who *did* advise her to adopt such ruinous proceedings? We feel that the whole affair still requires explanation in justice to the plaintiff as well as to the defendants, and we must repeat our suspicions that there are some villains in the back-ground in this affair who have not yet been detected.

MEDICAL EDUCATIONAL REFORM AT EDINBURGH.

The *Magnus Apollo* of the Edinburgh University, Mr. Syme, has uttered his oracular sentiments on the subject of Medical education and examination, and it is only right that the small fry of the Profession, scattered throughout the rest of the world, should listen to the utterances. For our own part we think that Mr. Syme's opinions on these subjects are offered in singularly bad taste, because as a Professor in a University distinguished for the scientific men whom it has sent forth into the world, his aim ought to be to encourage variety as well as profundity of learning, rather than to restrict its scope within the narrowest limits compatible with the exercise of a Profession. We intend, on an early occasion, to expose the shallowness as well as the incorrectness, of Mr. Syme's views, but at the present time, we merely allude to them to express our dissent from the sentiments they embody and the plans of supposed improvement which they suggest.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. SKEY continues his clinical observations entitled, "Records of Cases Treated in St. Bartholomew's Hospital." The cases are, as before, of a miscellaneous character. Fractures of the thigh were nearly all treated with the long splint, but in two cases, complicated with injuries to the head, united with loss of length of the limb, Mr. Skey refractured the femur, the results in both being the restoration of the original length of the limb and complete recovery. Fractures of the leg were treated by Mr. Skey, almost without exception, with the pillow instead of splints. In some cases of Pelvic Abscess, attended with constitutional debility, the treatment consisted in the adoption of a pure tonic regimen, and the operation of incision when the suppuration was complete. The treatment of Hysteria, or local nervous disease in women, deserves great attention, because mistakes have often been made by confounding such affections with inflammation and other serious maladies. Mr. Skey particularly alludes to those hysterical forms of spinal disease, which were formerly mistaken for caries or necrosis of the vertebræ, and were improperly treated by mechanical appliances, or under confinement to a recumbent posture, whereas constitutional remedies, exercise, and good diet, would have effected a speedy cure. Mr. Skey also describes a case of a young lady, subject to inversion of the right foot, who was treated unsuccessfully by orthopædic appliances, but who recovered suddenly under the use of wine, valerian, and ammonia. In a case of Chronic Enlargement of the Right Testicle, in which the malignity or non-malignity of the disease was a matter of doubt, Mr. Skey cut down on the spermatic cord, and tied the spermatic artery. The result was that the testicle came away, eventually, in a sloughy state, and the man left the hospital apparently recovered. Mr. W. S. SAVORY continues his "Observations on Caries and its Relations to Necrosis," showing that these two affections are closely allied together, necrosis being usually the result of acute, and caries of chronic inflammation. In necrosis the death of the bone is sudden, in caries it is gradual, but simple necrosis is extremely rare, for it is usually associated with caries. Dr. J. R. WARDELL gives a "Report of a Case of Poisoning by Burnett's Disinfecting Fluid," which occurred in May of last year, and which was published at the time. The case was that of a lady at Tunbridge Wells, who took the poison in mistake for Dinneford's fluid magnesia, and died in spite of the treatment adopted. Dr. Wardell refers to two other cases of poisoning by the same liquid, both being fatal. The action of this poison is so rapid that treatment is generally unavailing, but the best remedies appear to be alkaline demulcents, white of eggs, and opiates. Dr. JAMES PALFREY communicates a "Report of a Case of Twin Labour in which Uterine Action commenced and progressed to the Second Stage during sleep." The lady who was the subject of the case, was confined of twins, a month before the expected period; the children being born very rapidly as soon as she awoke from a sleep of four hours' duration. The interesting point in this case seems to be that uterine action commenced, and labour advanced to the second stage, during the sleep of the patient. Dr. Palfrey has been unable to find a similar case recorded in the books on obstetric medicine or medical jurisprudence, or in the notes made in the practice of his father in-law, the late Dr. Lever: but he thinks that the instance now recorded settles the point as to whether efficient action of the impregnated uterus can or cannot take place during natural sleep.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. SIMPSON, of Edinburgh, continues his Clinical Lectures on the "Diseases of Women," but his present subject is the arrest of hæmorrhage by the process of Acupressure, which we described in our last number, and which consists in passing a needle under the end of a divided artery, and pressing the vessel against the soft parts. The process is applicable to large as well as small arteries, and the time required to keep the needles in their place varies according

to the size of the artery pressed upon, the largest arteries divided having been found closed within fifty hours, and a less time being required for the smaller arteries. Dr. Simpson relates the particulars of six cases of surgical operations in which Acupressure was successfully adopted, and he then proceeds to explain the local conditions necessary for the primary union of wounds. These conditions are chiefly the accurate adjustment of the flaps, and the removal of every portion of foreign body from the wound, so as to insure what is called healing by the first intention. In answer to the question whether Acupressure is not more difficult than the deligation of arteries, Dr. Simpson states that it is not, and he adduces several instances to prove that this new process is both easy and safe in its practical application. Dr. GEORGE HARLEY, of University College, continues his course of Lectures on the "Urine and Diseases of the Urinary Organs," and having concluded his introductory remarks on urine in general, he now describes the physical and chemical characters of human urine, as to its smell, taste, and reactions. The acidity of normal urine depends on the united presence of acid phosphate of soda, uric, hippuric, and lactic acids. The hydrochloric and sulphuric acids, although present in normal urine, do not contribute to its acidity, for they are both combined with bases in the form of neutral salts. Mr. JOHN WOOD, of King's College, communicates a paper "On Rupture," but it contains only a general sketch of this affection, describing the different parts of the body where a hernia may occur, and the constitutional peculiarities of the persons who may suffer from it, together with some anatomical features observed in the inguinal hernia. Dr. HANDFIELD JONES continues his "Records of a Case of Proptosis, Goître, Palpitation, &c.," with remarks. The case itself, which was one of what is called Exophthalmic Goître, was described last week, and Dr. Jones now explains its pathology and treatment. He regards the affection as consisting mainly in a relaxed and irritable condition of the nervous system, but distinct from hysteria, and to which Dr. Jones would apply the term *neurolysis*. The urine, during the height of the disorder, was of a deep red colour, indicating a considerable destruction of the red globules of the blood. In treating the case, nitrate of silver was useful, apparently by diminishing the irritability of the stomach; opium was efficacious by its sedative influence; strychnine appeared to raise the general tone of the system; and country air produced remarkably beneficial effects. Dr. PEACOCK continues his "Cases of Unusual Slowness of Pulse," with remarks; and he associates this condition in some instances with disease of the heart. The relation of cause and effect, however, is not very manifest, for in one of the cases recorded, the result was not fatal, and in another the patient died, but no post-mortem examination took place. Although, too, Dr. Stokes and Dr. Quain have pointed out that shortness of pulse frequently accompanies fatty degeneration of the walls of the heart, such is by no means invariably the case, and, indeed, this kind of pulse is only exceptional in cases of fatty degeneration, the most usual character being weakness and irregularity. It is by no means unusual for the pulse to fall below the natural rate in convalescence from acute febrile diseases, especially from severe uncomplicated typhus.

THE 'GLASGOW MEDICAL JOURNAL.' No. XLIV. JANUARY, 1864.

The first article in this number is entitled "Experience and Treatment of Diphtheria in Campbelton and Neighbourhood," by Dr. WILLIAM GIBSON, who has since August, 1860, observed and attended several cases of the disease. Dr. Gibson's remarks are of a very practical character, but do not exhibit much acquaintance with the literature of this very strange disease, and another drawback to the value of the paper is the absence of post-mortem examinations, the prejudices of the Scotch population being arrayed against this method of investigation. In only one case was a post-mortem examination allowed, but it may be remarked that the mortality was by no means so considerable as has been described in other localities; for out of fifty-one cases, only fourteen died. From this circumstance, from the absence of autopsies, and from the rather aberrant character of some of the symptoms described, we are inclined to doubt whether all the cases were instances of true diphtheria, although many were undoubtedly such. Dr. Gibson draws very fairly the distinctive characters separating diphtheria from scarlatina, but he is hardly equally successful in separating tracheal diphtheria from croup, which are considered by modern French pathologists as the same disease. The cases of diphtheria treated by Dr. Gibson were not of a contagious character, and the outbreak of the disease appeared to be independent of locality, water-supply, or unfavourable hygienic conditions. The best local treatment was the application of hydrochloric acid to the throat, and the general treatment was alterative and mildly stimulant. Tracheotomy was performed in one or two cases, but not with any marked success. The second paper, on "Certain Abuses of Caustics," is by Dr. JAMES MORTON, and unlike the first paper, it displays a very considerable knowledge of the literature of the subjects discussed, but is not illustrated by any practical details. Dr. Morton's object is to show that, although caustics are valuable agents when used in moderation, their injudicious employment often does great mischief. The chief diseases to which Dr. Morton refers as illustrating the bad effects of excessive cauterisation are diphtheria, and the allied affections of the throat, and syphilis. The application of strong caustics to the cervix uteri is briefly alluded to, and the injurious results often following this treatment are pointed out. The conclusions at which the author arrives are that the value of cauterisation in many diseases is overrated, and that the whole subject deserves reconsideration at the hands of the Profession. Dr. GEORGE BUCHANAN, of the Glasgow Royal Infirmary, relates a series of "Cases of Tracheotomy in Croup and Diphtheria," in continuation of those already published by him in the July number of the Journal. This paper is entirely practical, and the results seem to prove that the operation might be more generally

successful if it were adopted at an earlier period than is usually the case. In Dr. Buchanan's experience he has performed the operation fifteen times, and in five instances the result was successful, and he thinks it certain that the lives of the five patients were saved by the operation. Dr. A. L. KELLY relates "Two Cases of Inversio Uteri, with Remarks." In one case the accident was caused by an attendant suddenly pressing her closed fist into the abdomen before the child was born; in the second, by a midwife pulling the cord in retained placenta. In both cases the uterus was replaced, and the patients recovered. Mr. HOLT relates a "Case of Death from Placenta Prævia," the woman having died before any Medical assistance could be obtained, and the result being apparently due to the sudden shock to the system from loss of blood. Dr. LEISHMAN concludes his paper on the "Mechanism of Parturition." He avows himself an opponent to the practice of supporting the perinæum in labour, as he considers it to be useless in any case, and often injurious. The greater part of the paper is devoted to a consideration of the position of the cranium in labour, and the different classifications of these positions by British and foreign obstetricians are described and commented upon at great length and with singular learning and ability.

'THE SOCIAL SCIENCE REVIEW.' No. I. NEW SERIES, JANUARY 1, 1864. Edited by BENJAMIN W. RICHARDSON, M.A., M.D.

This excellent periodical, which has hitherto been published every week, now appears in the form of a Monthly Journal. It has peculiar claims to the notice of the Medical Profession, as it is edited by a physician of acknowledged eminence, and devotes a considerable amount of space to the discussion of Medical topics. The idea of popularising medicine, and placing its professors in a true light before the general public, is one that ought to receive powerful support, more especially at the present moment, when, by some unaccountable turn of caprice, the general press appears to delight in misrepresenting the members of our common calling, and holding up them and their opinions to the ridicule of the thoughtless and the ignorant. One great object of the 'Social Science Review' is to place in its true light the study of public health, and to promote sanitary amelioration in the condition of nations as well as individuals. The present number of the Journal does more than maintain its former character, for the articles are written with greater care than could be bestowd upon a weekly paper, and possess far more than a mere transient interest. The first article is the commencement of a series on the "Diseases of Overworked Men," and it opens with the proposition that the Creator intends that man should pass peacefully from birth till the expiration of his threescore and ten or odd years, and then sink into painless death; and that premature decay, suffering, and epidemic maladies, are the consequences of neglecting or defying the laws of Nature. Some may think this hypothesis to be rather a fanciful one, but it has a certain amount of truth in its foundation, and it is expounded with great skill and eloquence. An article entitled "Legislation and Prostitution," takes a humane and merciful, but, at the same time, a common sense view of the social evil, deprecating the institution of licensed houses as on the Continent, but advocating the adoption of kinder sentiments towards the unfortunate creatures of the weaker sex who are the victims of the present state of matters. Another strong point in this Review is its determined opposition to Capital Punishment, as being repulsive to the feelings of a civilized nation, and as being ineffectual in attaining the objects for which such exhibitions are intended. The important question of the plea of insanity in criminal cases, and the definition of insanity in general, are treated with very great power, and the observations made are calculated to throw great light upon these difficult subjects, and to present them to the public in a philosophical and thoughtful aspect. In addition to the more elaborate articles, there are reviews of several works on matters of general as well as Medical interest, Abstracts of the Sciences, and a record of inventions and discoveries, together with a summary of the current events of the day. We strongly recommend this Review to the notice of our Professional brethren, and, through their influence, to the general public.

"JOURNAL OF PRACTICAL MEDICINE AND SURGERY."

Accidental Constriction of the Vagina, with Disease of the Cervix.

Mr. Jobert de Lamballe invited the attention of his pupils to an interesting case of partial obliteration of the vagina. The patient, a woman of thirty-five, was to all appearance endowed with a vigorous constitution, but the extreme paleness of her countenance bore witness to the fact that she was much weakened by the loss of blood. On inquiry it was ascertained that this woman had been greatly debilitated by the frequent recurrence of uterine hæmorrhage, and at the period of her admission into the wards, she further complained of pain in the back, abdomen, and limbs.

These various symptoms distinctly pointing to disease of the womb, Mr. Jobert proceeded to an examination *per vaginum*, but scarcely had his finger passed the orifice, when its further progress was checked by the presence of an unlooked for impediment, in the shape of a smooth diaphragm pierced at its centre by an aperture large enough to admit the tip of the finger, and to allow the escape of blood or other discharges from the womb. The disease, therefore, consisted of two separate elements,—constriction of the vagina, and an unknown affection of the uterus.

Glancing at the nature and more usual causes of these constrictions, Mr. Jobert remarked, adducing facts in support of his views, that these contractions are the result of adhesions caused by local ulceration or mortification; and the latter is generally consequent on protracted labour, and sometimes, though seldom, on syphilis. Indeed, the idea of the presence of this taint in the system had suggested itself to Mr. Jobert, from the coincidence of a few copper-coloured spots and scars on the surface of the patient's thighs; but careful inquiry removed this suspicion. In the present case labour had taken place three months previously, but had been perfectly natural, lasting four hours only, and requiring no instrumental interference. This is observed more frequently than might be supposed. I am satisfied, said Mr. Jobert, that long continued pressure of the head of the fœtus on the walls of the vagina is not necessary for the production of gangrene. More than once the professor has noted that mortification followed presentations of the seat. A portion only of the walls is destroyed, the denuded surfaces throw out coagulable lymph, and the

opposite parietes become attached to each other. The same train of facts, doubtless, occurred in the present instance, and a diaphragm with a central aperture formed in consequence.

Clinical observation shows that these bands are generally very firm, and do not readily yield to mere dilatation. More effective measures are required for their removal, and Mr. Jobert proceeded as follows in the present instance.

The patient was placed under the influence of chloroform, and the diaphragm was divided in two places, from its centre to its margin. Care was, of course, taken to avoid inflicting injury on the erectile parietes of the vagina, and as the separated flaps fell loosely into the cavity of the duct, their reunion was not to be apprehended. As an additional precaution, and to effect more complete dilatation of the vagina, large tents were daily introduced, until cicatrisation was perfect. This operation permitted Mr. Jobert to examine the condition of the cervix, which he found soft and enlarged.

The summary investigation indicated the presence of local disease, the precise nature of which was subsequently ascertained.

After an interval of a few days, a speculum was introduced during anæsthesia, necessitated by the extreme tenderness of the vagina. The cause of the repeated attacks of hæmorrhage was then found to reside in the condition which Mr. Jobert denominates *hœmorrhagic hypertrophy* or *hypertrophy combined with softening of the cervix.* This organ was large, vascular and softened, blood exuded from its surface, and the antetrior labium was considerably elongated.

Mr. Jobert, in general, contends with much success with this form of disease, by the application of the actual cautery. The obstacle to local examination and treatment being now removed, this powerful agent was at once resorted to. Three cauterisations were performed at intervals of ten or twelve days, the introduction of the ivory speculum being always preceded by the inhalation of chloroform ; the softened and tumefied tissue was thus reduced to its natural dimensions, and the return of hæmorrhage efficaciously prevented. The patient, who had been admitted on the 19th of May was discharged on the 25th of July. A complete cure was by this time effected : the vagina was of small dimension, it is true, but in every respect in a healthy condition.

Mr. Jobert remarked that constrictions of this kind are not always of so complex a nature, but that they, nevertheless require surgical interposition, not only because they entirely prevent the performance of the special functions of the organ, but because they interfere with the discharge of the catamenial secretions, and the cervix continually in contact with stagnant and irritating liquids, is liable to undergo, in consequence, various morbid changes, the most common being that observed in the present case.

On the Choice of an Instrument for the Excision of Enlarged Tonsils.

The most simple and easily performed operation would seem to be the excision of the tonsils. It is daily resorted to for the purpose of removing an impediment to the freedom of respiration, or promoting the development of the chest in children, an object which, according to Dupuytren and Robert, is forwarded by the procedure ; or, on the contrary, for the removal of the tendency to constantly recurring sore throat. These various ends fully justify the performance of the operation in the child and in the adult. In the former, the enlarged tonsils, more or less overlapped by the crura of the soft palate have yet, in Mr. Demarquay's opinion, undergone no important structural change ; inflammation has not had time to alter their texture, or increase their vascularity in any marked degree ; the contrary is observed in the adult. Reiterated inflammatory action, and the various remedies applied have in general caused increase of their size and enlargement of their blood-vessels, together with a certain amount of induration ; the surgeon should be aware of these circumstances, which account for the occurrence after excision of copious and troublesome hæmorrhage.

It is often very difficult to restrain the loss of blood, and many eminent surgeons, after unavailingly resorting to the internal and external use of ice, astringents, &c., have been compelled to have recourse to the actual cautery. This, both Mr. Guersant and Mr. Blandin were obliged to do, about twenty years ago. Unless an accident of this description has been witnessed, it is impossible to form an idea of the anxiety it causes to the surgeon, or the alarm of the patients and of their friends. Iced liquids are undoubtedly appropriate in such cases, and especially the direct application of a piece of ice to the wound of the tonsil, a method recommended by Mr. Chassaignac, and beneficially adopted by Mr. Démarquay, in a case of excision of one tonsil, and of a part of the soft palate affected with cancer. The sesquichloride of iron is also a useful resource, more especially when prepared according to the formula of Piazza, modified by Mr. Adrian.

℞ Sodii chloridi purif., ℥iv. ;
Ferri Sesqui-chloridi (30° areom,) ℥vj. ;
Aq. destillatæ, ℥ij,

A piece of lint or sponge impregnated in this solution and firmly fastened to the extremity of a stick or whale bone, is conveyed to the surface of the wound, with which it is kept in close contact, until the hæmorrhage is checked. Mr. Démarquay successfully adopted this plan in two instances. But the procedure requires time ; the sponge or lint must be frequently changed ; the effect of the application is uncertain ; and the surgeon is at last obliged to rely on the actual cautery, the management of which is delicate and which is often obstinately objected to by the sufferer. One of Mr. Démarquay's patients utterly refused to submit to the operation. In this case ice and sesquichloride of iron had both failed in arresting the flow of blood, which was supplied by two small arteries. A succession of fainting fits fortunately effected the purpose which hæmostatics had proved unavailing to accomplish, and the subject recovered, after having long remained in a state of anemia. So favourable an issue cannot, however, be always expected, and Mr. Démarquay who has frequently had to contend with this formidable complication, and observed that the hæmorrhage exclusively occurs in adults, has sought for the means of preventing losses of blood, which acquire increased gravity from the fact that they may supervene several hours after the excision, and in the absence of all surgical aid.

Mr. Démarquay is convinced that the use of Fahnstock's *guillotine* instrument is somehow connected with the production of the hæmorrhage. It does not appear to have the same evil effects in the case of children. I have very frequently, says the professor, removed the enlarged tonsils of children with this appliance, and I have never met with any instance of secondary hæmorrhage. In full-grown subjects, on the contrary, whenever this accident occurred in my own practice, or in the patients of other surgeons the American instrument had been used. This result is entirely at variance with prevalent opinion, and the comparative innocuity of the appliance in the case of children is accounted for as follows by Mr. Démarquay.

When Fahnstock's *guillotine*, is used the steel circle is pressed to the surface of the tonsil, in order to engage the latter into its inner margin, the fork is then pushed forward so as to transfix the gland, and the spring is acted on to draw the diseased organ well into the ring, and remove it with greater ease. But the circular blade may merely glide over the surface of the tonsil without cutting it through, or it may force the gland entirely out of its socket, and divide its peduncle, which includes bloodvessels which have increased in size with the gradual development of the organ. When this occurs the tonsil is not, properly speaking, excised, but, as it were, scooped out, a circumstance to be noted as explanatory of the fact that the vessels are cut close to their origin. On examining the patient after the operation, a large vacant space, from which blood issues, is found to exist in the region previously occupied by the gland. This dangerous kind of enucleation is not observe

in children, because their tonsils are soft and easily divided by the blade, whereas, in the adult these organs are indurated by the frequent recurrence of inflammation, and resist the effort of the sharp semilunar blade.

The practical inference from these remarks is that, in full-grown subjects, the knife is preferable to the American contrivance. Mr. Démarquay usually employs Blandin's bistoury, with which the surgeon removes only a predetermined portion of the diseased organ; if the operation has been dexterously performed, no hæmorrhage need be apprehended. Blandin objected altogether to Fahnstock's instrument, for the reasons alleged by Mr. Démarquay. In the case of children, however, Fahnstock's *guillotine* may be used with advantage; the excision is performed more expeditiously than with the knife, and secondary hæmorrhage does not appear to be promoted by its adoption.

IRISH MEDICAL "MEMS."

(From our Dublin Correspondent.)

There is at present waging between the King and Queen's College of Physicians and the Senatus of Trinity College a lawsuit, the result of which cannot but be looked forward to with interest by every medical practitioner on both sides of the channel, as it involves the determination of a question which has been often mooted, but never decided, whether the former corporatiou has the power of conferring the degree of M. D. upon its members. The Senatus of Trinity argue that the spirit of their corporation is of a different character; that they were chartered for the superintendence of practitioners; for the suppression of empiricism; for the inspection of apothecaries' shops and weights; and for other similar duties, while the Board of the King and Queen's maintain that they were established not merely for the foregoing objects, but for the tuition of Medical science, and for conferring degrees; so that as Addison makes Sir Roger de Coverly utter this apophthegm,—

"There is much to be said on both sides,"

It will now, we trust, be definitely settled, and the rights of the College either being established by the law, it will proudly raise its front as high as its rivals, and its members will fearlessly carve upon their brass-plates the symbolic combination M. D., or the alleged right being declared null and void, it will be consigned, with all funereal honors, to "the tomb of the Capulets." In consequence, perhaps, of this law suit, we have now almost obtained the Eldorado for which, upwards of half a century, students of limited time and income have been sighing; for Trinity has made a move in the right direction, and has done away with some of the restrictive measures which prevented hundreds of Irish students from taking out their medical degree, thereby compelling them to migrate to the modern Athens where, with the loss of little time and money, they obtained a degree which fully qualified them to practise Medicine. On an average there are two thousand four hundred and forty medical practitioners in Ireland, and the majority of these practise medicine beneath the ægis of a Scottish University, and thus a considerable amount of money was turned into another channel, which might have been secured at home by a moderate concession, on the part of Trinity, to the exigencies of the times.

The long period of graduation, necessary for taking out a degree in Arts, was the great preventive to our Irish students making Trinity their *alma mater*. We may divide our Medical students into three classes, those who can command time and money, those who have money, but who are unwilling to lose an *annus medicus*, and those who have not a superfluity of either money or time.

Trinity legislated essentially for the former, who were the fewest in number, while the latter were compelled to content themselves with a Scotch or foreign diploma.

Now, a student can enter for the diploma by passing one examination in general literature, and he can acquire the necessary information whenever opportunity suits, for he has now learnt that knowledge is the same wherever acquired, and that Cicero can be read with as much profit by the banks of the Shannon as by the yellow Tiber; and Horace, Homer—*et id genus omne*—can be learnt amidst the wilds of Connemara or the mountains of Kerry, by the hedge-side and in the Grammar school, as well as beneath the shadow of the classic walls of Trinity College, Dublin. It appears that there is a diminution in the number of students in London and Edinburgh. Dublin, too, has experienced the same change by a falling off of some hundreds; sufficient causes have been at work, to the agency of which we may attribute this diminution in the number of students who throng to Dublin to pursue their Medical studies. Within the last twenty years, a series of calamities, unparalleled in the history of any country, fell upon Ireland, reducing a fifth of her population to penury, and compelling the people to take away their Penates and seek in a foreign country the sustenance which their own shores did not afford.

Quam multa in sylvis autumni frigore primo
Lapsa cadunt folia aut ad terram gurgite ab alto
Quam multæ glomerantur aves, ubi frigidus annus
Trans pontum fugat, et terris immittit apricis.

Thus did they leave Ireland, and within that period the population decreased from eight to five millions, and consequent on this diminution we have a decrease in the numbers of every profession. The Dublin School, too, attracted students from England and the colonies, when Harrison demonstrated anatomy at the College of Surgeons, and Colles lectured at Stephens's, when the Richmond possessed Carmichael, Trinity Stokes and M'Cartney, and when John Kirby, that *rara avis in terrâ*, held forth in the now far-famed Peter street, and illustrated to embryo Army surgeons the work on a battle field by firing at rows of dead bodies and then extracting the bullets, tying the arteries, and performing every possible operation to the edification and wonder of his young pupils.

In addition to these attractions, *ut ita dicam*, we had others more enticing. The study of anatomy could be pursued in Dublin at less cost and with greater facility than either in England or Scotland. What in England was looked upon as a crime of the darkest hue and visited with punishment as a felony, was here openly recognised by the law.

Resurrectionism was in the ascendant, and tradition still lingers round a spot famed in the annals of anatomical progress in Ireland called Bully's Acre; and stories are still rife of the nightly scenes of violence, and often bloodshed between the resurrectionmen and the watchers by the newly buried dead.

On the introduction of a better system of supplying subjects, the star of resurrectionism waned and gradually died out, so we lost the influx of foreign students, as demonstrations can now be taken out as cheaply in any of the schools of England as in Ireland. Our societies are now in the full swing of operation. At the first meeting of the Royal Dublin, an able and interesting paper was read by a rising young physician, Dr. E. Mapother, "On the Diet of the Irish Labourer." At the Pathological Society held Dec. 12, Dr. Beatty exhibited two ovarian tumours removed by ovariotomy in cases terminating favourably, Mr. Spencer Wells being the operator in the first case, and Dr. Walshe, a Dublin surgeon, the operator in the other. Papers and specimens were exhibited by Dr. Hamilton, of Steevens hospital, Dr. Tyrell, of Jervis street, and Dr. Fleming, of the Richmond.

The Obstetrical was opened by Dr. Beatty, with an able address. At its second meeting Dr. Walshe described the case of ovariotomy which he had performed. This was the sixth case that was operated on in this city. Since this operation three more have been performed. Below you have a list of the operations, with dates and the results.

1. The first was performed in August, 1859, by Dr. Clay. The major operation was performed. Death followed in twenty-four hours from the shock.

2. Second in March, 1862, by Dr. Kidd. Minor operation, likewise followed by death from peritonitis in twenty-four hours.

3. The third in 1862, by Dr. Gordon. The minor operation was performed. Death took place from hæmorrhage.

4. The fourth in April, 1863, by Dr. Kidd. The minor operation was also performed, but the tumour was not removed. This patient, however, recovered.

5. The fifth in August, 1863, by Mr. Spencer Wells. In this the minor operation was performed with perfect success.

6. The sixth, by Dr. Walshe. Perfect success.

7. The seventh in August, 1863. The minor operation was followed by death from peritonitis in eighty-two hours.

8. The eighth in September, 1863. The minor operation, followed also by death from peritonitis in forty hours.

9. The ninth in November, 1863. The minor operation, also followed by death. Dr. Collis, of the "Meath," was the operator.

I leave it to your readers to infer whether the results are such as would lead to the encouragement of the operation.

Dr. Collis, president of the College of Surgeons, opened the meeting of the Surgical Society of Ireland.

An old saw runs, that a "Green Christmas brings a fat churchyard;" our past one was so mild, without any of the snow or frost which are almost part and parcel of that festive period, that we shall have an opportunity of testing the truth of this. We have the usual amount of sickness amongst children from a surfeit of plum-pudding, and the different other delicacies, but no great quantity of disease is observable amongst adults.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MR. E. CANTON, PRESIDENT.

CLINICAL DISCUSSION.

Dr. ROUTH exhibited an infant, aged eighteen months, with

HYDROCEPHALUS OF SEVERAL MONTHS' STANDING.

The case was curious as regarded the origin of the disease. A child in the same family had had hydrocephalus, said to have been from riding in a perambulator, and died in convulsions. The present infant was well up to six weeks old, when it got a fall and was injured. This had such an effect on the mother's milk that the child had convulsions, and hydrocephalus followed. The left side of the body was paralysed, yet the little patient had improved in health and intellect. It went off instantly into a fit if laid on the left side.

Mr. BAKER BROWN thought bichloride of mercury and bark, with generous diet, the best plan of treatment.

Dr. ROUTH had a great opinion of calomel in these cases, which with tonic treatment had more effect than anything he knew of. He would like to know the effects of tapping.

Dr. GIBB had seen five or six cases at the hospitals where a fatal result ensued from tapping.

Dr. GREENHALGH had had two cases equally unsuccessful from tapping.

Mr. WALTER COULSON exhibited a patient with a

LARGE SERPIGINOUS SORE OF THE GROIN.

He had applied twelve months ago with a large serpiginous ulceration in the left groin; the other groin was inoculated with the matter, which took, and was productive of a large serpiginous chancre, now nearly healed. The history of the case was strange and peculiar. He had not had a chancre for eight months before the ulceration in the groin occurred, the bubo giving rise to it, and appearing exactly eight months after the healing of the primary soft chancre —that is, there was no disease for eight months. Mr. W. Coulson thought the case almost unique, but referred to one quoted by M. Ricord, where the bubo did not appear until three years after the primary infection.

Mr. DE MERIC observed that the case should be admitted as evidence with a certain reserve, as it was difficult to ascertain to what sources of infection the patient was exposed during the eight months mentioned. Very slight sores on the generative organs might occur, pass unnoticed, and give rise to specific bubo. Nor could it be certain that the serpiginous ulceration in the groin had not arisen in a direct way unconnected with the glands of that region. He (Mr. de Meric) had seen bubo occurring four or five weeks after the healing of sores on the glans; but to suppose that eight months might elapse would require circumstances not open to doubt. He had the same misgivings respecting the case referred to by Mr. Coulson as having been seen by Ricord, or rather Puche.

Mr. COULSON still held to the view that the matter had been travelling for eight months.

The PRESIDENT exhibited

LARGE TUMOURS REMOVED FROM THE SCALP

of two patients; one from the back of the scalp, of twenty years' growth; the other from the back of the ear. The size was rather unusual, necessitating their removal from mere bulk.

Also a specimen of

FIBROUS TUMOUR OF THE UTERUS:

a good example as illustrating the ordinary rounded form, softening in one part and hardening in another. It was removed after death from a woman aged fifty years. No history could be obtained, and nothing was known of any disease during life. The uterus was sound, with a small polypus attached to it.

Mr. W. MILLER inquired if there was so much danger to be apprehended in the removal of tumours from the scalp as was supposed. He had removed several so situated, mostly of small size, and no inconvenience followed.

Mr. WALTER COULSON said it was the first time he had ever heard of danger from the operation. He had removed twenty-three from a commercial traveller in his consulting-room without bad results.

Mr. GEO. LAWSON had removed eight, six weeks ago, from a lady; the operation was followed by a violent attack of erysipelas, and her life was in great danger.

The PRESIDENT had seen erysipelas follow only in one instance. He thought it less likely to occur from large than from small tumours.

Dr. GIBB exhibited

A PIN REMOVED FROM THE LARYNX

with the aid of the laryngoscope, from a gentleman aged sixty-four, in July last. About two hours before, he drank a glass of water which contained a pin, and in endeavouring suddenly to eject it from the mouth it slipped into the larynx, where it became lodged. The most violent fits of suffocating spasm ensued at first, and recurred every few minutes. Inspection with the laryngoscope was difficult, but with firmness and perseverance it was effected, although the tongue was much swollen. The pin was seen running from before backwards, one end transfixing the right arytenoid cartilage, and the other lodged at the root of the epiglottis between the origin of the two vocal cords. The entire larynx was intensely congested, of a scarlet redness, and œdema was about commencing; the true cords were purple, the right only acting spasmodically. With the assistance of two friends of the patient, who held both him and his tongue, and with the aid of the laryngeal mirror and a pair of reliable forceps made by Luer of Paris, the pin was fortunately seized and extracted. The recovery of the patient was like magic, and nothing untoward followed.

Dr. GIBB also showed

A TOOTHBRUSH BRISTLE EXTRACTED FROM THE TONSIL,

which had given rise to great irritation, swelling, and congestion of the fauces, the symptoms of sore throat becoming alarming on the sixth day, with pain in the left ear, forehead, and neck. Its point could be felt in the tonsil by the patient and by Dr. Gibb; a powerful light with the aid of the pharyngoscope permitting this to be barely seen it was laid hold of and extracted, the throat symptoms a quickly subsiding.

Dr. GIBB then related a case of

UNITED FRACTURE OF THE POMUM ADAMI

in a phthisical lad, aged nineteen, who came under his notice amongst the out-patients at the Westminster Hospital, and who was afterwards admitted under the care o

his colleague, Dr. Basham. When eight years old he met with an accident by which the thyroid cartilage was broken at the pomum Adami; this was followed by an abscess, which burst, and the fracture was healed. The pomum was prominent and sharp, the two sides irregular and narrow, and the larynx had become narrow, as shown with the laryngoscope to many of the hospital pupils. The voice was sharp and shrill, yet feeble.

Mr. BRYANT congratulated Dr. Gibb on the success of the operation in his first two cases. He himself had a case like the last one, at the present time under observation in Guy's Hospital. A little boy, aged eight years, received a severe blow with the fist from one of his schoolfellows, which was followed by considerable dyspnœa and loss of voice. On examining the larynx he found the thyroid cartilage fractured to the right of the median line. He had not examined the throat with the laryngoscope, but would do so, as the boy could still only whisper. Ever since the injury he had been subject at night to considerable dyspnœa; and had had epistaxis on five or six different occasions following this dyspnœa.

Dr. MORELL MACKENZIE observed that the cases brought forward by Dr. Gibb were extremely interesting, as they showed that the laryngoscope could be employed with the greatest advantage in cases of extreme emergency. He especially called the attention of those unaccustomed to the use of the laryngoscope to a small sulcus situated on each side of the larynx, as being especially liable to receive and retain foreign bodies. This sulcus was bounded on the inner side by the aryteno-epiglottidean fold, and on the outer side by the wall of the pharynx; its base was formed by the greater cornu of the hyoid bone. Dr. Mackenzie stated that he had frequently found particles of undigested food collected in this fossa, and he should therefore recommend its careful examination in cases where small foreign bodies were supposed to have been lodged in the larynx.

Mr. DE MERIC inquired if in impending suffocation it was proper to use the laryngoscope, and whether in such a case it was easy to introduce the instrument.

Dr. GIBB replied that it was truly remarkable with what facility the laryngoscope could be used in some of these painfully acute cases, such as foreign bodies like the one related, acute laryngitis, urgent suffocative dyspnœa, &c. In his first case, if the pin had not been extracted from above, it would have been necessary to perform tracheotomy then and there. He had seen crumbs of bread, broken teeth, and other substances lodged in the fossa spoken of by Dr. Mackenzie, but there was nothing novel in the description he had given of it.

Mr. ERNES HART exhibited and gave clinical details of

CASES OF OPHTHALMIC DISEASE PATHOGNOMONIC OF INHERITED SYPHILIS.

In these cases, the characteristic notching of the teeth and the character of the interstitial inflammation of the cornea had been useful in directing attention to the probability of a syphilitic taint of the parents as the cause lying at the bottom of the diseases in children. Inquiry into the history in the three cases detailed had given ample confirmation of the suspicion thus engendered. In one of the cases this had been especially useful, inasmuch as the ophthalmic disease had been considered primarily as of the ordinary scrofulous character, and non-specific remedies had altogether failed to arrest the progress of the malady. One eye had thus been lost, and the other was gravely compromised; it had, however, considerably recovered under the use of mercurial inunctions, and subsequently of iodide of potassium; but vision would probably continue imperfect, owing to the extent to which the sloughing of the cornea had already proceeded.

Mr. COULSON said there was one condition Mr. Hart had not referred to—namely, the great depth of the palate.

Mr. HART said it was well marked in this child.

Mr. DE MERIC cited a case brought to him at the hospital labouring under hereditary syphilis. The great peculiarity of the child (ten months old) was that it was blind, yet no change could be seen in the eye. Most of the hereditary symptoms disappeared, but years elapsed before the sight was quite restored.

Mr. BRYANT cited another case where the diagnosis was very difficult, but determined by the state of the teeth; it was treated as syphilis, and a rapid recovery followed.

The PRESIDENT asked whether Mr. Hart and Mr. Coulson observed the state of the teeth in those cases where the arch was deeply developed, but where there was no evidence of syphilitic inheritance.

Mr. COULSON had often seen deep arching without any notches of the teeth, or other peculiarity in them, excepting that they projected forward. He had always seen it in hereditary syphilis.

Dr. PLAYFAIR related a case of

INFANTILE PARALYSIS.

in a child, aged two years, with paralysis of both legs; in the left was some power of motion, but no sensation in either. The right arm was also paralysed. All the paralysed parts were of a livid colour; the muscles soft and flaccid; could scarcely take her food. At present she has diarrhœa, for which she was brought to King's College Hospital. He thought it very rare to meet such cases where the paralysis was so extensive as in this. Dr. West had tabulated thirty-two cases in his work "On Diseases of Children;" in one only were the upper extremities affected as well as the lower, following remittent fever attended with convulsions. In Dr. Playfair's case there was no convulsion, and the attack came on quite suddenly.

OBSTETRICAL SOCIETY OF LONDON.

DECEMBER 2ND, 1863.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows:—Drs. Davis, Savage, and Swyer; Messrs. Bryant, Chisholm, Griffiths, Morgan, and Sequiera.

Dr. Gervis and Mr. Ray were appointed auditors.

Dr. BARNES exhibited and described a new

CRANIOTOMY FORCEPS.

It combined the advantages of the instruments of Professors Simpson and Murphy, and by a further contrivance added by Dr. Barnes, was rendered much more effective than any other instrument with which he was acquainted. The elbow on the inner blade, allowing free room for any fold of scalp at the point of perforation, permitted the duck-bill-toothed portions of the blades to be pushed high up to secure a firm hold of the cranium, without the danger of straining the lock. By this means the blades were always kept in perfect parallelism, ensuring a widely-diffused grasp of the cranium, and avoiding the risk of tearing away. Having properly seized the cranium, it became a point of great importance to secure the hold in a manner to save the operator the fatigue and muscular strain of pressing the handles together, whilst at the same time considerable extracting power is required. For this purpose he had adapted a powerful screw which united the extremities of the handles, setting the blades fast at any interval required. Another advantage provided for was the fitting the blades with a modification of the French forceps-lock, so that the instrument could either be used as one piece, or the two blades could be applied separately. The entire length of the instrument was fifteen inches. Dr. Barnes said he had used the instrument several times, and that its grasp and action were so perfect that he had never been obliged to take a fresh hold. It was made by Weiss.

Mr. BAKER BROWN read a case of

OVARIAN DROPSY,

which had three years and a half ago been treated by him with tapping and pressure, with apparent recovery for three years and a half. The cyst, however, began at the end of that date to enlarge, and the patient, being in good health, was recommended by Mr. Brown to submit to ovariotomy, which was performed by him at the London Surgical Home in the usual way, with a very small incision. The cyst was nearly unilocular, but was not of the ovary, which was healthy and free, but in the broad ligament; the pedicle was broad. She recovered without a bad

symptom, and is now well. Mr. Brown considered the case of especial interest just now, proving that no adhesions were produced by the previous tapping and pressure.

The report of the committee (Dr. Tyler Smith and Dr. Braxton Hicks) appointed to examine a specimen of Extra-Uterine Fœtation, in which two fœtuses were found in connection with the same Fallopian tube, was read. They considered that the smaller fœtus was the result of a former conception, and was attached to the fimbriated portion of Fallopian tube in such a manner as not to impede a subsequent conception, which also remained extra-uterine about the middle of the tube, from the bursting of which the patient had died.

Dr. J. BRAXTON HICKS read a short appendix to his paper on

COMBINED EXTERNAL AND INTERNAL VERSION,

in which he stated that in consequence of not having seen Wigand's memoir, he was unable at the last meeting to reply to the statement made by Dr. Barnes, that he had *fully* described internal and external version. Since that time he (Dr. Hicks) had been able to go over the work, and took exception to the above statement as far as regards internal version. In comparing this memoir with his own paper, he pointed out that although in regard to cephalic version there was much similarity in the two plans, still that Wigand had no knowledge of pushing on the child from within, in the direction of its head, so as to produce podalic version; that he had never adopted complete podalic version, and he makes no mention of the way to convert a more or less cephalic version into podalic. Wigand's plan was to bring that part to present which was nearest the orifice of the uterus. Therefore he applied it only to the rectification of *abnormal* presentations. Consequently, on comparing the two methods, it would readily be seen that very many of the conditions to which Dr. Hicks applied his plans were contra-indicated in the other as mentioned by Wigand himself. It was shown that the only use he makes of the internal hand is to first determine the presentation, and to receive the part as it is pressed down from above, and guide it to the os uteri. Dr. Hicks again pointed out that it was by combining the two powers, within and without, that made the plan he had brought forward much more complete and available than either employed separately.

Dr. GERVIS exhibited the body of a child, in whose birth, after the passage of the head, extreme difficulty was experienced in completing the delivery, owing to a great enlargement of the abdomen. It was, however, accomplished by simple traction. On dissection this enlargement was found to be due to an enormously distended uterus, presenting two distinct cornua, and with an imperfect septum dividing its cavity. It was filled with a turbid serum containing white flocculi. The os uteri was impervious. There was no indication of an anus, and the rectum terminated in a cul-de-sac attached to the posterior part of the uterus.

The PRESIDENT remarked that it was a most interesting specimen, and suggested that Dr. Gervis should, jointly with Dr. Hicks, furnish a further report upon it.

Dr. J. BRAXTON HICKS read three cases of

ABNORMAL CONDITION OF FŒTUS

which had caused impediment to labour. One in which there was found three quarts of ascitic fluid, in combination with cystic enlargement of the pelvis of both kidneys, in consequence of occlusion of the ureters. Another, in which the abdomen of a female fœtus was distended by the bladder, which reached to the ribs, and which was full of fluid. No obstruction existed in the urethra. Both were delivered readily after puncture by the crotchet. In the third there was dropsy of the amnion to an enormous extent, coupled with a very peculiar enlargement of the forepart of the neck of the fœtus, which had to be ruptured before labour could be completed. It was partly filled with serous fluid. The mothers in all the cases recovered.

Dr. GRAILY HEWITT remarked that the occurrence of cases such as those brought before the Society by Dr. Hicks favoured the idea that normally a secretion and excretion of urine from the fœtus was going on during intra-uterine life. He alluded to cases recorded by Mauriceau and Depaul similar to Dr. Hicks's case.

Dr. Hicks was invited to report further on the tumour, conjointly with Dr. Gervis.

Dr. LUMLEY EARLE (Obstetric Surgeon to the Queen's Hospital, Birmingham), read a paper

ON DISTENSION OF THE BLADDER CONSIDERED AS A CAUSE OF POST-PARTUM HÆMORRHAGE.

The author pointed out this condition as one of the many causes of post-partum hæmorrhage; and called attention to the propinquity of the bladder to the lower portion of the uterus, so that when the former was distended the latter was not only displaced, but prevented from contracting completely. He pointed out the usual symptoms which would lead to the discovery of the accumulation of urine; and gave three cases in illustration that the removal of urine caused the subsidence of the flooding.

Mr. RICHARD MARLEY read a paper

ON PERTUSSIS: ITS PRACTICAL TREATMENT AND MORE RAPID CURE.

After alluding to the history and symptomatology of this complaint, the author analyzed the various modes of treatment. He laid stress upon the value, in the second stage, of conium, belladonna, and hydrocyanic acid taken internally; and also the careful inhalation of chloroform at the commencement of the attack, whereby the fit was invariably mitigated or stopped. Although he had by the use of the above treatment been led to think very favourably of it, yet he did not urge it to the exclusion of all others. As in all other diseases, the treatment must be modified by the special features of each case. He advocated warmth during the first stage, and change of air in the third.

Dr. DAY thought it was scarcely safe to leave chloroform in the hands of nurses. He considered that the disease should be treated on general principles. Bromide of ammonium had been latterly much recommended, but in the few cases in which he had tried it he had not found it to possess much influence on the disease.

Dr. HOLT DUNN thought that the treatment in whooping-cough was uncertain, and that we should hail with pleasure any plan which gave more satisfactory results. He had tried the last-named drug, and thought he had found more success with it than with any other.

Dr. GRAILY HEWITT had some years ago examined carefully into the causes of death from whooping-cough. In the cases he had examined, which were for the most part children badly fed, ill-nourished, and in other respects diseased, death had occurred from collapse of the lung—a condition formerly described as lobular pneumonia. It was useless to attempt to treat such cases by specifics. In all cases of whooping-cough he had found the greatest benefit from a treatment mainly consisting of hygiene—good food, exercise, warmth, ventilation, &c. Antispasmodics and sedatives were frequently required, and were not seldom of great use; but the primary object of the treatment should be to maintain the general health of the child.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 28th ult., the wife of Dr. Adams, of Green-street, Sittingbourne, Kent, of a daughter.

BUTLER.—On the 1st inst., at Lower Norwood, the wife of Surg.-Major J. H. Butler, of the Bengal Medical Staff, of a son.

COCKERTON.—On the 29th ult., at Petersham terrace, South Kensington, the wife of Richard Cockerton, M.R.C.S.E., of a son.

LINEKER.—On the 6th inst., at Leighton Buzzard, Beds, the wife of E. H. Lineker, M.R.C.S.E., of a son.

PRIEST.—On the 31st ult., at Waltham-Abbey, the wife of Arthur Priest, M.R.C.S.E., of a daughter.

REDFORD.—On the 28th ult., at Normanton, Yorkshire, the wife of George Redford, L.F.P. & S. Glas., of a son.

MARRIAGES.

KERNOT—CLARKE.—On the 5th inst., at Gabriel's Church, Belgravia, C. M. Kernot, M.D., of West Cowes, to Eliza,

widow of the late M. Clarke, Esq., of Hillfield Lodge, Clifton, Bristol.

MOORE—WOOD.—On the 24th ult., at the Cathedral, Manchester, Thos Moore, M.R.C.S., second son of Thomas Moore, M.R.C.S., late of Wilmslow, to Rebecca, widow of the late John Wood, Esq., of Heathfield, Didsbury.

WILSON—INGLEBY.—On the 5th inst., at Pateley bridge, J. Wilson, M.R.C.S.E., of Whitby, to Eliza, daughter of J. Ingleby, Esq., of Pately bridge.

DEATHS.

BEETSON.—On the 2nd inst., at Auckland Villa, Southsea, G. Beetson, late Superintending Surgeon Madras Army.

CROW.—On the 2nd ult., at Madeira, J. W. Crow, M.R.C.S.E., Staff Assist.-Surg. Army.

DAVIS.—On the 1st inst., at Royal Crescent, Bath, J. F. Davis, M.D., aged 90.

DERBISHIRE.—On the 31st ult., ot Upper Marylebone street, John Derbishire, M.R.C.S.E., aged 71.

FOSTER.—On the 16th ult., S. Foster, L.R.C.S.Ed., of Northwich, Cheshire.

HASLEWOOD.—On the 30th ult., at Cradley, Worcestershire, G. Haslewood, Surgeon, aged 64.

HUTSON.—On the 13th of Oct., at Demerara, J. R. F. Hutson, M.D., aged 67.

MCKERHNIE—On the 2nd inst., at Ryde, Isle of Wight, Elizabeth Twigg, only daughter of Dr. McKerhnie of Greenhill, Paisley, N.B., aged 18.

O'MULLANE.—On the 21st of Oct., at Bourke street, West, Melbourne, A. O'Mullane, M.D., aged 51.

PENBERTHY.—On the 17th ult., at Redruth, John Penberthy, jun., Surgeon, aged 29.

SINCLAIR.—On the 26th ult., at Southsea, A. Sinclair, M.D., Staff Surgeon.

SLEIGH.—On the 30th ult., at Brixton, Wm. W. Sleigh, M.D., aged 67.

THOMSON.—On the 27th ult., at Abbotsford place, Glasgow, *Dr. D. Thomson*, aged 82.

WARD.—On the 31st ult., at Angel terrace, Paradise road, Stockwell, F. Ward, M.R.C.S. Eng., late of Balham-hill, aged 57.

WILSON.—On the 3rd inst., at Elmbank, Dunoon, Argyleshire, R. Wilson, M.D.

MEDICAL NEWS.

UNIVERSITY OF LONDON: SECOND M.B. EXAMINATION, 1863.—*Examination for Honours.*—Surgery: 1st Class—Jas. Beddard, Guy's, Scholarship and Gold Medal; Phillip Henry Pye-Smith, Guy's, Gold Medal; Thomas Stevenson, Guy's; Walter Rivington, London Hospital. 2nd Class—Julius St. Thomas Clarke, Guy's; Arthur Wellesley Edis, Westminster Hospital—Medicine: 1st Class—John Talfourd Jones, University College, Scholarship and Gold Medal; Philip Henry Pye-Smith, Guy's, Gold Medal; Thomas Stevenson, Guy's; James Beddard, Guy's. 2nd Class—Frederick Thos. Roberts, University College; Henry Thomas Lanchester, St. Bartholomew's; John Wale Hicks, St. Thomas's. 3rd Class—Julius St. Thomas Clarke, Guy's; James Gwyther, Manchester Royal Infirmary; Arthur Wellesly Edis, Westminster Hospital.—Forensic Medicine: 1st Class—Thos. Stevenson, Guy's, Scholarship and Gold Medal; John Talfourd Jones, University College, Gold Medal; Julius St. Thomas Clarke, Guy's; Walter Rivington, London Hospital, and Frederick Thomas Roberts, University College, equal. 2nd Class—James Beddard, and Phillip Henry Pye-Smith, Guy's, equal; James Gwyther, Manchester Royal Infirmary. 3rd Class—Arthur Wellesly Edis, Westminster Hospital, and John Wale Hicks, St. Thomas's, equal; Wm. Henry Axford, King's College.—Midwifery: 1st Class—Thomas Stevenson, Guy's, Scholarship and Gold Medal; John Wale Hicks, St. Thomas's, Gold Medal; Philip Henry Pye-Smith, Guy's; James Beddard, Guy's. 2nd Class—Julius St. Thomas Clarke, Guy's; Gwynne Henry Harries, King's College; John Talfourd Jones, University College; Frederick Thos. Roberts, University College. 3rd Class—Jas. Gwyther, Manchester Royal Infirmary; Walter Rivington, London Hospital.

LECTURES AT THE COLLEGE OF PHYSICIANS.—Dr. G. Johnson has applied to the Council of the College for permission to deliver some lectures on the Laryngoscope, and his request has been granted.

Mr. SKEY on Monday last formally resigned the office of Surgeon to St. Bartholomew's Hospital. Mr. Holmes Coote succeeds him.

H. T. LOMAX, M.R.C.S. Eng., has been placed in the Commission of the Peace for the borough of Stafford.

TEMPORARY ORDERS FOR MEDICAL RELIEF.—On Monday evening the guardians of Bethnal green directed their relieving officer to discontinue the issue of "one day medical orders," in consequence of the system operating to the prejudice of the poor needing medical assistance. The issue of "one day midwifery orders" has been already forbidden by the Poor-law Board.

A TRIBUTE OF GRATITUDE TO PROFESSOR OPPOLZER OF VIENNA.—The students of the University of Vienna have presented Professor Oppolzer with his bust in marble as a token of their recognition of the liberal and paternal manner in which he governed the University during his rectorship. The presentation took place before a vast concourse of professors, friends, and students.

NEW INVENTIONS—"OXYGENESIS."—Mr. Robbins, of the firm of Garden and Robbins, of Oxford street, has discovered and patented a new and and most simple process for evolving oxygen gas. The substance yielding the gas, a peroxide, is a dry yellow powder which will keep in a well-stoppered bottle for any length of time. When required for use, a portion of the powder is placed in a common flask having an escape tube, and a little dilute sulphuric acid is added, precisely as the same dilute acid is added to zinc, when hydrogen gas is evolved. So soon as the acid is added, the oxygen begins to pass off, and the supply is so abundant that one ounce of the powder yields fifty ounces, by measure, of oxygen. It is difficult to state to what useful purposes this discovery may not be applied. For the lecture-room, and for all experiments with oxygen, it is the most ready method of obtaining a supply; indeed it leaves nothing to be desired. In the hospital ward, when oxygen is wanted, there it is at hand; and so readily at hand, that a nurse may learn at one lesson how to set it free. In analyses, and in the laboratory at all times, the new process of obtaining oxygen will be the most convenient; while in the Arts the discovery has but to be known to ensure its general acceptance. Amongst its first application in the Arts, will probably be its employment with hydrogen, or with coal-gas, for the oxy-hydrogen microscope, and for illuminating purposes. Mr. Robbins has designated his process "Oxygenesis."—'Social Science Review.'

ANNIVERSARY MEETING OF THE HARVEIAN SOCIETY.—The annivery meeting of this Society was held on Thursday evening last, when the President and Council opened the room for a *soirée*, which was very numerously attended. The President, Dr. Fuller, delivered a discourse relating to matters connected with public health, alluding, among many similar topics, to the necessity of efficient vaccination, and to the risks which may sometimes be incurred by vaccination from a child, which although apparently well, may really be labouring under hereditary disease. A great number of interesting objects was exhibited to the company, and Dr. Gibb and Dr. Morell Mackenzie both exhibited their respective laryngoscopes, the first demonstrating the physiological action of his own larynx, and the second demonstrating some granular excrescences on the larynx of a patient. Mr. William Adams was elected President of the Society for the ensuing year. It appears that the Harveian Society is in a flourishing state, and that from the low rate of the subscription, and from the pleasant *réunions* which are afforded by the meetings, it is highly appreciated by the Profession, especially those who reside at the Oxford street end of Hyde Park.

ADDENBROOKE'S HOSPITAL.—At the last quarterly court of the Governors of Addenbrooke's Hospital, Dr. Paget, having served as physician for a second period of twelve years, tendered his resignation. He pursued the same course in 1851, when, at the request of the governors, he withdrew his resignation. A complimentary vote of thanks

was passed, and he was again requested to continue his services, with which he at once complied.

THE LATE MR. GREEN AND THE VETERINARY COLLEGE.—In May 1819, he was unanimously chosen a member of the Board of Examiners of the Royal Veterinary College, to supply the vacancy caused by the death of the younger Cline. Associating himself in the performance of these duties with the late Mr. Abernethy, Dr Babington, Dr. Baillie, Sir A. Cooper, Dr. Cooke, Henry Cline, Sir E. Home, Dr. Pearson, J. Wilson, and Professors Coleman and Sewell, he lived to see all these carried to the tombs of their fathers, and to have for his colleagues an entirely new company of worthies. On the attainment of the Charter in 1844, Mr. Green continued his connection with the College until the formation of a permanent board, when he resigned, receiving the thanks of the Council for his distinguished and eminently useful services.

TRAINED NURSES FOR TURKEY.—Miss Nightingale, whose continued delicate state of health, we regret to state, causes her many friends much uneasiness, has expressed her intention, through Dr. Foote, of Constantinople, of training, at the expense of her fund, properly recommended persons to serve as nurses in that city. The want of such attendance has been long severely felt, the only existing provision of the kind being that afforded by the Sisters of Charity, the Prussian Deaconesses, and a few ill-trained midwives, who afford but very inadequate supply for the demand of their services.

UNPROVED CHARGE AGAINST A MILITARY SURGEON.—A court-martial has been held at Woolwich on an assistant-surgeon in the army for conduct unbecoming an officer, in drinking intoxicating liquors to such excess as to produce illness, by which he was incapacitated for the performance of his duties. The court held that the charge was not proved, and acquitted the prisoner.

DEPUTY-INSPECTOR-GENERAL OF MALTA HOSPITAL.—Dr. Charles Abercromby Anderson has been appointed by the First Lord of the Admiralty to be Deputy-Inspector-General of Malta Hospital, vice Dr. A. Armstrong, to be superseded at his own request. Dr. Anderson served as an additional assistant-surgeon in the 'Camperdown,' 104, flag ship at Sheerness, in 1841 and 1842; in the 'Queen,' 110, and 'Formidable,' 84, flag-ships in the Mediterranean, in 1843 and 1844; was an assistant-surgeon at Greenwich Hospital in 1846; and in the 'Asia,' 84, in the Pacific, in 1847 and 1849, when he was promoted to be surgeon and appointed to the 'Gorgon,' 6, in which he remained till the close of 1851. He served in the 'Blenheim,' 60, and 'Exmouth,' 90, from 1854 to 1856, when he was appointed staff-surgeon on the 'Calcutta,' 84, where he continued until he was promoted to be deputy-inspector-general of hospitals and fleets, 1858. He was appointed deputy-inspector-general at Hong-Kong, where he remained till 1860.

ERRATA.—Pp. 13, column 1, of MEDICAL CIRCULAR, Jan. 6.
Line 7 from top, for "Orgaron" read "Organon."
Line 2 from bottom, for "Vesariæ" read "Vesaniæ."
Line 20 from bottom, for "profuse fevers" read "impure fevers."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. 13. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Daldy, "On the Influence of Feeble Heart upon Disease."

THURSDAY, JAN. 14.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m..

FRIDAY, JAN. 15. — *Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JAN. 16.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

MONDAY, JAN. 18. — *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 19.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Anthropological Society of London, 8 p.m.—R. Lee, Esq., B.A., M.R.C.S., "On the Extinction of Races," T. Bendyshe, Esq., M.A., "On the Extinction of Races."

BOOKS RECEIVED FOR REVIEW.

The Science and Practice of Medicine. By Dr. W. Aitken. In two volumes. Second Edition, Revised and Re-written. London: C. Griffin and Co., Stationers' Hall Court.

The Journal of Mental Science. January, 1864.

Functional Diseases of Women, Cases Illustrative of a New Method of Treating them through the Agency of the Nervous System by Means of Heat and Cold. By J. Chapman, M.D. London: Trubner and Co., Paternoster row.

Essays on Digestion. By the late J. Carson, M.D., &c. London: Longman and Co.

The Diseases of Women. By Dr. Churchill. Fifth Edition. Dublin: Fannin and Co.

Observations on the Present State of Medical Education. By J. Syme, Esq., F.R.S.E. Edinburgh: Edmonston and Douglas.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

F. R.—The delay in the publication of the 'Medical Directory' arises from the very proper desire of the Editors to include in the New Edition, the name of every person who was registered up to Jan. 1st, thus adding considerably to the value of the work.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

MESSRS. T. & H. SMITH.—The paper on the new alkaloid found in Aconitum Napellus has been received.

Dr. L.—The subject shall receive attention.

A. X. A.—The rarity of phthisis in warm climates may be explained in some measure by—1st. There are not the sudden and extreme changes of temperature.—2nd. The thorough ventilation enjoyed in all the houses, which being large and kept open night and day admit the air freely and completely, and in as pure a state as it is circulating outside.—3rd. The circumstance, that the lungs are not over excited; in fact, they have less work imposed, since there is not the same occasion for the oxidation of the carbon, the external heat being so great, as to remove the necessity of its evolution from the system, which in those countries is always sufficiently heated. The lassitude caused by heat is a wise arrangement of Nature to provide against too great excitement of the nervous and muscular systems, already stimulated or excited beyond their wonted extent.

INVALID.—Dr. Arnott's Hydrostatic Bed, made by Spencer and Co., Billiter street, City, is well worthy your inspection. It has been before the public many years, and is highly approved and adopted by the Medical Profession.

V.—It is very dangerous to use a cold immediately after a warm or tepid bath, since by the latter there is a mere relaxation of the skin; after a hot bath, however, the effect is different because then the skin has been well stimulated and has the power of responding to the further stimulus of cold.

INQUIRER.—Thanks! we have seen such an advertisement as the following:—

"Great Discovery in Homœopathy,—It is found, that all homœopathic medicines are simultaneously administered only that one, which tallies with the disease will act and the rest will be inert. The salt of life contains a mixture of all homœopathic medicines, so compounded as to prevent chem

cal reaction, and it cures all diseases by presenting all remedies to the system, leaving the election of the proper one to nature.—Patented and prepared by Hahneman, Williams, and Co."

We have extracted the above from 'The Dublin Medical Press,' which gave it as a specimen of how far humbug may be carried.

L.M.—We know not in whom the fault lies; but it is a fact that the L.M. of the celebrated and chartered Dublin Lying-in-Hospital cannot be registered.

SYMM *v.* FRASER AND ANDREWS.

In answer to Dr. Tunstall's letter, Dr. Fraser has addressed the following to the Editor of the 'Medical Times and Gazette.'

SIR,—The Profession has so unequivocally and handsomely expressed its sentiments respecting the above iniquitous prosecution, that I most unwillingly trouble you with any reference to it; but, in justice to my co-defendant and myself, I cannot allow to pass unnoticed a letter which appeared in your last number from Dr. Tunstall, of Bath, in which he states that the evidence he gave theoretically was confirmed practically by the defendants. This is certainly "the unkindest cut of all," making it appear that we confirmed evidence which I have not heard spoken of, in or out of the Profession, except in terms of ridicule and grave censure.

Dr. Tunstall stated in evidence that he first visited the patient on January 24, 1862, at 10 p.m.; that he found her in a very nervous, excited condition, complaining of pain in her leg, and oppression of the chest; he stated that at first he had a suspicion in his own mind that the excitement he saw might have been produced by drink, but that on inquiring whether she had taken any, she said—"No." Dr. Tunstall further stated in evidence,—"I then proceeded in my investigation, and I am perfectly of opinion that all the symptoms I saw might have arisen from *travelling* gout." Dr. Tunstall added that he saw her at 10 a.m. on the following morning, when she was much better, and left Bath. Now, Sir, this theory of "travelling gout" was one of the strongest points on which Mr. M. Chambers dwelt in his address to the jury, whom he endeavoured to make believe that the state of drunken, ungovernable excitement in which the patient was, during my sixty hours' attendance on her, was produced by "travelling gout." So far, therefore, from confirming Dr. Tunstall's hypothesis, I believe it to be as visionary and baseless as any ever invented by counsel, to "make the worse appear the better reason;" and I cannot help designating his conduct as most cruel, in bringing forward a wild theory, and thereby aiding a weak-minded, vindictive, ill-advised woman in her endeavour to injure those who had humanely befriended her. The "very nervous, excited condition" in which Mrs. Symm was when Dr. Tunstall saw her, is fully accounted for by the evidence of numerous trustworthy witnesses, who deposed to her suffering from delirium tremens, and being intoxicated for days together during the latter part of Dec. 1861; also by the evidence of Dr. Barnes, who, on his last visit in January, found her "in a state of helpless intoxication." Mr. Barrett, who attended the patient in Bath from January 12 to 21, and who appeared as a witness for her, somewhat reluctantly but candidly said he was bound to state his impression as to her being in liquor, and as to his directions respecting her refraining from drink being unattended to.

On January 22, Mr. Bond, inspector and clerk of the police at Bath, visited the plaintiff, and found her, as he more graphically than elegantly described, "looking like a woman who had been on the spree for a week; her memory gone, talking incoherently;" and as this was on the next day but one preceding Dr. Tunstall's visit, it would be somewhat surprising if he found her otherwise than in "a very nervous, excited condition."

As to Dr. Tunstall's account of his morning visitor with a 5*l.* note and subpœna, I could found a plausible theory on the circumstance, but shall refrain, merely remarking that it is an unusual occurrence for a Medical witness to be called on to give evidence, without the individual in whose favour he is to appear, first ascertaining what that evidence is likely to be. It is, moreover, a remarkable fact, that from the commencement of the recent proceedings, my solicitor has repeatedly told me that there were to be two Medical witnesses from Bath, on whose evidence the plaintiff principally depended for a verdict in her favour: who those witnesses were, we could not ascertain until we saw them in the witness-box.

I am, &c. D. FRASER, M.D.

[Dr. Tunstall has written a rejoinder, to which we will afford insertion next week.—ED. MED. CIRCULAR.]

Royal College of Physicians of LONDON.

FIRST Part of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School, will commence on Tuesday, February 2nd.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, February 9th.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination, under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials, required by the Bye-laws are to be left at the same time.

H. A. PITMAN, Registrar, Pallmall East.

Apothecaries' Hall.—The next Examination in Arts will be held at the Hall on Friday and Saturday, 29th and 30th of January, 1864. A Syllabus of the Subjects for Examination may be had on application.

An Examination in Arts will again be held in the months of April and September, 1864.

R. B. UPTON, Clerk to the Society.

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W. B. HARMAN, Secretary. pro tem.

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CLINICAL LECTURE
ON THE DISEASES OF WOMEN,

DELIVERED BY

DR. HALL DAVIS,

In the Theatre of the Middlesex Hospital.

GENTLEMEN,—In my last Lecture I dwelt upon the measures adopted for the palliation, or haply even the cure, by what may be considered but palliative agents, of prolapsus uteri and its varieties; I showed you the different instruments devised, the various pessaries constructed to serve divers purposes in either the alleviation of the distress, occasioned by this formidable complaint, or in its complete and permanent removal; moreover, I demonstrated the objects sought to be obtained in the use of these appliances, at the same time that I pointed out the good effected by some, the evil produced by others, the causes of failure in those which were unsuccessful, as well as the reasons of success in those which had fulfilled the purposes of their devisers.

I will now, somewhat briefly, allude to the surgical method of cure, which has for its principle a lessening of the capacity of the passage, the affording a cushion of support, the restoration of the normal condition of the parts, which has been made to deviate, either by rupture of the perinæum—more or less complete—or by a mere relaxation of the vagina and perinæum.

The accomplishment of the principle consists in making a kind of perineal section, in paring the edges of the fissure, denuding a certain extent of surface, if the uterine displacement result from ruptured perinæum, and then by means of the quill sutures, bringing these raw surfaces together, and maintaining them in apposition, till union is effected throughout. There are two kinds of sutures employed, the superficial and the deep; for the former, silver or iron wire is used, the edges are by means of it brought together, and are made fast *in situ* by merely twisting the wires upon themselves. The deep sutures must first be put in; they are usually of twine, but I see no reason why we should not use silver wire; indeed, from the clinical observations of Mr. Bryant, of Guy's Hospital, concerning the utility and inutility of the one or other kind of suture, I have arrived at the conclusion that the wires (silver), as proved by him, are decidedly advantageous and preferable. As we are passing the sutures from one to the opposite side, the thighs should be approximated, that the parts may lie in direct and complete apposition, and that there may be no undue straining upon the ligatures; on one side, the quill passes through the loops of the sutures; on the other, the suture is tied over the quill, so that we have a loop and a knot corresponding to each other, only that they lie on opposite sides. The number of sutures employed should be according to the nature of the case, three, four, or five, one form of lesion requiring more than another; however, it is well to have an equal number of superficial and deep wires. At the end of the third day, we should remove the deep, in order to obviate suppuration or sloughing; the superficial may be suffered to remain till the end of the week.

We must be cautious not to make too small a vagina. I have now before my mind a case, in which the perinæum had been sown up to such an extent, as to contract very much the vaginal orifice; the patient became *enceinte*, and when her full time had been accomplished, she fell into labour. I was in attendance, and seeing that a rupture of the perinæum was inevitable, and most probably at the cicatrix of the wound from the previous operation, I summoned the surgeon who had performed the operation, and to save his handy-work, he made two minute incisions obliquely, that is, radiating from the centre of the perinæum downwards and outwards; the child was then born; the cicatrix was found after the birth of the child not to have yielded; the incisions proved sufficient, as was evident by the fact of their remaining unlacerated.

These incisions saved the perinæum from a very extensive rupture, which might have even involved the sphincter.

Dr. Davis, at this part of his Lecture, showed an ovarian tumour, from a patient whom Mr. Moore had tapped some six months since, but in whom the operation had not been performed again, owing to the suspicion of cancerous deposit, in certain solid masses to be felt in the tumour, and to the existence of a cancerous diathesis. Mr. Moore had pronounced the case as one unfavourable for extirpation. The patient had measured round the waist 48½ inches.

The cyst was unilocular, with solid masses projecting from its walls into its cavity; it had been developed from the left ovary, the other, as well as the uterus, being perfectly healthy. Mr. Hulke had, by a careful microscopic examination, conducted after death, detected cancer cells in the cyst walls, and cancerous deposit had likewise occurred on the peritoneum. When the sac of an ovarian tumour is multilocular, the cells contain different materials; the turbid, gelatinous fluid is the pseudo-colloid of some authors. We may at times obtain in the cell contents the echinococcus hominis, and, even though the worm may not itself be discoverable at the period of our investigation, we may pronounce upon its having previously existed, if we are enabled to detect the hooklets by which it is characterised.

I will now take up the subject of those forms of posterior uterine displacement, which have received the names of Retroflexion and Retroversion; but to the first especially will I direct your attention.

In retroversion, no portion of the uterus is bent upon itself, but that condition exists, in which the fundus is tilted back into the hollow of the sacrum, and the os is thrown upwards at various angles with the pubis. In retroflexion, however, the case is otherwise, inasmuch as the cervix and os almost, if not completely preserve their natural position, their normal relationship with the neighbouring parts, the body and fundus being together bent upon the cervix in the manner of a retort. This is the distinction of the two affections; in some instances, we may observe both conditions co-existing.

Those who are the most frequent subjects of this affection, are women who have borne children, or in whom abortion has occurred; it is rare in virgins, still rarer as a congenital malformation. The period of life which predisposes to it is most assuredly that of child-bearing.

Now, the organ, be it observed, bends always at the *same* point, the seat of flexure is found in most, if not in all cases, at *one particular* spot, and for this constant condition there must be some valid reason. Professor Virchow has endeavoured to demonstrate this reason; he states the cause to be a thinning in that portion of the uterus where the cervix joins the body, and that here also the peritoneum forms a line of reflection, passing down to this point, having previously enveloped the *upper* par of the viscus, while it allows the *lower* portion to remain uncovered, which being connected with the bladder and vagina, is, comparatively speaking, made *fast* to them, while the body and fundus are easily moveable. Owing then to the weak-

ness in the cervix, of which we have just made mention, the fundus of the uterus sinks, becomes depressed and tilted backwards, if the posterior wall be the weak and yielding; or thrown forwards, if the anterior be that which has most lost its tone and healthy vigour. To the former conditions we apply the term—Retroversion, or Retroflexion, as the case may be; to the latter, Ante-version, or Ante-flexion, the latter being, however, a rare form of dislocation.

Causes.—First, relaxation of vaginal supports; secondly, weight of the fundus, an increase in the bulk and weight of either wall, determining the form of displacement; thirdly, the existence of fibrous tumours; fourthly, congestion of the body and fundus; fifthly, hypertrophy; sixthly, coagula in utero; seventhly, a deviation from the natural axis of the womb, coupled with straining at stool, so as to empty the bowels, which have been allowed to become constipated; eighthly, retention of urine, whereby the bladder being distended, forces back the upper part of the uterus, and thus gives the organ a tendency to this kind of displacement; ninthly, the lax condition of the parts that obtains in women after delivery and abortion.

That the married state predisposes to it, we cannot doubt, after the statistics advanced by West and Virchow:—of 110 cases cited by the former, 103 were married, and only 7 were single; indeed, the majority of the sufferers date the accession of the complaint to a period of delivery, or of miscarriage.

Three of Dr. West's cases out of 38 had fibrous tumour; 4 had ovarian tumour,—of these 4, one was unmarried, and dates the retroflexion from an unusually painful menstrual period.

The congenital form of the malady arises probably from a difference in the length of the ligaments, as well as a difference in the uterine development, as regards its separate halves.

We know full well, that some malformations of the uterus are attributable to its bifid development.

The SYMPTOMS may be so mild as hardly to be noticeable during life, and cases have occurred where they were wholly unperceived, and no suspicion of the disease entertained, till a post-mortem examination revealed the unnatural condition of the parts. In ordinary cases they are, however, as follows:—a sense of something falling down; menorrhagia; dysmenorrhœa; sterility, which is not an unfrequent effect; abortion, or a tendency to it, if conception have taken place; vomiting; frequent and painful micturition; nausea; painful defæcation; pain in the back, the loins, the sacrum, the groins, or down along the thighs, all of which latter symptoms are produced by pressure upon the sacral plexuses of nerves. You may remember, gentlemen, a case, which we had some time since in our wards, of partial paralysis of the legs dependent upon this pressure, and which was cured, as soon as the dislocated womb was reduced. Other symptoms are a sense of fulness and weight in the rectum; leucorrhœa, more or less profuse; congestion of the cervix and excoriation; the general health becomes deranged, the spirits depressed, the appetite bad, or entirely gone, the digestion very imperfect, the bowels always constipated, the entire system out of tone, and the nervous condition, termed the hysterical, superinduced. But these, gentlemen, are symptoms common to other affections, and not diagnostic of the malady, which is the subject of our consideration. Let us ask ourselves, therefore, what *are* the signs pathognomic? For their detection we must make a vaginal examination; we are thus enabled to find a tumour posteriorly, that the neck and os nearly, if not quite occupy their proper place in front of the tumour; while at the upper part of or the apex of the cone formed by the vagina, we meet the angle of flexure of the displaced uterus, and which, as we have before said, usually corresponds to the reflection of the peritoneum, to that point where there is a natural thinness of the uterine structure. By rectal examination, we can pass the finger above the tumour, above, in fact, the entire uterus. With these methods of exploration, we should not rest contented; we have indeed at our command to elucidate the case the uterine sound, which affords us, perhaps, the *most* reliable guide in our diagnosis, demonstrative proof of the true nature of the lesion, and enables us to distinguish it from the fibrous growths of this region, as also from ovarian tumours.

The sound should be admitted into the uterus up to the bulbous part of the instrument, which indicates a length of two inches and a half; this is supposing the uterus to be normal in every respect; if, however, there be retroflexion, the instrument will be stopped in the cervix by the angle of flexion; and, in order to enter the cavity of the womb, we must direct the point of it downwards and backwards; this done, by then turning it forwards, we cause the organ to right itself; reduction will have been then effected, and the tumour made to disappear.

In the use of this instrument we must most carefully avoid all violence and rough dealing; nor need there be any pain induced.

The great difficulty in the cure is the atrophy of the point at which yielding has taken place; the truth of this circumstance has been shown by Virchow and others.

The sequelæ of the disease are:—sterility, abortion, engorgement and chronic inflammation, hypertrophy of the uterus, enlargement of the ovaries, more especially of the left ovary, because the uterus, according to Rigby, is oftener tilted to that, rather than to the opposite side of the pelvis, and occasions irritation of the ovary lying therein; congestion of the os uteri and consequent abrasion, menorrhagia, retention of the menses, and, as a sequence, enlargement of the uterine cavity, dysmenorrhœa, leucorrhœa, a patulous condition of the os, so that the tip of the finger may be readily admitted; the edges of the os will be found red, and, if the case be one of retroflexion, there will be a shortening of the anterior lip; if, however, it be one of ante-flexion, the posterior lip will be the shorter.

Treatment.—Various, indeed, have been and still are the methods put into practice for the alleviation or cure of this complaint, and it would take us a long time to pass them all in review, so that I shall direct your attention to those which have either attracted most notice, or have been deemed most effectual. It occurred to Dr. Simpson that the organ in fault might not only be reduced, but also maintained, when reduced, in its proper position, by means of a metallic or ivory stem, passed into its cavity, there retained by a well-adapted support, and constantly worn by the patient. At first sight and theoretically, this would seem a most admirable contrivance, and the very instrument required to meet all the exigencies of the case, but experience shows us that very few women indeed can long wear it; neither is its use wholly free from danger; there have been some fatal cases put upon record.

I sometimes use a simple stem curved like a short catheter—three inches long. Once, and only once, I succeeded in effecting a cure with it. The curvature of this instrument had its concavity forwards, so as to give the uterus, when reduced, its natural inclination; the manner of introducing it was by passing the sound or a stilet into the hollow of the cylinder, inserting the stem with its concavity directed anteriorly; and leaving it in the uterus, the stilet was then withdrawn. Of course the uterus had been first brought into its right position. Only in one instance was this method successful; it was tried in others, but did not answer, as the presence of the instruments could not be tolerated; it was therefore speedily removed. I should mention that the cylinder was perforated to obviate retention of discharges.

Dr. Priestley has devised a pessary, which I have modified and used successfully in three cases. Dr. Fleetwood Churchill of Dublin has contrived a pessary to support the posterior wall of the uterus, when reduction of the organ has been effected. I have likewise had constructed a pessary to fulfil the same purpose.

Sometimes pessaries are made too long, and being an immense source of discomfort to the patient, hindering her walking or taking necessary exercise, preventing her all sitting, except upon the very edge of her seat, are not long tolerated.

There is sometimes encountered, coincident with the disease, a most distressing complication; I allude to exc

sive sensibility of the parts, a condition of hyperæsthesia at the very entrance of the vagina, and which in some instances is so great as to preclude the possibility of wearing an instrument, that must of necessity pass between these highly sensitive structures, in order to be made fast externally; sometimes, however, when no larger instrument can be borne, an ordinary-sized bougie may be worn without any discomfort; and when the parts are intolerant of even this, I employ two kinds of pessaries, one, the ring, which is passed up first, the other, the elastic ball, which, being introduced beneath and posterior to the former, supports it in the proper position.

M. Amussat has proposed and carried out a plan of exciting inflammation posteriorly, that is between the posterior walls of the cervix and vagina, so as to cause adhesion of the two inflamed surfaces and a greater degree of fixidity of the parts.

He has published two successful cases. This would, no doubt, be an admirable plan and worthy of adoption, could we only secure a bound to the inflammation; but, inasmuch as we have it not in our power to know how far the inflammatory process, once induced, may extend itself, we must regard the operation as hazardous; moreover, Dr. West has mentioned a case where accidental adhesion, consequent on inflammation, had occurred, yet without a cure being effected.

In our visit to the wards after lecture, we had the pleasure of seeing some very interesting cases.

The first was that of a married woman not pregnant, in whom vomiting has obstinately persisted for a space of three years, with only short intervals of relief; the entire range of the Pharmacopœia seemed almost to have been exhausted, as she passed through the hands of various medical men.

Notwithstanding this unnatural condition, which has continued for so long a period, the patient is not at all emaciated; on the contrary, she is actually fat, in apparently the best health, and enjoys the most excellent spirits; she is bright, cheerful, and animated. Dr. Davis had tried with her the oxalate of cerium, so highly recommended by Dr. Simpson, but with very trifling, if any, success; it was administered in half-grain doses. He ordered her to have instead the oxide of silver in half-grain doses three times daily.

In the second bed was a patient, mother of two children, who for over two years had seen very little of the menstrual discharge. Some months previously she observed a distinct tumour in the lower part of the abdomen, which had gradually and steadily grown larger. For the removal of this she had applied to different medical men, some of whom had pronounced it to be encysted dropsy of the ovary, and as such had treated it; finding the palliative measures fail, they had advised, as a "*dernier* resort," the excision of the diseased ovary, and in order that this operation should be performed, she had been admitted under the care of Dr. Hall Davis.

Immediately on laying his hand upon the abdomen and grasping the tumour, he thought he could detect the nature of it to be other than ovarian; it was very moveable in the abdomen from side to side, and seemed instinctive with life, judging from the "kicking sensation" communicated to his hand.

On applying the stethoscope, the "kicking sensation" was even more evident, and the beating of the fœtal heart at once declared the true state of the patient. She was pregnant.

Examination of the breasts showed them to be enlarged, having the peculiar knotty development characteristic of pregnancy. The areolæ were moist and greasy, the papillæ more evident than they are in the unimpregnated woman, and the vesiculoid arrangement, described by Dr. Routh in his recent Lettsomian lectures, might be detected; moreover, on squeezing the nipples, there exuded a clear watery discharge.

The true nature of the tumour was now perfectly evident.

ORIGINAL COMMUNICATIONS.

[*From the Case-Book of* BARNARD HOLT, ESQ., F.R.C.S., *Senior Surgeon to the Westminster Hospital, &c. &c.*]

UNUSUALLY LARGE SEROUS CYST SITUATED OVER THE INGUINAL CANAL AND PROTRUDING BENEATH POUPART'S LIGAMENT, WHICH HAD AN IMPULSE ON COUGHING, AND WAS RESONANT ON PERCUSSION.

The history of swellings in the inguinal canal or its neighbourhood are sufficiently interesting to be recorded, more especially when they vary in their nature so as to become difficult of accurate diagnosis. The following case embraces points of practical importance sufficient to warrant its publication:—

I was requested to meet Mr. Parrott, of Clapham, in consultation upon the above case. The gentleman in whom the tumour existed, first noticed it as a small swelling corresponding in the opening of the internal abdominal ring. It had succeeded to the exercise of riding on horseback, was unattended by pain, and not accompanied by any but trifling inconvenience in connection with the action of the intestines; but feeling alarmed at its presence, he consulted his family surgeon, who diagnosed it to be a hernia, and recommended him to keep quiet and wear a truss, which was accordingly provided for him, and which he wore for some months. The swelling, however, continued to increase, was resonant on percussion, had a strong impulse upon coughing, and his bowels were more torpid than natural. It was now ascertained that the swelling contained some amount of fluid, and as it gradually increased in size and fluctuation, was readily detected, his surgeon recommended a cautious opening to be made. He, however, went to Balham, and placed himself under the care of Mr. Parrott. In consequence of that gentleman not deeming the swelling so simple but that making an opening might be attended with some hazard, I was requested to see the patient. Upon examination, I found a large, irregular, and lobulated swelling, corresponding to the inguinal canal, containing fluid which was pressed downwards into the thigh, Poupart's ligament dividing the upper from the lower portion by a distinct line. The swelling was very resonant at its inner side, and more or less so all over the surface; there was a strong impulse on coughing, his bowels had not been relieved for two days, and he had been slightly sick, but neither his pulse nor his general aspect gave rise to the suspicion that any portion of the intestines was strangulated, although its functions might be temporarily impaired. Believing the case to be hernia, with probably a large quantity of fluid contained in the sac, attempts were made to return it without success. Ice was desired to be applied, the patient to be restricted to a slight diet, and that a dose of purgative medicine should be administered; it must be mentioned that there was but slight pain in the swelling. On the following day the bowels had been fairly relieved, but there was no alteration in the swelling. The patient subsequently came to London, where I had frequent opportunities of seeing him. The recumbent posture was for many days maintained, ice was continuously applied to the tumour, and still feeling assured that some intestine was protruding, he was subjected to the effects of chloroform, under which an attempt was made to return the swelling. This, however, like the previous ones, was futile. At this time I requested my friend, Mr. Arnott, to favour me with his opinion. The tumour had not altered in its character; it was still lobulated, and yielded a resonance upon percussion. Mr. Arnott examined the patient most carefully; and, although he could not determine the exact character of the swelling, yet he believed there was some protruding intestine, but he would

not express any opinion as to the character of the fluid. He acquiesced in the propriety of not further interfering, but that time should be allowed for the tumour to more clearly develop itself. The patient was kept to the sofa, a more liberal diet was prescribed, and the ice was discontinued; the swelling very slowly increased in size, and on Aug. 19, the integument being thinned at the outer and lower part, an exploratory opening was made with a very fine trochar, when some straw-coloured fluid escaped, similar to that which is usually met with in a cystic growth; about three-quarters of a pint of this was removed, when the canula was withdrawn. At this time, no further means were taken to remove the whole of the fluid, and in a few days it re-collected. A larger trochar was now thrust in, and the sac entirely emptied, the fluid was somewhat darker than it had been, and it contained numerous flakes of lymph; an injection of one part of iodine to four parts of water was now thrown in, which produced a burning sensation; it was permitted to remain for a few minutes and withdrawn, a bandage being applied over the sac. When the sac was empty a defined edge could be distinctly felt, and there was a considerable hollow corresponding to the swelling. The fluid soon re-collected, and the swelling was tapped a second time, the undiluted tincture of iodine being now injected, but beyond giving rise to rather more acute pain the proceeding was unattended by any advantage, the swelling speedily became as large as before, and it was determined to lay the part open, and procure granulations from the interior of the sac; at the end of September a free opening was made extending the length of the inguinal canal, and the finger having been introduced, the boundaries of the cyst were more accurately ascertained, the finger could be passed downwards beneath Pouparts ligament, and upwards behind the abdominal walls in front of the Psoas muscle; the colon had been pushed forwards and inwards, and gave rise to the resonance already described. For the first fortnight the case progressed favourably, suppuration was fairly established, the pus being of a healthy kind, but he now complained of the most severe pain, extending along the course of the left sciatic nerve; the pain was so intense as to compel him to cry out. Opiates were administered internally, and chloroform and opium together with blisters, &c., applied externally, but with little alleviation to his suffering. He now complained of pain in the hip-joint of the affected side, and could not bear the limb to be in the least degree moved. A weight was applied to the extremity of the limb which, by preventing approximation of surfaces, gave some relief; he continued more or less in the same state for two months, when the character of the discharge suddenly altered, becoming bloody, offensive, and dark, and pressure upon the buttock caused it to escape from the opening in the groin; a probe passed freely into the pelvis in the direction of the sciatic foramen. From this time he never rallied and gradually sank. No post-mortem was obtained. The features of interest in this case were many: Firstly, with regard to the resemblance to a hernia. The swelling had succeeded to rough and unaccustomed exercise, it was situated in the course of the inguinal canal, it communicated an impulse on coughing, and was resonant on percussion. On the other hand, it could not be returned within the abdomen, and had not escaped through the external abdominal ring, but this, as is well known to all practical surgeons, was no evidence that the case was not one of hernia.

The swelling gradually increased in size, and, although it was at first confined to the space allotted to the inguinal canal, it now gravitated beneath Poupart's ligament without passing into the scrotum. No doubt this was a perplexing point, but taken alone it did not assist the diagnosis, inasmuch as the swelling might have arisen from a direct hernia, bursting through the abdominal walls between the internal oblique and transversalis muscles, and so have made its way under Poupart's ligament. Taking the whole circumstances into consideration, they were, I submit, sufficient to warrant the belief in the existence of a hernia; but whether that hernia was connected with abscess, or an undue collection of serous fluid, was only determined by the puncture that was subsequently made. Mr. Paget, in his Pathological Lectures, says, "such cysts may be formed anywhere," but he gives no other examples than those which are met with in the neck and mammæ. The symptoms which disclosed themselves during the progress of the case, and the subsequent escape of the fluid into the buttock, together with the freedom with which a probe could be passed into the pelvis towards the sciatic notch, were sufficient to make tolerably clear the pain the patient experienced in the course of the sciatic nerve. I have no doubt the fluid made such pressure upon the nerve previous to its escaping into the buttock, as to account for the acute sciatica. So far as I know, the case is unique and worthy of record.

ON THE USE OF MERCURY IN SOME AFFECTIONS.

By DR. G. DE GORREQUER GRIFFITH.

As this subject has been recently discussed at the Harveian Society, and the interest excited by Dr. Drysdale's paper has not yet died out, I beg the insertion of the following in your columns, merely to give *afresh* the opinions of great men, as to the advisability of the use of this mineral:—

Dr. Gooch, in his work on Diseases of Women, writes thus, when writing of the treatment of "Irritable Uterus:"—"Three to five grains of blue pill or compound calomel pill mixed with five grains of extract of henbane taken every night, or every other night for many weeks, have sometimes, without affecting the gums, occasioned a very regular action of the bowels; and during its influence the periodical aggravations of pain have not recurred, and the permanent pain has diminished, and at length ceased altogether. Whilst the mercury has had this favourable influence over the local disease it has occasioned no material injury to the constitution. This has been the effect chiefly, when the health has not been much reduced, and the disease has not lasted very long:"—

In Case I. recorded by him in the volume to which we have above referred, bleeding having been adopted without abatement of the pain or the disturbance of the circulation, the patient took five grains of extract of henbane and one of calomel twice daily, and "in about ten days her gums became sore and continued so for several weeks immediately the disturbance of the circulation ceased the pulse was slow and soft, and never resumed its former excitement, the pain likewise became considerably less, and the paroxysms came on at longer intervals." The patient recovered perfectly. Dr. Gooch in this manner successfully treated the *chronic* forms of irritable uterus, while Mr. Fernandez as successfully used for the acute forms the same mineral.

On the use of mercury in typhoid fever Dr. Wood, in his Treatise on the Practice of Medicine, writes at page 345, vol. I.:—"Very often after the seventh or ninth day a condition of things supervenes, which must be met by the use of mercury; there is a general deficiency of secretion the tongue is dryish, the skin dry, and the urine scanty the pulse, though perhaps more frequent, is neither so full nor so strong as at first; some degree of delirium or an increase of stupor often supervenes, and the abdomen becomes tympanitic. Without any diminution in the violence of the disease, a close examination will show that the energy of the vital actions has abated. Under these circumstances I know of no remedy so effectual as mercury given so as *very slightly* to affect the gums.

"It is indicated by the general failure of the secretions and the general languor of the vital functions. It is not improbable that mercury may serve in some degree to arrest the progress of disease in the glands of Peyer, and to promote resolution of the inflamed patches; but the

impression should be made in the mildest way. Large doses of calomel are out of the question. I usually prefer minute doses of the blue mass, given at short intervals, as for example a grain every two hours until the mouth is affected.

"Minute doses of calomel, as the $\frac{1}{4}$ or $\frac{1}{6}$ of a grain may be substituted for the blue mass, if preferred by the practitioner. The mercurial should be continued until the gums are slightly touched, and then either diminished gradually or omitted.

"Under its influence the tongue not unfrequently becomes moist, the skin relaxed, and all the other symptoms ameliorated, and the patient recovers without further treatment. Severe ptyalism should be scrupulously avoided."

Such is the advice of Dr. Wood, Physician to the Pensylvania Hospital, and President of the College of Physicians of Philadelphia.

The following as bearing upon the fact, which I advanced at the debate upon Dr. Drysdale's paper,—that the unalloyed poison of syphilis is alone sufficient for producing many of, if not all, those untoward consequences usually ascribed to the mercurio-syphilitic—I quote from the book of Dr. Daniell, entitled "Sketches of the Medical Topography and Native Diseases of the Gulph of Guinea":—

"Syphilis is, perhaps, the most frequent and fatal of maladies, to which the male inhabitants are liable, and predominates more among them than among females; many are cut off very early in life *from want of* the necessary remedial applications, and it is not uncommon to meet with cases which have continued nearly two-thirds of the *patient's existence.*

"The worst forms of syphilis which have come under my notice have been the foul and malignant phagedænic ulcers, that indiscriminately attack both sexes:—

"Nodes, cutaneous eruptions, and indeed all the sequelæ of syphilis in multiform varieties are extremely prevalent, and not unfrequently resist the most energetic and judicious treatment of European Surgeons."

The native means of cure by charms and such like, "afford but a transitory hope of any other than a fatal termination."

To this no doubt many surgeons can subscribe; and abundant proofs might be gathered from the experience of practitioners, as well as from the records of our Lock Hospitals.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

OPERATIONS BY MR. ERICHSEN.

We are glad to say that the cases operated on by Mr. Erichsen, and which we reported in our last number, are in a most favourable condition, and are rapidly advancing to health. The operations were two: one was a case of amputation of the breast, and of a cancerous tumour developed in it; the other was the lateral operation in a child for the removal of a lithic acid calculus.

To-day (Wednesday, Jan. 13), Mr. Erichsen was engaged with *five* cases:—

The *first* was a young man, an Army Hospital mate, who some time previously had been a patient for syphilitic necrosis of the bones of the calvarium, which had come away in the manner usual in such cases; at that time the pulsations of the brain could be distinctly perceived, distinctly as we can at times detect it in the young child before the fontanelles have become ossified; now, however, the cavity that existed has been filled in, the exfoliated bones have been replaced by a kind of fibrous tissue, and consequently the brain pulsation, so evident before, can now no longer be appreciated.

This patient had likewise suffered from extensive disease, syphilitic necrosis—of the right clavicle, portions of which had been removed by Mr. Erichsen on a former occasion. At present there were only traces of the wound, and the patient had complete use of his arm. The operation to-day was necessitated by a portion of the sternum having become necrosed; and Mr. Erichsen having first probed accurately the wound, in order to define the extent of the dead bone, and having made the wound in the soft parts sufficiently large to admit the osteotrite, proceeded by means of it to bore away the diseased bone in the same manner as dentists do decayed teeth. No chloroform was administered.

Mr. Erichsen, in instances similar to the present, prefers the use of the osteotrite, such a one as has been designed by Mr. Marshall; it is not so likely to slip as the gouge; "it will be found a very useful instrument, clearing away softened bone without risk to the surrounding healthy structures;" it pulverises rather than chips off the bone we wish to remove.

The operator dwelt upon the specially interesting features of this patient's history, which were as follows:—He had never taken any mercury; this the man knows for a positive fact, because of his position as hospital mate he was able to tell what medicines he was ordered and what medicines he took; and yet, though he has received into his system no mercury whatever, though there be no mercurio-syphilitic poison, we find him the subject of a severe constitutional tertiary form of the venereal disease. This, said Mr. Erichsen, is one of those cases to which I have long been accustomed to direct your attention; and at this moment when the subject of the administration of mercury in syphilis is a strongly-contested point, it claims your most particular interest. You have often heard me say that no mercury is needed in syphilis to produce those worst consequences which come under our notice, and which are stated by some to be the sequences only of an amalgamated taint—of the mercurial and syphilitic poisons, and this case admirably illustrates my words; not only in this, but in many other instances have I seen the bones diseased, the bones removed by disease, ecthyma and rupia rapidly develop themselves, and the patient or patients to have taken not a grain of the mineral.

CASE II was that of a stoutly-built young countryman, aged about twenty-one, who had oblique inguinal hernia of the right side.

Mr. Erichsen stated that he was induced to prefer Wütz er's operation for the radical cure of hernia—first, because in a large number of instances it fulfilled the purposes for which it had been devised, viz., the blocking-up of the inguinal canal, and thereby the prevention of the recurrence of the rupture; and, secondly, because of the greater safety afforded by this method, when compared with other operations planned also for a radical cure.

The *rationale* of operative proceedings for permanent removal of this affection consists in, by the excitation of a certain amount of inflammation in the body of the sac, or in its neck, the agglutination of the tissues, and the consequent obliteration of the canal, through which the descent takes place; or in a mere invagination of the integument, whereby the hernial channel is blocked up.

"If," says Mr. Erichsen, in the last edition of his 'Science and Art of Surgery,' "the accomplishment of these conditions would always prevent the recurrence of the rupture, the radical cure might frequently be undertaken. But it is impossible to look upon the agglutination of the walls of the sac, or the closure of the abdominal aperture as the sole conditions required. To accomplish the radical cure it would be necessary in many cases to effect changes in the shape and connections of the abdominal contents, to alter the size of the abdominal cavity, and, indeed, to modify in various ways many conditions independent of those immediately connected with the hernial protrusion."

Wütz er's operation has for its objects the amalgamation of the walls of the sac by the peritonitis induced, and the plugging of, not the external inguinal ring alone, but also of the inguinal canal itself, by the portion of scrotum which is invaginated, and these are effected with a far less risk o

danger to our patient than any other of those operations put in force for the radical cure.

"His (Wützer's) plan of treatment," we again quote from the 'Science and Art of Surgery,' "consists in introducing a plug of the scrotum into the inguinal canal, and fixing it there by exciting adhesive inflammation in the neck of the sac.

The details of the operation are as follows:—The patient lying on his back, and the hernia being reduced, the surgeon pushes his index-finger up the inguinal canal as high as the internal ring, carrying before it a cone of the scrotal tissues; a box-wood hollow cylinder, about four inches long, well oiled, is then pushed up as the finger is withdrawn, so as to occupy its place in the inguinal canal.

Along the interior of this cylinder a flexible, gilt-steel needle, fixed in a moveable handle, is then pushed, so as to traverse the invaginated scrotum, the hernial sac, and the anterior abdominal wall, through which its point is caused to protrude. A concave box-wood case is then passed over the projecting point of the needle, and fixed by the other end by a screw apparatus to the cylinder, so as to compress the inclosed tissues.

The apparatus so fixed is left *in situ* for six or eight days, when, some discharge being established, it is withdrawn, and the invaginated scrotal plug, supported by lint, introduced up its interior.

The patient is kept quiet for a fortnight longer, when he is allowed to move about, wearing a light truss for three or four months.

The dangers to be apprehended in, and the objections which have been urged against, the performance of this operation, are, that we may be unable to set a limit to the amount of inflammation excited, and, that not always securing the desired adhesion, the bowel may again descend, press upon the invaginated scrotum, slip down behind it, and come to be in a condition almost, if not altogether, as bad as heretofore; the good effects of the superstructure we had raised being wholly nullified.

A selection of cases must be made; we should not adopt the operation without due consideration of the indications and the contra-indications. We should put it into execution, if our patient be in the possession of good health, if he belong to the labouring class, and especially if his labours be very heavy.

CASE III was an old soldier, aged seventy-six, of spare habit; he had been a patient of Mr. Cooper, Surgeon to the Bloomsbury Dispensary, by whom he was recommended to place himself under the care of Mr. Erichsen. The disease demanding the operation was a cancerous deposit at the angle of junction of the corona glandis, and the prepuce.

The history the man gave was to the effect, that some time since he noticed a tubercle at the site already mentioned; that it was attended with hardness, and at length took an ulcerative action, and exuded a peculiar discharge, such as we know the cancer ulcer alone throws out.

In this case, the operator considered the steps about to be taken fully justifiable, even in such an old patient, inasmuch as the health was good, there being no cancerous cachexia; the disease wholly localised, the glands at the root of the penis, in the groin, and elsewhere, being in no way involved; the operation was unattended with danger; the probabilities of no return of the disease were very much in favour of the patient. In this last respect—namely, in the likelihood of there being no recurrence of the disease, this operation is, far before all others, adopted for the removal of malignant deposits in any other region of the body. No doubt there are cases in which the glands in connection with the diseased part being implicated, there will be a return of the complaint, in either the cicatrix of the wound, or in the involved glands; yet, even under these circumstances, it is the duty of the surgeon to remove an *urgent, present*, and loathsome condition, to *ameliorate* actual suffering, and to put his patient in a state of comparative ease and comfort, or at least in one of immunity from discomfort.

This is a point not sufficiently inculcated by surgeon and, therefore, would I the more earnestly press it upo your attention; if you cannot cure, even if there be certainty of a recurrence, operate and mitigate the *preser* distress; the more so would I set it before you for you most careful consideration, because the operation can at th present day, by means of chloroform, be rendered com pletely painless.

In a number of cases the disease may not return for si eight, or even more years; in a large number of instanc there may be no return of deposit whatever, the affectio having been once removed.

The operation is simple, can be quickly performed, attended with no difficulties, and almost entirely devoid any danger. We must draw the skin, not as we are wo to do in amputation of a limb, backwards, that is, aw from the line of our incision, but well forwards, so as n to leave too much of the tegumentary tissue, which woul be a constant source of subsequent annoyance, by its co tinually coming down over the orifice, and so hinderi micturition; or lest, owing to the great retractility of th corpora cavernosa, it would overlap the face of the stum and offer a barrier to our search after the divided vessel or, again, lest it should, by afterwards puckering, make th patient uncomfortable Our incision must be made su ficiently far back toward the root of the organ, in order get well free of the disease, and yet we must avoid th danger to be incurred, by cutting too close upon the pube underneath which the remains of the penis may retrac and become buried in the perinæum, entailing upon th operation a disagreeable tediousness and complication fro the difficulty, which will be thus experienced in tying th vessels.

This accident may, however, be obviated by securing we the penis behind our incision, both with the aid of a ta ligature, and of the fingers of an assistant; but, if th accident do occur, we must then pass into the urethra large-sized female catheter, at the same time that exercise firm compression upon the bleeding surface, means of a T-shaped bandage.

Having drawn the skin well forward, and tightly ti a tape ligature around the penis, which he then gave in the care of an assistant, that he should compress it, for th purpose before mentioned, Mr. Erichsen, placing the ed of the bistoury against the lower surface of the orga swept it round the latter, and thus, with one stroke, co pleted the operation. Five or six vessels required to tied, the two arteries of the corpora cavernosa, one in ea corpus, the dorsales penis, and the artery of the septu but, as the penis had not retracted itself under the pu arch, there was no difficulty experienced in their deligati

On making a vertical section of the part amputated, the was seen a hard, cancerous deposit, about the size o small split bean, occupying a point in the groove of corona glandis, but more particularly encroaching upon t prepuce, extending itself likewise into the corpora cav nosa, but not into the corpus spongiosum; the tissue little posterior to this mass, were apparently quite free fr any infiltration.

There was no catheter passed after the vessels had b ligatured, there being no indication for its use.

(To be continued.)

DISPENSARY FOR DISEASES OF THE THROA

(Under the care of Dr. MORELL MACKENZIE.)

The following cases illustrate very remarkably the va of the internal application of galvanism in functio diseases of the larynx:—

CASE 1.—*Aphonia of two years' and-a-half duration, a case of phthisis, cured by the application of galvanism the vocal cords.*—Margaret H., æt. thirty-nine, applied at Dispensary in October, 1863, on account of loss of vo which had existed since March, 1861. She was tall, p and thin, with a heated flush in both cheeks. There crepitation at the apex of the left lung, and she had sev times spat up a small quantity of blood.

She stated that she had never been at all hysterical,

she never manifested any signs of that disease whilst she was under observation.

The laryngoscope showed that the vocal cords scarcely moved at all from the sides of the larynx, when the most forcible attempts at phonation were made, only a feeble whisper could be produced.

Oct. 24.—Galvanism applied to the vocal cords succeeded in restoring the voice, but it was lost before she arrived home (in the Euston Road).

Oct. 31.—A strong electric current was passed through the vocal cords, and this time the voice remained permanent.

CASE 2.—*Aphonia of nine years' standing: the voice restored (whether permanently or only temporarily is not known), after one application of galvanism to the vocal cords.*—Rebecca D., æt. thirty-six, applied at the Dispensary in November, 1863. She states that her voice has always been weak since she had the measles when six years old, and that she occasionally lost it suddenly after that time. In 1854, a week after a miscarriage, she lost her voice, and though for a few weeks she was able to speak gruffly, in the early part of 1855 she lost it completely, and since then has never spoken above a whisper; "she has suffered many things of many doctors." In 1848 she was an in-patient in the Brompton Hospital, and she then had loss of voice; after that she attended at several dispensaries. In 1860 she was an out-patient at University College Hospital, and in the spring of 1862 she was attending at the Middlesex Hospital. She has had blisters and leeches applied externally, "burning *stuff*" put down the throat, and taken an immense quantity of physic. She stated that she used to be hysterical, but for the last two years she had never been so.

After two or three strong shocks had been applied internally, the patient was able to speak in a fairly strong voice. She remained about half an hour, during which time the voice did not lose its power. It is not known whether the patient's voice remained, or whether it was again lost: the latter is the more probable. The patient* has not again appeared at the Dispensary.

REVIEW OF BOOKS.

The Diet of Infancy and Childhood. By S. Barker, M.D. Pp. 70. London: Hardwicke, 1864.

The object of this pamphlet, as stated by the author, is to disseminate among the public, and especially among females, a species of knowledge in which many are too often lamentably deficient, namely, the proper method of nourishing infants and children. The accusation of ignorance on this point, is, we believe, a just one, and multitudes of young women who are carefully instructed in a variety of accomplishments to render them attractive in society, are left wholly uninformed in the duties which they ought to execute in the nourishment of their offspring, in case they should become wives and mothers. Without wishing our young ladies to be profoundly versed in physiology or chemistry, we cannot but regret that the fundamental laws of life should be to their minds as a sealed book, and that on the subject of food, the most erroneous notions should still prevail, and the most absurd and even injurious practices should still be followed. Much of the contents of this little work, judicious as the remarks are throughout, is unnecessary to the medical practitioner, because he is already well acquainted with the physiological and chemical laws relating to the diet of infancy; but to the majority of readers, most of the observations will present the appearance of novelty. It is to be hoped that many ladies will read them and act upon the precepts which they inculcate, by which means a great amount of sickness and suffering will be averted both from infants and mothers. The condemnation of the practice of fashionable ladies omitting to suckle their own children is strongly but justly expressed, and the adoption of different kinds of food in proportion to the advancing age of the child, is explained in language which proves Dr. Barker to be fully acquainted, both theoretically and practically, with all the details of his subject.

* Those who are anxious to investigate this remarkable case may do so by making inquiries at 9 Upper Ogle street, Marylebone.

THE LIFE OF HIPPOCRATES.

By the Rev. SAMUEL HAUGHTON, M.D., Fellow of Trinity College, Dublin.

Hippocrates was born in the island of Coos in the Ægean Sea, which was famous for its wines and silks, and also as the birthplace of the painter Apelles, and of the poet Philetas. His father was Heraclides, a physician of the race of Esculapiusa, and his mother was Phænarete, a descendant of Hercules. He was born 460 B.C., and was a contemporary of Socrates and Plato, being junior to the one and senior to the other; he was taught the art of medicine by his father and by Herodicus, who wrote a book on "Gymnastic Medicine."

Coos was celebrated for its school of medicine, which was rivalled only by that of Cnidos, on the neighbouring mainland. The School of Coos appears to have cultivated Prognostics, and that of Cnidos Diagnostics. That the rivalry between these schools was very great may be inferred from some passages in Hippocrates' "Treatise on the Diet suitable to Acute Diseases," and especially from the story currently believed in after times that Hippocrates actually burned with his own hand the library of Cnidos—a statement about as credible as that a professor in Dr. Steevens' Hospital had burned the library of the College of Surgeons.

Having completed his education at Coos, he went to the island of Thasos, where he practised his profession, and also in Abdera, Larissa, Melibœa, and Cyzicus. At Abdera he made the acquaintance and secured the permanent friendship of the philosopher Democritus, who was a native of that city. During his residence in Thessaly, he collected the materials for his two books of Epidemics, which will remain during all time as the model for clinical lecturers to imitate. He seems also to haue visited at this period of his life Libya, Asia Minor, and Scythia, and to have collected the information recorded in his treatise on "Airs, Waters, and Localities."

Some writers have inferred from the cases recorded in the Epidemics that he was not a successful practitioner; but it appears to me that it would be more correct to infer that he recorded faithfully all his experience, and that, contrary to modern practice, his unsuccessful as well as his successful cases are registered in his tables.

Be this as it may, it is certain that he ultimately returned to Coos, and devoted the remainder of his long and useful life to the teaching of medicine, by which he earned his livelihood, and to the composition of the books which have immortalized his name.

In extreme old age he revisited Greece, and died 357 B.C., at the age of 103 years, and was buried between Gyrtona and Larissa.

It appears nearly certain that Hippocrates never visited Athens during his travels, and that he had never heard of the famous plague of that city recorded by Thucydides, although he was thirty years of age at the time. From this circumstance it would appear that this plague principally concerned the Attic Greeks, and that Ionians, like Hippocrates, knew and cared little about it. The case of the sick woman in the "Liar's Market," recorded in the Epidemics, has been supposed by some critics to have occurred in Athens, but no doubt there were liars and liars' markets in other cities besides Athens; just as there are markets called the "Louse Market" in many cities of Russia, besides the famous one in Moscow.—'Dublin Medical Press.'

THE MEDICAL CIRCULAR.

MR. SYME ON MEDICAL EDUCATION.

The position of Mr. Syme as Professor of Clinical Surgery in the University of Edinburgh, and as an influential member of the General Medical Council, entitles his opinions to very great respect and attention, but we must not, solely on that account, neglect to notice the narrow views on which they are based, and the erroneous conclusions to which they tend.

One primary error in Mr. Syme's reasoning springs from the circumstance that his sphere of vision seems to embrace only the University of Edinburgh, or, at any rate, that University together with those of Glasgow and Aberdeen, and also that he regards these institutions as almost the only real Medical educational bodies in the British Empire. "The English Universities," he remarks, in a pamphlet he has just published, entitled 'Observations on the Present State of Medical Education, with Suggestions for its Improvement,' "are not known as Medical schools, and the value of their degrees depends chiefly upon the evidence of classical accomplishment which they afford, while the Universities of Scotland are the great Medical seminaries of the country, with teachers in every department appointed by public authority, with large hospitals, and with every other requisite for practical study. The cases of these institutions are, therefore, wholly different, the object of the former being to prepare a few fashionable physicians for metropolitan practice, and that of the latter to provide efficient Medical assistance for the general wants of the community."

Now, admitting that the only objects of the Medical department of the English Universities is to "prepare a few fashionable physicians for metropolitan practice," and admitting (although we think it very doubtful) another statement made in the same pamphlet, that "the Universities of Edinburgh, Glasgow, and Aberdeen, at present educate more Medical students than all the schools in London put together," yet we may ask is there no School of Medicine in Ireland, and are all our Metropolitan Hospitals, with their rich endowments, their efficient staffs of teachers, and their multitudinous appliances, to pale into insignificance before the splendour of the three Scotch Universities? Mr. Syme evidently thinks that these latter are incomparably superior, as Schools of Medicine, to all the English and Irish Universities, and all the Hospital and other Medical schools throughout the British dominions.

If Mr. Syme had entitled his pamphlet 'Observations on the Present State of Medical Education in the University of Edinburgh,' the title would have been infinitely more appropriate, and his remarks would have been rendered intelligible; for some of his statements are quite inapplicable to any other Medical educational establishment, and many of them, we apprehend, would be combated by his own colleagues. His remarks, for instance, upon the superfluity of the Chair of General Pathology in the Edinburgh University, are entirely of a local character, and probably have a personal bearing upon Dr. Henderson, the present occupier of that Chair, who is known to advocate homœopathic views in practice, and who is, perhaps, aimed at in the suggestion that if any lecturer should "allow an unruly hobby to carry him away from the field of practical utility into the regions of unprofitable speculation, or, still worse, should teach doctrines not conducive to sound practice," then Mr. Syme would "endeavour to correct the evil of his ways by remonstrance, by censure, *or, if necessary, by deposition.*"

We are not quite sure that the Homœopathic Professor of Pathology is the only lecturer whose "evil ways" Mr. Syme would endeavour to correct by these mild expedients, for in a passage immediately preceding that which we have just quoted, he tells us that he would treat in the same way those lecturers "who loaded the memories of their pupils with undigested or undigestible details." As we are informed at page 7 of the pamphlet, that the Professor of Practical Medicine has placed in the hands of his pupils a printed list of no fewer than eight hundred fevers (reduced in a foot-note by Mr. Syme to five or six hundred), and as Mr. Syme states that he himself is hardly able to digest even three—namely, synochus, synocha, and typhus, it is very likely that Dr. Laycock would also be subject "to remonstrance, or censure, or, if necessary, deposition.' Nay, we are not sure that the Professors of Chemistry and of Botany would not alike be censured and deposed, for Mr. Syme makes us acquainted with the fact, that Chemistry was once a science which anyone might comprehend, who possessed an ordinary degree of intelligence, but now none but persons of superhuman intellect can master its details; and as to Botany, it seems to have changed its character altogether, for Mr. Syme himself examined four students in Botany on one occasion, and found them totally ignorant of the science; but on the very next day, the same gentlemen appealed to the Professor of Botany, and passed a triumphant examination! It is quite clear, from this fact, that Mr. Syme knows much more about Botany than his colleague, the botanical Professor.

We are not quite certain that Dr. Hughes Bennett would altogether escape censure, even if he escaped deposition for the histological Professor is evidently slyly aimed at among the modern anatomists, who "by means of their microscopes have opened up an entirely new field of inquiry, and have thus extended their researches far beyond what the wildest imaginations could have anticipated.

If Mr. Syme, therefore, could have his own way, and possessed the power of remonstrating with, censuring, or if necessary, deposing, the refractory Professors of the University of Edinburgh, he might cut off "at one fell swoop" like Macduff's wife and children, the Lecturers on Pathology, Practice of Medicine, Chemistry, Botany, and the Institutes of Medicine; until, like the Kilkenny cats, who left nothing but their tails behind them, they would leave almost nothing but the Professor of Clinical Surgery, who would then constitute the University in himself. The minds of the students would thus be relieved of the neces

sity of acquiring an immense mass of useless details, and one sole examiner in the different departments of Medical and Surgical Science would reduce learning to its proper dimensions. Anatomy would return to its due limits, such as existed before the microscope lent wings to the wildness of the imagination of histologists; Chemistry, reduced to its ancient simplicity, would be content with the doctrines of the Archæus and of Phlogiston; and Botany, discarding the use of the microscope, and of an indefinite and unintelligible terminology, would become what it ought to be, in Mr. Syme's eyes—namely, "a most agreeable recreation," instead of what it is now, "one of the most oppressive weights on a student's mind." In Medicine and Surgery, the same care would, of course, be taken to prune away all useless redundancies; the five, or six, or eight hundred kinds of fevers would again shrink into two, or at most, three, and no new surgical operations would be tolerated, except by express sanction and permission.

Such might be the beginning of Medical Educational Reform at the University of Edinburgh, which, as being the chief, if not the only seat of learning, where Medicine is properly taught to the Anglo-Saxon race, or, indeed, to the *Universe*, would, of course, lead the van in a great and *essential improvement* in Medical education and examination throughout the world. When these essential changes have been effected in the method of teaching Medicine in the modern Athens, it will then be time for the other and inferior Medical bodies to set their houses in order, and to follow the example thus placed before them.

SUMMARY OF THE WEEK.

THE ACCOUCHEMENT OF THE PRINCESS OF WALES.

The curiosity naturally excited by this event has been stimulated rather than gratified by the accounts published in the pages of some of our contemporaries, but the fact is that the Medical attendants of the Court are forbidden by etiquette to give any information as to the condition of their Royal patients, beyond that which appears in the official bulletins. All the particulars published by our Medical contemporaries are little more than amplifications of the statement we made on the subject last week, unless indeed it be considered important for the public to know that the Royal infant is pretty, and very like his father, and that he is to have a wet-nurse, whose name is Mrs. Connor. Whether Mrs. Connor is a native of the sister *island*, or whether she is an Englishwoman of Hibernian *extraction*, we have not been able to ascertain; but it is certain that she is a married woman, of irreproachable character, and we are further informed that "she possesses the requisite physical qualities." One statement made in the 'Times,' that the infant, which is said to be one of seven months, weighed *nine pounds*, has astonished some of our Medical contemporaries, and has called forth from them a positive assertion that the Royal infant has never been weighed at all. Notwithstanding this solemn assurance, the statement of the 'Times' is repeated without any explanation or qualification in the 'Observer' of Sunday last; and we can only state, for the benefit of those who may not be practically acquainted with Medico-legal investigations, that it is very rare even for a child of the full period to weigh so much as nine pounds, and that the average weight is from six to eight. Supposing the Royal infant to be a seven months' child, the weight would probably be from four to six pounds.

THE NEW PRESIDENT OF THE MEDICAL COUNCIL.

On Wednesday last the Medical Council met at their rooms in Soho Square, for the purpose of electing a President in place of Mr. Green, and after a considerable discussion, Dr. Burrows was appointed. The discussion turned upon several points, a proposition having been started that a non-professional person, having a seat in Parliament, would be preferable to a Medical man, and some of the members of the Council supporting Dr. Stokes as the future President. Both propositions were over-ruled, and for very manifest reasons, as it was felt that the President ought to be a Medical man, and that he ought to be resident in London. The Medical Council will meet for the dispatch of business on the 25th of April, and it is said that reporters will be admitted to the meetings.

THE VACANT EXAMINERSHIP AT THE COLLEGE OF SURGEONS

The lucrative post of Examiner at the College of Surgeons will shortly be filled up. There are three gentlemen who stand nearest in point of seniority for the vacant office, namely, Mr. Gulliver, Mr. Partridge, and Mr. Hilton. It is said that Mr. Gulliver has declined to have himself put in nomination, and that the choice of the Council will fall on Mr. Hilton. If such should be the case, a vacancy will be caused in the Examinership in Surgery in the University of London, which Mr. Hilton at present holds, but which he will be obliged to vacate.

THE TOWNLEY CASE.

An entirely new light has been thrown upon this case by the publication, on the part of Sir George Grey, of all the correspondence which has taken place upon the subject. A number of vague rumours have been floating about as to the means by which the respite was obtained, and it was generally believed that the judge who tried the case, the governor and the surgeon of the gaol, and the Commissioners in Lunacy, were all convinced of the prisoner's insanity; but it turns out that such was not the truth. In fact most of the parties seem to have been puzzled and bewildered as to the real state of the matter, and Mr. Gisborne, the surgeon of the gaol, who gave evidence at the trial in favour of the prisoner's insanity, has now written a letter expressing his great doubts upon the subject, and the governor of the gaol has also written a letter declaring that he never considered Townley mad at all. Mr. Gisborne has been pretty sharply criticised for the varying opinions which it appears he has given at different times; but it is only fair to observe that the acute judge who tried the case appears to have been equally perplexed. Baron Martin actually wrote to Sir George Grey after the trial, recommending a further inquiry as to the prisoner's state of mind, but on

being pressed for his reasons in so doing, frankly though cautiously admitted that he had formed no decided opinion upon the point himself. Thereupon Sir George Grey requested the Commissioners in Lunacy to investigate the case, and three of their number accordingly went to Derby, and had a long interview with the prisoner, besides examining a great number of witnesses. The result of their inquiry was that although they could not consider him to be of sound mind, yet that "as he was in the same mental state as when he committed the murder and underwent his trial, they thought that, applying the law as laid down by Baron Martin to the case, he was justly convicted." The perplexity of all parties is really remarkable; Mr. Baron Martin sentences the man to death, but after the sentence he recommends a further inquiry to be made as to his mental condition, although he (Baron Martin) had formed no decided opinion on the point; the Commissioners in Lunacy do not consider him to be of sound mind, but still they think that Baron Martin was right in his summing-up and in his subsequent sentence; Mr. Gisborne, the surgeon of the gaol, is in doubt as to Townley's state of mind until nearly the end of the trial, when he pronounces him insane, and the governor of the gaol merely declares that he was in the same state of mind just before the trial as he was when he was first sent to prison, his meaning being that Townley was never mad. The real cause of Townley's respite, was the signing of a certificate under a particular Act of Parliament, by two justices of the peace and two medical men, to the effect that the prisoner was insane, and it seems that this certificate over-rode the authority of Sir George Grey, the sentence of the judge, the report of the Lunacy Commissioners, and it may be added, the feelings of a great part of the public. It must be admitted that the proceedings in the whole case, especially coupled with the execution of a poor wretched man named Wright, for an offence of a very similar character, have been exceedingly unsatisfactory, and although it cannot be denied that the law has been strictly observed in both instances, yet the result has strengthened the general opinion, especially likely to be caught up by the common people, that there is one law for the rich and another for the poor.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GEORGE JOHNSON contributes a "Lecture on Dropsy, its General Pathology, Prognosis, and Treatment." The lecturer reviews the principal causes of dropsy, whether existing in the heart, the kidneys, or the blood itself, or being caused by some local impediment to the free passage of the blood. He also briefly describes the general treatment of dropsy, according to the nature of the disease which has produced it. Mr. HOLMES COOTE offers some observations on the "Causes of Death after the Operation of Lithotomy," and after confirming generally the statements made by other writers as to the average mortality after the operation, he proceeds to narrate some cases in which features of special interest were presented. Hæmorrhage is not a common cause of death, notwithstanding the number of vessels involved, but Mr. Coote relates two instances in which death resulted from this accident. Mr. GEORGE NAYLER contributes "Some Clinical Reports on Squamous Diseases of the Skin," his present subject being Pityriasis. This affection is usually classed among the scaly diseases, but one variety of it, the *P. versicolor*, owes its existence to the presence of a parasitic fungus, the *microsporon furfurans*. Ordinary pityriasis is best treated by ointments consisting of mercurial preparations with glycerine and cerate; and the parasite of *P. versicolor* may be destroyed by the use of sulphur vapour baths, and the local application of some mercurial ointment. Mr. RICHARD HOLT describes a "Case Presenting Anomalous Symptoms of Apparently Hysterical Character." The patient was a girl aged fourteen, a patient in an hospital at Milan, who had regular paroxysms of a condition somewhat resembling catalepsy from one o'clock p.m. until three, and from five p.m. until five a.m. being conscious and comparatively well in the intervals. All kinds of treatment were inefficacious.

THE 'MEDICAL TIMES AND GAZETTE.'

PROFESSOR SIMPSON continues his "Clinical Lectures on the Diseases of Women," his subject being still Acupressure which he strongly recommends for the suppression of hæmorrhage, in preference to the deligation of arteries. He now argues the question whether secondary hæmorrhage is more likely to occur with acupressure or with deligation and he comes to the conclusion that it is more likely to occur with the latter, because the common local causes of secondary hæmorrhage in deligation consist of ulceration or sloughing of the arterial walls, resulting from the ligature itself, while in acupressure there is no necessary ulceration at all of the arterial tube, its cavity being obliterated merely by laying its internal surfaces in contact by the pressure of the needle. Dr. Simpson, after giving some cases in illustration, goes on to consider the general and special objections against acupressure, the general being those which are usually brought against all new proceedings in surgery, and the special being chiefly the supposed injuries inflicted upon the veins and nerves. The former objections are classed by Dr. Simpson among those once urged by the French surgeons who opposed Ambrose Paré's proposal to tie arteries instead of closing them by the actual cautery and as for the supposed injury to veins and nerves, it is not proved that any such injury ensues; on the contrary, it is shown that in one case acupressure was applied to the sciatic nerve itself to restrain hæmorrhage from its central artery, and no inconvenience resulted. Dr. PEACOCK continues his "Cases of Unusual Slowness of Pulse," and relates an instance of remarkable slowness of pulse coming on during convalescence from rheumatic fever. In summing up the causes of this peculiarity, Dr. Peacock remarks that the undue slowness of pulse may result either from a want of proper muscular irritability, or from a defect in the special nervous endowment of the heart; it may exist where this organ is extensively diseased, and in other ca

it may occur where there is no reason to suspect any defect in its structure. The intermittent pulse bears a very close analogy to the slow pulse, and occurs under very similar circumstances; it may accompany different valvular and other diseases of the heart, but it may be present when there is no disease at all. Mr. JOHN CLAY, of Birmingham, relates a "Case of Multilocular Ovarian Tumour, in which Ovariotomy was Performed." The case was complicated by the existence of omental and uterine adhesions, for which the *adhesion clamp*, formerly described by the operator, was employed. A large portion of omentum was removed, measuring two and a half inches by five, by means of this instrument. The stump of the pedicle was left in the cavity of the abdomen, a procedure which is considered by Mr. Clay as preferable to the plan of fixing the pedicle between the lips of the wound, which may involve the dragging of the pelvic viscera and the risk of peritonitis. The case was quite successful, and the patient was better and stouter after the operation than she had been for many years.

THE 'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

Physiological Characters of Menstruation in Disease.

Dr. Gubler, of Beaujon Hospital, demonstrates in a recent publication, that the oozing of blood, which, in many women, occurs shortly after menstruation in the incipient stage of acute febrile or inflammatory disease, is entirely unconnected with the true catamenial function, and the periodic escape of an ovule.

The discharge is constituted by simple sanguineous exudation, as the extremely short interval which has elapsed since the last catamenial period would tend to show. In one case, for instance, Mr. Gubler observed, one week after the occurrence of the menses in a young woman, aged twenty-three years, simultaneous nasal and uterine hæmorrhage, both extremely slight, and coinciding with the first symptoms of typhoid. Now, it is scarcely presumable that in so short a period an ovule could possibly have reached maturity, and indeed congestion and a sanguineous discharge from the womb, when we recollect that the ovulum and the enveloping Graafian vesicle require no less than a period of twenty-eight or thirty days to attain their full development.

It is, moreover, an acknowledged fact that these discharges assumed to be menstrual, occur under circumstances entirely incompatible with ovulation. Mr. Gendrin, in his *Médicine Pratique*, mentions a family in which three successive generations of girls were affected with irregular uterine hæmorrhage between the ages of six and eight; one of the children, who did not present this symptom, was liable to frequent bleeding at the nose, which persistently occurred up to the age of sixteen, when the catamenial function became established.

The same peculiarity is observed in women who have reached the age at which menstruation ceases. Mr. Gubler has noted sanguineous exudations of this description in women of seventy and eighty.

Another circumstance may be adduced in proof that the discharge of blood from the womb is not necessarily connected with ovulation: some women who have never menstruated, in the usual sense of the term, have nevertheless borne children, and present on the surface of the ovaria distinct indications of ovulation. Last year, a girl, aged twenty-three, who had never menstruated, died at hospital Beaujon; Mr. Gubler performed the autopsy, and found eleven cicatrices on the left, and six on the right ovary, in every respect similar to those observed in women whose catamenial functions are perfectly regular.

Mr. Gubler also relates the case of a woman, aged twenty-six, who was admitted into hospital Beaujon for typhoid fever; sanguineous exudation from the womb took place in the early stage of the disease, and after her death, which occurred on the eighth day, the ovaries were carefully inspected, and no signs whatever of recent ovulation were detected on the surface of these organs. This was, therefore, an instance of what the author denominates uterine epistaxis.

The knowledge of this form of epistaxis rectifies the views hitherto entertained as to the reciprocal influence of the menses on the progress of the acute disease. Our predecessors doubtless exaggerated the unfavourable action of fevers and inflammatory affections on the catamenial functions, but we would fall into an equally obvious error, were we to consider these morbid conditions as an invariable cause of the premature return of the menses. The error originates in a confusion between mere uterine exudation and genuine menstruation.

"Acute disease," says Mr. Gubler, "may either suppress or accelerate the menses, or exercise no influence whatever on the performance of the function. According to all appearance, the period is seldom hastened by more than one week. Acute affections may, on the contrary, induce uterine epistaxis as soon as eight days after the last menstruation, and at any time before the recurrence of the next period. It is chiefly in the premonitory stage of fevers that the circumstance alluded to arises, but it may coincide with other dates of the evolution of pyrexiæ. The amount of the exudation, and its frequency are dependent on the gravity of the case, the tendency of congestion of the hypogastric viscera, the softening of the tissues, and the presence of the hæmorrhagic diathesis, consequent on a morbid condition of the blood. Uterine epistaxis is, for these reasons, more commonly met with in the incipient stage of thoracic and abdominal inflammation, of typhoid, erysipelas, or febrile eruptions, and especially in the prototypes of the class measles, scarlatina, and small-pox.

On the treatment it is unnecessary to dwell; medical interference being required in cases of copious hæmorrhage only. But the practitioner must in future be aware that he is not bound to remain inactive, as in the case of genuine menstruation.

Wound of the Penis.

Dr. Veilliard, of Yerres, recently communicated to the 'Société Medicale d'Emulation,' the case of a young farmer, who was severely bitten by a restive horse. The animal grasped with his teeth the man's trousers, and tore off the integuments of the penis, together with the glans. The stump left after this fearful mutilation was about one inch in length, but the tissues were so lacerated that the surgeon was unable to discover the meatus of the urethra.

Trifling hæmorrhage, supplied by one of the dorsal arteries, was checked by cold lotions. The use of refrigerants was persevered in, and after several hours of severe pain, the patient was at last enabled to evacuate the contents of the bladder. The accident occurred on the 3rd of March, 1861. On the following day the wound was dressed with cool anodyne poultices. On the 5th, a slight amount of fever supervened; retention of urine lasted twenty-four hours, and relief was obtained only after a bath; compresses impregnated with tepid water were applied to the injured parts and covered with oil silk. On the 6th, healthy suppuration was fully established, but the denuded penis was found covered with a dark-coloured substance of gangrenous aspect, which was detached by repeated lotions, and consisted of coagulated blood. The wound soon granulated, and six weeks after the accident a complete cure was effected.

Mr. Veilliard describes as a peculiarly painful symptom the convulsive retraction of both testicles, due to spasmodic action of the cremaster muscles, which, in young subjects, are powerful.

The case presented, in addition, several interesting particulars with regard to the genital and urinary functions. After cicatrisation, the new meatus presented the aspect of a funnel-shaped aperture, which readily admitted a catheter, a line and a half in diameter. After an interval of

eleven months the mutilated organ had considerably increased in size, and the singular facility with which the easily displaced skin of the scrotum and abdomen lend themselves to the repair of adjacent tissues accidentally destroyed, was here displayed in the most remarkable manner. The penis had then acquired a total length of eighteen lines, the scar was perfectly solid, and the funnel-shaped orifice was replaced by a circular ring into which converged a number of radiated folds. The stream of urine was small but sufficient, and erection was effected without pain. The young man's disposition had undergone the changes usually coincident with severe injuries of the external organs of generation.

In the debate which followed the communication of this interesting case, Messrs. Depaul and Larrey agreed with the reporter, M. O. Lecomte, that Mr. Veilliard had been entirely justified in not placing a catheter permanently in the bladder during the process of cicatrisation, a practice which amputations of the penis have shown to be unnecessary. This precaution is required only when phlegmonous inflammation determines retraction of the meatus. Under different circumstances, the catheter does not prevent the formation of traumatic stricture, and increases the tendency to feverishness, and to the nervous complications which frequently occur in wounds of this description.

THE NEW PHARMACOPŒIA.

This long expected volume has at last been completed, and it will soon be in the hands of the Profession. At the last meeting of the Medical Council, which was assembled for the purpose of electing a President in the place of the late Mr. Green, a copy of the new Pharmacopœia was presented to each member before the termination of the proceedings. We have been favoured with a view of the work, and we hasten to lay before our readers a brief account of the nature of the book itself, and of the novel features which it presents.

It is an octavo volume, consisting of four hundred and forty-four pages, and is divided into several parts, arranged under distinct heads. It is written in English, but the names of the substances used in the practice of medicine, are still presented in the Latin language, with the English equivalent name placed immediately underneath. The price is 10s. 6d., and as it will be almost absolutely essential for every Medical practitioner, as well as for all pharmaceutists in Great Britain or the colonies, to possess a copy, the sale is likely to realise a very considerable sum. The Preface, in fact, cautions all the members of the Medical Profession that in order to exercise their calling with safety, "it is incumbent on them to make themselves familiar with the changes effected in the present work." The Preface explains at some length the difficulties which have occurred in harmonising the conflicting views entertained in the different divisions of the United Kingdom, as to the consolidation of the several formulæ, and in presenting a uniform Pharmacopœia, instead of the three formerly existing, and it goes on to explain the general plan on which the contents have been arranged. We shall presently glance at this arrangement, but in the meantime, we may observe that, with regard to the essential point of the weights and measures, the latter remain the same as heretofore, but in the case of the weights, the grain is made the standard, 437·5 grains making an ounce, and 16 ounces making a pound. The use of the drachm and scruple weights is to be discontinued, as it would involve the use of fractions, and in prescribing, therefore, gr. xx., or gr. lx., or their multiplies, will be used, instead of the symbols ℈j. or ʒj.

The First Part of the new Pharmacopœia contains a list of the Materia Medica, or the substances used in medicine, arranged in alphabetical order, the Latin name being placed first, then the English name, then the chemical composition, and a general description of the substance mentioned, so as to distinguish it from all other bodies. This part is analogous in arrangement to the corresponding part of the old Pharmacopœia, making allowance for the numerous changes introduced.

The Second Part, also analogous to that in the old Pharmacopœia, contains the preparations and compounds, and describes the manner in which the different articles are obtained from the crude materials. This part appears to us to be a mistake, because a very large space is occupied by the description of formulæ, which are interesting enough in a pharmaceutical and chemical point of view, but which nobody needs to follow unless he chooses to do so. For instance, directions are given for the preparation of hydrochlorate of morphia, aconitia, and such like substances, but other and cheaper, or more expeditious methods may hereatter be devised than those here set forth, and, indeed, there are often already several equally efficient methods for obtaining the same substance, and the manufacturer will follow that which best suits his own convenience. Hence we think that the details given in this part merely swell the bulk of the book without really adding to its value.

The Third Part, unlike the corresponding part in the old Pharmacopœia, consists of a copious appendix, divided into several sections. Appendix A contains the articles employed in the preparation of medicines, although not medicines themselves, as for instance, ferrocyanide of potassium, which is used in the preparation of prussic acid together with a number of well-known substances, such as bread, white of eggs, &c. Appendix B is subdivided into sections,—1, comprising articles employed in chemical analysis, and with which chemists are well acquainted, the acids, alkalies, salts, &c., used as re-agents. 2. Test solutions for qualitative analysis, such as solutions of sulphate of copper, iodide of potassium, &c., all being of a certain and determinate strength. 3. Test solutions for volumetrical analysis, the object being to determine the quantity of a substance by the amount of its absorption by a given re-agent, as, for instance, nitrate of silver for determining the amount of chlorine, oxalic acid for alkalies, soda for acids, &c. Appendix C contains a table of symbols, and atomic weights; and this, with the index, completes the volume.

At present, we can only glance at some of the important changes made, many of which will, no doubt, be the subjects of active criticism, and, very probably, of disapprobation. Among the minor changes, we may observe that

Cerates are abolished, these substances being all merged in the Ointments; and Trochisci, or Lozenges, are, for the first time, introduced. Another change of a more important, but, as we think, of a very questionable character, is the insertion of the word opium in all the preparations which contain that drug. It is generally understood that it is sometimes undesirable for patients to know that they are taking opium, and, therefore, the word was excluded from the Pulvis Ipecacuanhæ Compositus, the Tinctura Camphoræ Composita, the Pilula Saponis Composita, &c., but now these compounds are written Pulvis Ipecacuanhæ cum Opio, Tinctura Camphoræ cum Opio, Pilula Opii Composita, &c.

Another change to which no objection can be made is the abandonment of the attempt to represent, in the name of each drug, the nature of its chemical constitution, and in every case, where it is possible, the common name is restored. Thus the chloride and the bichloride of mercury return to their old names of calomel and corrosive sublimate, the liquor potassæ arsenitis becomes the old liquor arsenicalis, the potassio-tartrate of antimony is the antimonium tartaratum, the nitrate of bismuth, bismuthum album, and so on. This change has been deemed necessary in consequence of the novelties continually springing up in chemical nomenclature, and the different views entertained by equally eminent authorities as to the constitution of bodies. The terminology of many names has been altered, and many of our old acquaintances appear in a novel garb; thus, for instance, Chlorine and Iodine are now Chlorum and Iodum, Calx Chlorinata is Calx Chlorata, Quina is Quinia, &c.

In concluding the present brief abstract, we proceed to notice the NEW MEDICINES introduced into the Pharmacopœia, and in a subsequent number we shall give a list of the old ones which have disappeared. We cannot, at present give more than the most important of the novelties, which, from the circumstance that they are now for the first time introduced into the National Pharmacopœia, we shall distinguish by capital characters. ACIDUM ACETICUM GLACIALE; ACIDUM SULPHUROSUM, which is a solution of sulphurous acid in water; AMMONIÆ BENZOAS; AMMONIÆ PHOSPHAS; ANTIMONII OXIDUM; ARGENTI OXIDUM; ARNICA; BEBERIÆ SULPHAS, Beberia being obtained from the *Nectandra Rodiœi*; BELA, Bael, obtained from the *Ægle marmelos*; CALCIS PHOSPHAS; CHIRATA, the chiretta; COCCULUS INDICUS; COLLODIUM; CUSSO, the kousso; DIGITALINE, the active principle of digitalis; FEL BOVINUM, or ox-gall; FERRI ARSENIAS; FERRI ET QUINÆ CITRAS, a very useful and well-known preparation; FERRI PHOSPHAS; FILIX, or Fern, of which the liquid extract is the officinal preparation; GLYCERINUM, Glycerine; HEMIDESMUS INDICUS, allied to Sarsaparilla, and of which a syrup is to be used; JALAPÆ EXTRACTUM; KAMELA, an anthelmintic obtained from the *Rottlera tinctoria*; LAURO-CERASUS, or cherry-laurel; LITHIÆ CARBONAS and L. CITRAS, lately introduced for the cure of gout; LUPULINA; PODOPHYLLI RESINA; POTASSÆ PERMANGANAS, and POTASSII BROMIDUM; SACCHARUM LACTIS, or Sugar of Milk, said to be useful in promoting the formation of lactic acid in the stomach; SANTONINUM, a vermifuge, obtained from the *Artemisia Santonica*; SCAMMONIÆ RESINA; SODÆ ARSENIAS; SPIRITUS PYROXYLICUS, or hydrated oxide of methyle, used in preparing the methylated spirits of wine; and ZINCI VALERIANAS, a very useful tonic and anti-spasmodic.

Many other drugs appear at first sight to be new, but they are really only old friends with new faces, and we have not included many substances which are merely varieties of other bodies already used and well known. The above, therefore, is by no means a perfect list of the novelties; but, as far as it goes, it may be relied upon with safety.

GENERAL CORRESPONDENCE.

THE CASE OF CANDLER *v.* PEAT.

"Audi alteram partem."

To the Editor of the Medical Circular.

SIR,—Had it not been for the interposition of numerous friends, I should not have condescended to notice the attempts made in your Journal, and various other newspapers, to lead the Profession and the public to believe that I was a party to the institution of this action, in which I have always studiously avoided interfering.

Having put myself in communication with Mr. Bennett, my former assistant, I received the accompanying letter, which fully explains the facts, and which I think should satisfy the Profession that I had no wish to appear in the case, but did everything in my power to keep out of the contention.

Regarding the letter I wrote to Mr. Bryant on the 27th of March, 1863, I have merely to state that, in doing this I was solely actuated by pure motives for the benefit of suffering humanity; that my only object was to ascertain if he could suggest any further mechanical contrivance for Candler's relief; and that the communication was a confidential one to Mr. Bryant as a consulting surgeon, which I understand was demanded from him previous to the trial, although not produced in court, and published, not only without Mr. Bryant's sanction, but after such had been asked and refused. This, the accompanying note from Mr. Bryant, will sufficiently prove.

Having said thus much, in order that I might free myself from the imputation attempted to be made on the minds of my Professional brethren and the public, I have merely to add that I shall not enter into any further correspondence on the subject, having now given, once and for all, an emphatic denial to the unwarrantable charge against me.

Trusting you will find a space for these communications in your Journal,

I am, yours sincerely,
JAMES HENRY SMITH, Surgeon.

Manningtree, Essex, Jan. 12, 1864.

(COPY OF MR. BENNETT'S LETTER.)

Chesham, Bucks, 11th January, 1864.

MY DEAR MR. SMITH,—I was very sorry to see by the MEDICAL CIRCULAR this morning, that it is attempted to impress on the minds of the Profession and the public, that you were the instigator of the trial, Candler *v.* Peat. Being your assistant at the time, and as I happened to be the person who answered Candler's summons to attend him, I must be allowed to have a knowledge of the facts of the case. I think it right that I should explain to the Profession that you always expressed your unwillingness to have anything whatever to do with Candler's case, and, when

you heard that an action was pending, you at once expressed your determination not to have any concern in the matter. More than this, you repeatedly sent me to tell Candler that you would neither appear in the case, nor have anything whatever to do with it.

On my first visit to Candler, he told me that he accidentally met a legal gentleman, who had occasion to come to Mistley, who asked him why he was lame, and on Candler telling him of his case, he (the lawyer) asked him why he did not make the surgeon pay for it, as he was sure he could recover damages: this, I believe, was the first instigation of the action. I am also aware that you did not fully examine Candler's foot, but referred him to several other surgeons.

The above ought, I think, to prove to the public that you endeavoured in every way to keep out of the matter, as I am confident you did.

Your frequent visits to Candler's house, in attendance on his son, might possibly leave the people in the neighbourhood to suspect that you were encouraging Candler to bring this action, of which I know you to be perfectly innocent.

I send you this letter, and you can use it if you think proper. With kind regards, I remain,

Yours faithfully,

HUGH BENNETT.

J. H. Smith, Esq., Manningtree.

(COPY OF MR. BRYANT'S LETTER.)

2 Finsbury square, January 11, 1864.

DEAR SIR,—Your partner, Dr. Cook, has just called on me respecting the publication in some papers of a private letter I received from you on March 27, 1863. I have no hesitation in stating that such a thing has been done without my sanction. Yours truly,

J. H. Smith, Esq. THOMAS BRYANT.

[This correspondence will be read with satisfaction by the Profession, and especially by the Medical practitioners of Colchester and its vicinity, who, we understand, are about to call a meeting upon the subject.—ED. MED. CIRCULAR.]

THE MEDICAL REGISTRATION ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—It is doubtless in the recollection of the majority of your readers that a society was established, a few years since, by a body of London Medical men, with a view of checking, by the aid of law, an amount of rampant quackery, that not only vitally injured the legitimate interests of the Medical Profession, but too often emptied the pockets and ruined the health of its unhappy dupes. The establishment of such a society was the more necessary, as the last "Medical Act" was *inoperative* for such a purpose, however good in theory; the highest Medical body, the Medical Council, declining to prosecute in any case, however flagrant, although armed with the prestige of government power.

The Society succeeded in putting down some of the more notorious quacks, and in checking the iniquities of others; and would, at this moment, have been in active operation, but for that miserable want of *esprit de corps* and short-sighted apathy to their *own interests* that more particularly characterise our profession above all other bodies of men.

In carrying out legal proceedings, in obtaining necessary evidence to convict, &c., &c., the committee, formed of well-known Medical men of standing, found their funds (never large) gradually exhausted, leaving them with a debt incurred solely *in the defence* of the professional interests of each one of us.

Now, I ask your readers, is it not degrading in the extreme, to us, as a Medical body, that our late respected President, Mr. Lavies, of Great George st., (Mr. Fergusson having preceded him in that honourable office), should be put to the annoyance of legal proceedings for debts, &c., incurred, which a few shillings from a fourth of the profession, even in town, would more than cover? Is it creditable that those members of the late committee, who, like Mr. Fergusson and Mr. Lavies, gave their time, trouble, and money to protect their brethren from the quacks, should be left to struggle, almost unaided, in assisting to remove an odium that falls upon each one of us?

As a subscriber to the fund for relieving Mr. Lavies from an unjust oppression, which we are bound to remove,

I remain, Sir, yours faithfully, M.D.

London, 13th Jan., 1864.

Subscriptions will be received and acknowledged by Dr. G. H. Wright, 23 Somerset street, Portman square.

IRIDECTOMY.

To the Editor of the Medical Circular.

SIR,—In your leading article, dated Jan. 13, you invite a discussion upon the subject of Iridectomy, intimating, at the same time, a bias in your own mind unfavourable to that operation, whilst you express your readiness to be convinced, if sufficient evidence of its value can be placed before you. With every respect for the opinions of yourself, and the many eminent surgeons who think with you, I beg leave to lay before you a few of the arguments in its favour. And first, with respect to glaucoma itself, although it must be confessed, the pathogenesis of this disease is somewhat obscure, yet there is abundant evidence to prove that one of its most characteristic features is tension of the eyeball, associated with choroidal congestion, leading to atrophy of the optic nerve, and destruction of the function of the retina, the latter effects, manifestly, the result of continuous tension; for a more detailed description of these changes, I must, however, refer the reader to Mr. Hulke's admirable paper in the 'British Medical Journal,' published in November last.

Tension of the eyeball, then, and consequent cupping of the optic disc being the earliest of that series of morbid actions which ultimately lead to glaucomatous degeneration various modes of treatment have been resorted to, in order to arrest the progress of the disease in this its earlier stage but all unhappily without success, until it occurred to Von Græfe that, as iridectomy gave relief in tension from closed pupil, it might also do so in glaucoma, and the result appears to have fully realised his anticipations. Such, then being the position of the question from the Iridectomist's point of view, it becomes our duty to consider what may be advanced on the other side of the question. The opponent of this operation urge, first, that it is unnecessary, inasmuch as all the good results obtained by it are as well, or better obtained by evacuation of the aqueous humour by tapping the cornea; and, secondly, that where the latter operation fails to do good, iridectomy will fail also. To this I can only answer, that I have myself seen the operation of tapping the cornea fail, though twice repeated, the disease meanwhile increasing, whilst the subsequent performance of iridectomy has been attended by the most satisfactory results, nor can I conscientiously say I have ever seen permanent benefit result from tapping in acute glaucoma. I hope to be able, in a future number, to give the particulars of a few cases bearing upon the point at issue.

I am, &c., CHIRURGICUS

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

MR. PRESCOTT G. HEWETT, PRESIDENT.

Some explanations were offered by Dr. Crisp on a case which he had shown at a preceding meeting of the Society.

EXFOLIATION OF THE MUCOUS LINING OF THE BLADDER.

A report by Dr. A. Clark, Dr. Murchison, and Mr. Henry Thompson was read on Mr. Henry Lee's case of Exfoliation of the Mucous Membrane of the Male Bladder. It affirmed the preparation to be a true exfoliation of a great portion of that membrane in an entire although partially disintegrated condition.

Dr. WILKS exhibited a similar specimen illustrating the condition.

Mr. MARTIN showed a large portion of membrane derived from the bladder of a woman who had long continued retention after labour. The urine, which was very offensive, had then to be drawn off twice daily. At about a month subsequently, retention recurred. Mr. Martin examined the parts, and discovered "a slough" presenting at the urethra, and he removed it. Next day there was again difficulty; and in the evening the patient herself withdrew a much larger portion exactly like the previous one. Relief followed immediately, and he had no doubt it was the mucous membrane of the bladder. She regained her health, but suffers still from irritability of the bladder.

[This preparation had been examined by the same gentlemen, and believed to be a genuine exfoliation also.]

Mr. S. WELLS showed two specimens in illustration of this condition. He thought the report on one specimen shown by Mr. Maunder the year before last was in error, and that it was not a portion of bladder from a lower animal as then suggested. He read an extract from the "Pathological Transactions" for the session 1861-62 describing the case. The two specimens he had to show to night, which had also been seen at the Obstetrical Society, were undoubtedly exfoliations from the bladder of the female. They were the results of long-continued retention. He referred also to a case of Mr. Liston's in a male subject.

Mr. H. THOMPSON would remark, in reference to the report which he and Dr. Murchison had made on the case Mr. Wells alluded to, that there was no kind of doubt that exfoliations *did* take place: the two specimens on which he *had just read* reports were examples, and at the *last meeting* he had described Mr. Liston's case as another example. But the question raised now by Mr. Wells was this: Was the case of Mr. Maunder, now two years old, a genuine example or not. He gave the reasons which induced him to believe that it was not, but that it was a bladder from one of the lower animals; stating that the late Dr. Knox and Dr. A. Clark, who examined it carefully, coincided in that opinion.

Mr. MAUNDER said he did not dissent from the conclusion respecting his case arrived at by Dr. Murchison and Mr. Thompson. He had not himself removed the membrane from the bladder; it was shown to him by the patient, who stated that she had done so.

Dr. HARLEY observed that there was an exceedingly strong resemblance between the genuine and the false material in these cases, and that the closest examination was necessary in order to distinguish between them; but this would not prove sufficient without a knowledge of the history and symptoms of the case.

Mr. CALLENDER referred to the necessity which existed for accompanying all specimens submitted to examination with a detailed written account of their history and symptoms, before sending them to a committee for report.

The PRESIDENT enforced this suggestion.

After a few more conversational remarks from Dr. Camps, Dr. Bristowe, and others on this subject, the next preparation was exhibited, namely,

CANCER OF TRANSVERSE COLON.

Mr. CALLENDER showed a specimen from a man who had suffered from abdominal tumour for two years. Of late it appeared to be pulsatile, and had diminished much in size suddenly. The post-mortem showed it to be medullary cancer of a very vascular kind. The coils of small intestine, glued together in front, made a kind of cavity, into which the transverse colon opened.

Mr. S. WELLS spoke of a case in which there had been some bronzing of the skin, which disappeared afterwards. It was a case of malignant disease in the abdomen.

The PRESIDENT referred to a large tumour in the abdomen of a gentlemen. In travelling home from abroad he was much shaken, a large evacuation took place, and the tumour became smaller. He died lately of phlebitis: there was a second evacuation of matter passed by stool shortly before death. The autopsy showed a mass of cancer opening into the transverse colon, which perhaps had shrunk down, and had to that extent been discharged by evacuation.

EXTERNAL CANCER.

Mr. ALLINGHAM showed a tumour of a cancerous character, which he had removed from the wall of the abdomen. It was enucleated with much bleeding. A fresh growth took place from the bottom of the wound, and this he had completely removed yesterday.

TINEA TONSURANS AND HERPES CIRCINATUS.

Dr. MURCHISON showed microscopic specimens of the fungus from these so-called distinct diseases, corroborating the growing belief that they were allied or identical. In two or more of each of these cases he had examined the fungus, and found it identical in each. In all, the disease got well during convalescence from an attack of scarlet fever, which appeared to have cured the skin affection.

Dr. HILLIER believed confusion to have arisen from two diseases being confounded under the name of herpes circinatus. One was a true vesicular disease without a parasite, a real herpes in a circular form; the other a furfuraceous disease with a parasite.

BONY GROWTH WITHIN THE EYEBALL.

Mr. COUPER showed this, removed by Mr. Critchett, relating the symptoms and conditions which led to the operation. The eyeball was nearly filled with the growth, which was undoubtedly bony.

Mr. MAUNDER showed

TWO CALCULI REMOVED BY MEDIAN OPERATION,

which he thought a favourable result from their size, and as showing that this operation was well adapted for such cases. He alluded to an eruption which followed immediately after the operation, and appeared to prove fatal. Eruptions occasionally did appear to follow operations. He would be glad to know the experience of surgeons on this point.

Dr. G. HEWITT illustrated the last-named fact from a case of his own after operation on the female urinary organs, and referred to Scanzoni, who described urticaria as succeeding to such procedures.

Dr. MURCHISON remarked on the likelihood of its being scarlet fever.

Dr. BROADBENT had seen three cases of scarlet rash following surgical operations, but not scarlet fever.

Dr. CRISP alluded to a case which was fatal after circumcision.

Mr. CALLENDER said that such eruptions were not uncommon after surgical operations. In a case of stone in a child a month ago, rash appeared twenty-four hours after the operation. The child was now suffering.

Mr. H. LEE stated his belief that such eruptions were not uncommon. He could instance three cases, one of death after circumcision on a child, after thirty-six hours; in the other there appeared to be secondary deposits in the system.

Mr. MARTIN alluded to a case.

Dr. HARLEY doubted whether these were all similar cases. A red eruption following a few hours after operation was not the eruption referred to by Scanzoni, which was urticaria, and which was not so uncommon.

Mr. WELLS thought these eruptions were common. Urticaria had followed ovariotomy, and petechial rash was a sign of blood-poisoning. He knew a patient who never had a speculum passed without a red rash following.

Dr. CAMPS differed with relation to blood-poisoning. In a case of hysteria in the male he had seen a fit followed by urticaria, and thought these rashes were nervous, and not blood-poisoning.

Dr. HILLIER said that this distinction must be drawn. Urticaria might be, and undoubtedly was, often nervous, and not the result of blood-poisoning.

COLLOID GROWTH.

Mr. CANTON removed this from the leg. It had been of little inconvenience during life, although large. It lay close to the sciatic nerve. The specimen was removed ten days previous to the meeting, and was preserved perfectly fresh in appearance by keeping it in a vessel with the vapour of chloroform.

ANEURISM OF THE AORTA.

Mr. C. CAY showed for Mr. Trotter a preparation of this affection from a sergeant in the Coldstream Guards. Very

few symptoms indeed had been observed, and sudden death occurred from bursting into the œsophagus.

MALFORMED AND HYDROCEPHALIC CHILD.

Mr. CALLENDER showed the body of a young child. He would call attention to certain derangements of the cephalic nerves resulting from hydrocephalus. The child became the subject after birth of double talipes (calcaneus).

JANUARY 5TH, 1864.

REPORT OF THE COUNCIL.

In accordance with the established rule of the Pathological Society, its Council presents to the members an annual report, embodying a brief account of the progress which has been achieved during the past year, as well as of the position and prospects of the Society.

It is a noteworthy fact that throughout its whole career, a period of eighteen years, the Council has been enabled to furnish an annual record of progressive prosperity. No exception to this happy experience has yet been furnished; and it is with no small gratification that now, on the occasion of another anniversary, your Council is able to announce, not merely that the present report maintains the character of its predecessors, but that it records an amount of success beyond that of several preceding years. To commence with the subject of finance:—

The total receipts for the past year have amounted to 353*l.* 1s. 4d.; of which 12*l.* 8s. 1d. has been realized by the sale of the "Transactions," and 5*l.* 14s. 3d. as dividend from stock, leaving as the amount of subscriptions the sum of 334*l.* 19s. Of this, 45*l.* 3s. has been received as life fees, and as composition fees from non-resident members; and will, in accordance with previous practice, be invested in Three per Cent. Consols. Besides this, there is a balance of 190*l.* 18s. 5½d. from the preceding year, making a total of 543*l.* 19s. 9½d.

Of this, 119*l.* 19s. has been added, by order of the Council, to the Society's funded property. The total expenditure amounts to 329*l.* 3s. 3d.; leaving in the treasurer's hands a balance of 78*l.* 2s. 6½d., to be carried forward to the account of the current year.

The amount of stock in Consols held by the trustees for the Pathological Society is now 259*l.* 13s. 5d.

Next, in relation to numerical strength, it should be stated that the Society is at this moment constituted by a larger number of members than at any previous period of its existence. The average attendance at its meetings is also higher—a fact which demonstrates the increasing interest which attaches to the operations of the Society.

The supply of pathological specimens has been more than ample, and, on most evenings, more than sufficient for examination, to say nothing of discussion. If any ground of complaint could possibly be alleged, it arises from an absolute superabundance of valuable examples of morbid product. The often imposing list, the reading of which commences the proceedings of each meeting, sometimes suggests such a reflection as the following:—"It is true that each of these preparations is intrinsically valuable and interesting—that it is necessarily so to the exhibitor, who has watched narrowly the phenomena which have marked its development; but has it been considered whether the specimen subserves also that purpose which is, after all, the higher one—namely, to afford interest and perhaps instruction to many of the hundred members whose time will be occupied by its examination, or of the four hundred who pay for its record in their annual volume?"

In conclusion, it remains only for the Council to state that the energy and activity which have already signalised the career of the present session, offer the prospect of a valuable forthcoming volume as the result of those useful labours which so many of the members have prosecuted on behalf of the Society.

The adoption of the report was moved by Dr. Johnson, seconded by Dr. Murchison, and unanimously carried.

Mr. CURLING next, in appropriate terms, moved the thanks of the Society to the retiring officers.

Dr. WILKS seconded the motion, which was unanimously carried.

The PRESIDENT next adverted to the fact, that the Society would this year lose the services of one of its highly valued secretaries; and with a warm eulogium on his long-sustained efficiency in the post he was about to vacate proposed a special vote of thanks to Mr. Henry Thompson.

This vote having been carried by acclamation, Mr. Thompson replied.

OBSTETRICAL SOCIETY OF LONDON.

JAN. 6TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows:—Alfred G. Brown, Esq., Woolwich; Dr. Fleetwood Buckle, Royal Mint; William Gilbee, Esq., Melbourne, Australia; Edward Head, M.B., Harley street; L. J. Martin, M.D., Melbourne, Australia; Dr. Playfair, London; Dr. Pugh, Melbourne, Australia; Dr. Ritchie, London; B. M. Walton, Esq. Hurstpierpoint; Dr. W. M. Whitmarsh, Hounslow.

Dr. MADGE gave a short account of a case of

LESION (RUPTURE?) OF THE PLACENTA,

occurring in a patient who aborted two or three days after falling downstairs. She was four months and a half pregnant. She was carrying a pitcher of water upstairs, and fell forwards, the bone of her stays coming with great force against the lower part of the abdomen. The placenta contained a clot of blood, which Dr. Madge was inclined to believe was the result of rupture of the placenta at the time of the accident.

Dr. OLDHAM and Dr. DRUITT doubted the correctness of the view expressed by Dr. Madge.

Dr. E. DAY related a case of

EXTRA-UTERINE FŒTATION, AND INDUCTION OF PREMATURE LABOUR.

A specimen was exhibited consisting of the uterus of a woman in whom premature labour had been induced, together with an old extra-uterine fœtation. She was attended at King's College Hospital in her sixth labour in 1859, when a tumour was felt behind the uterus; this was pushed up and labour proceeded well. In January, 1861, Dr. A. Farre induced premature labour at the eighth month, the tumour still existing. In August, 1862, she was delivered of a seven months' child, the tumour being still present. She became pregnant in January following, and came again under notice in May. Labour was induced at seven months and a half by an air caoutchouc dilator. The membranes were subsequently ruptured, turning performed, and a dead child extracted. The woman died two days after from floodi The post-mortem examination showed that the tumour behind the uterus in the recto-vaginal pouch, and which during life the size of a goose-egg, consisted of a fœtus the size of one from three to four months old, enclosed in thin cyst, attached to the peritoneum on the right side of rectum. The right Fallopian tube contained a tumour apparently the remains of an organised clot, and remain decidual membrane.

Mr. S. NEWMAN, of Bury St. Edmunds, exhibited

THE GUIDE-HOOK: A NEW OBSTETRIC INSTRUMENT.

The instrument is simply a blunt hook, with the addition of a prow or guide on the convex side. The addition of guide is to favour the adjustment of the hook into many positions in which a hook is required, to assist in breaking up the base of the skull, and in sundry other manipulations.

Dr. DAY exhibited a specimen of Adhesions between Uterus and the Rectum, dragging down the fundus; and inquired of the Society as to the possibility of stretching such adhesions by treatment.

Dr. OLDHAM and Dr. GRAILY HEWITT made some remarks.

ANNUAL MEETING.

The Report of the Auditors of the Accounts of the Society was first read. The balance-sheet showed a balance in hands of the Treasurer of 225*l.* 12s. 3d.; while, in addition to this, there was invested in consols the sum of 55 which latter sum 150*l.* had been invested in the course of the last year. The amount of subscriptions received d

the year was 474*l.* 12s. The sale of the "Transactions" during the year had realised 55*l.* 17s. 1d.

It was moved by Dr. ROUTH, seconded by Dr. CLEVELAND, and carried,—That the Report of the Auditors be received and entered in the Minutes. Dr. Routh alluded in terms of very congratulatory character to the exceedingly satisfactory financial position of the Society, which he considered reflected the greatest credit on the management.

Mr. BRYANT and Dr. TILBURY FOX moved and seconded a vote of thanks to the President and Officers of the Society for their valuable services during the past year.

Dr. OLDHAM and Dr. GRAILY HEWITT returned thanks.

The list of "Donations" during the year having been read, the President announced the result of the ballot for Officers for 1864 to be as follows:—Hon President: Sir Charles Locock, Bart., M.D.—President: Dr. Oldham.—Vice-Presidents: Dr. Druitt, Dr. Gream, Dr. Greenhalgh, Mr. Hardey (Hull), Dr. Swayne (Bristol), Dr. Tanner.—Treasurer: Dr. Barnes.—Hon. Secretaries: Dr. Graily Hewitt and Dr. Hicks.—Other Members of Council: Dr. Clay (Manchester), Dr. Cleveland, Dr. Hall Davis, Dr. Drage (Hatfield), Dr. Gervis, Dr. Hall (Brighton), Mr. Harrison (Reading), Dr. Langmore, Dr. Meadows, Dr. Madge Mr. Mitchell, Dr. Murray, Mr. Ray, Dr. Richards, Dr. Tyler Smith, Mr. Symonds (Oxford), Dr. Tapson, Dr. Wilson (Glasgow).

The PRESIDENT then delivered the

ANNUAL ADDRESS.

He remarked that the task before him was of a pleasing character. He had nothing to recount but progressing prosperity on the part of the Society. During the past year not a jar or discord had occurred. Forty-one new Fellows had joined the Society, making the present number of Fellows 535. Amongst these were gentlemen from our most distant colonies, as proof of which he might mention that this very evening three members of the profession residing at Melbourne had been elected Fellows. In Constantinople, in India, in New Zealand, Jamaica, New South Wales; the Society had extended its ramifications. The character of the debates, the authority of its judgement on disputed points, the large sale of the Society's "Transactions,"—all these facts showed its popularity, and the estimation in which it was held by the Profession. He doubted whether those who still withheld their presence from the Society rightly measured the great interest felt by practitioners in all relating to obstetric practice. That interest he believed to be even stronger than that felt in the other great divisions of our profession. The independent and efficient organization of this Society was required to do for obstetrics what the previously existing Societies had failed to effect.

The financial state of the Society was highly satisfactory. 550*l.* invested in the funds, and a balance of 225*l.* at the bankers, also ready to be invested, was the financial expression of the condition of the Society at the end of the fifth year of its existence. The Society possessed nearly nine hundred volumes of works relating to obstetrics. During the past year the Council had considered the possibility of making this library available for use by the Fellows. On the whole, it was considered advisable to wait, more especially as there had been reason to think that accommodation might be had in the present location of the Society. The matter was still *sub judice*, and the Council would carry out the idea at the earliest possible moment.

Six additional Honorary Fellows had been elected during the year—Professors Faye (Christiana), Braun (Vienna), Depaul (Paris), Martin (Berlin), Dr. Beatty (Dublin), and Dr. Pagan (Glasgow). From Prof. Scanzoni, one of the first Honorary Fellows, the Society had received the gratifying compliment of the dedication of his work "On Chronic Metritis," in recognition of the manner in which he had advanced gynæcology.

Four volumes of "Transactions" had been published, and a fifth would appear in the course of a few weeks. It was quite unnecessary for him (the President) to remark on the value of the contents of these volumes. They formed an important part of existing obstetric literature. To certain of the papers therein contained the profession was indebted, amongst other things, for the establishment of the operation of ovariotomy as rational and legitimate. He had often wished that the discussions before the Society had embraced a revision of the precepts for the management of the puerperal state. No subject was more important, involving as it did the comfort and health of thousands. It involved another point of interest: What was the length of attendance included in the midwifery fee? In a court of justice he had recently been asked this question, and his reply was that a week was enough for ordinary convalescence. He had found that many still acquiesced in the old notion of a puerperal "month," during which attendance was, they considered, obligatory. There should be some uniformity on this point. He contended that the limit should be, not a puerperal month, but a puerperal week. He could only understand the need of medical care for a month on the supposition that the precepts which are laid down in some of our midwifery books steadily induce a debility in the first fortnight, which requires a drawling convalescence in the next two weeks to overcome. Parturition and its immediate effects should be divorced from disease, and not made to wear its likeness. A puerperal month, under the guidance of a monthly nurse, was easily drawn out. He knew no reason why, if a woman was confined early in the morning, she should not have her breakfast of tea and toast at nine, luncheon of some digestible meat at one, her cup of tea at five, her dinner with chicken at seven, and her tea at nine; or the equivalent according to her habits of living. Common sense must guide in the selection of articles of food. Excess and stimulants must be avoided; so also gruel and slops. Such had been his practice for the last twenty years, and by it he could affirm that the process of involution was greatly assisted, and various disorders prevented. The patient should be removed to her sofa in two or three days. He would not now pursue the subject further.

In conclusion, the President stated that during the year three Fellows had been lost to the Society by death. He begged to congratulate the Society on its present prosperity, and trusted it would increase.

A vote of thanks to the President for his interesting address, proposed by Dr. Druitt and seconded by Dr. Greenhalgh, was carried by acclamation. The Society then adjourned.

Births, Marriages, and Deaths.

BIRTHS.

CAPPER.—On the 8th instant., at Mentone, Alpes Maritimes, France, the wife of Jasper Capper, M.D., of a daughter.

DEMPSTER.—On the 17th of Nov., at Beechworth, Victoria, the wife of J. C. Dempster, M.D., of a daughter.

DUNCAN.—On the 9th inst., at Great Marlborough street, the wife of P. C. Duncan, M.D., of a son.

HAMMOND.—On the 11th inst., at Ipswich, the wife of C. W. Hammond, M.D., of a son.

SHORTT.—On the 8th inst., at Waterloo-terrace, Dublin, the wife of Dr. Shortt, of a son.

WIMBERLEY.—On the 11th inst., at Bedworth, Warwickshire, the wife of C. C. Wimberley, M.D., of a daughter.

MARRIAGES.

KING—BIGG.—On the 9th inst., at St. Marylebone Church, E. Holborow King, M.R.C.S., of Welbeck street, Cavendish square, and Landsdowne road, Kensington Park, to Sophia, daughter of W. Minshull Bigg, Esq., of Stratford place.—No Cards.

DEATHS.

BAYNE.—On the 10th inst., J. Bayne, L.F.P. & S. Glas., of Dumbarton.

HANNAH.—On the 10th inst., J. L. Hannah, M.D., of Brighton.

JAMES.—On the 9th inst., at Nelson terrace, Stoke Newington-road, J. W. Wilmot James, L.R.C.P.Ed,, aged 37.

NEWBIGGING.—On the 10th inst., at Heriot-row, Edinburgh, P. S. K. Newbigging, M.D.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 7th January, 1864: — Joseph Morris, Birmingham; Joseph Smith, Lozells, Birmingham; Henry Mackenzie Parkes, Guy's Hospital; George Elkington, junr., Birmingham.

The following gentleman also, on the 31st December, 1863, passed his first examination:—Richard Rothwell Daglish, Guy's Hospital.

GUY'S HOSPITAL.—At the annual conversazione, held at Guy's Hospital on the 22nd December last, Mr. Ernest Edwards showed a very interesting series of photographic dissolving views relating to Shakspeare, being from negatives taken by himself as illustrations for a book about to be published; as well as some life-size portraits, one of them being a striking likeness of the late W. M. Thackeray. Mr. Edwards concluded by showing and explaining the well-known "ghost effect," which drew crowded audiences the whole evening.

HOW TO PREVENT CHLOROFORM ACCIDENTS.—There are few subjects of a more practical nature in general surgery and medicine than to ascertain the best mode of administration of chloroform, so as to avoid these melancholy and disastrous deaths that so often follow its use. As in the later treatment of pneumonia or hip-joint disease we have simplified our practice by removing certain coincidences and recognising them as coincidences, so in chloroform administration a new key has been furnished to the physiology of anæsthesia under that agent by recognising that the "cardiac syncope" of former years is a coincidence or *post mortem* change: and that the condition of the respiration under chloroform is far more important than the condition of the heart. It is of little advantage, or useless indeed, to strive to rouse up a flagging pulse but through the lungs and diaphragm: and we have lately found, in practice in hospitals, that this is satisfactorily effected, not by galvanism or such like to the cardiac nerves, as formerly recommended, but by alternating ether with chloroform, which acts as a new stimulus of some kind to the air-cells of the lungs, and to the curiously complex nerves of the larynx, which are associated with the phrenic and with the diaphragm. There is much confusion existing in our standard books as to the nature of accidents from chloroform; more particularly the contraindications to chloroform. This has been a work of time to correct, as they were at first imperfectly guessed at as belonging to disease of heart. Most unnecessary and damaging coroner's inquests have been held on bodies, on the assumption that a mere *post mortem* result in the heart should have been during life anticipated by the surgeon, when probably a simple emotion of the mind (fright or nervousness), causing simple syncope, led to the accident, without a trace of cardiac disease. Foremost of the real contraindications, I think, is the nervous exhaustion which attends loss of food or delirium tremens. Here the patient, as in puerperal mania, should at least not have chloroform, except he shall have first obtained some natural sleep, with renewal of nervous energy in those parts of the nervous system connected with reflex and respiratory action. Thus on a field of battle, as in America lately, one sees accidents from neglect of this. Hysteric patients, or those subject to fainting fits, require great attention; and for opposite reasons. In hysteric patients, there is excess of irregular morbid nervous action, which requires a large quantity of chloroform, sometimes many ounces, to overcome it; but in patients subject to fainting fits, a few drops of chloroform may produce similar results. This form of exhaustion is not easy to describe, as it cannot be traced to the usual shock of enormous operations like ovariotomy, amputation of the thigh, etc.; for in these the law of tolerance is very marked.—'Dr. Kidd on Chloroform.'

BRITISH SURGERY IN PARIS.—At a late meeting of the Surgical Society of Paris, three well-known surgeons belonging to this country were unanimously elected foreign associates, viz., Mr. Robert Adams, of Dublin, Mr. Joseph Hodgson and Mr. James Paget, both of London.

ST. BARTHOLOMEW'S HOSPITAL.—The Governors of Bartholomew's Hospital have, at their last Court, ele Dr. Burrows Honorary Consulting Physician, in recogni of his services of thirty years' duration as physician assistant-physician to the Hospital. This act is the n complimentary as no previous physician upon his re ment has had a similar honour conferred upon him.

THE CINCHONA PLANT IN JAMAICA.—In the autum 1860 a quantity of the seeds of several species of the chona were received at Jamaica. By the month of Oct following, about 400 healthy plants were raised, but o to the low level at which they were planted, more than perished. They were then removed to an elevatio about 4,000 feet above sea level, with the best results. twelve months, a plant of the red bark (Cinchona s rubra) had attained the height of 44 inches, with le measuring 13½ inches in length, by 8¾ inches in brea The culture of the Cinchona micrantha (grey bark) has been so successful; the leaves are, however, much la As there is abundance of land in the island possessin the conditions requisite for the growth of the plant, anticipated that a large supply may shortly be produce

THE HEREFORD COUNTY LUNATIC ASYLUM is a to be enlarged to accommodate an increase of 100 and 120 female patients. The plans of Mr. Fuljames adopted.

HÆMORRHAGE FROM THE GUMS.—It is often extren difficult to restrain the hæmorrhage consequent on the traction of a tooth. I was recently consulted by a yo woman suffering from an accident of this description: was deadly pale, faint, and threw up, without cessati mouthfuls of blood, which issued from the alveolar of t second large molar, which had been extracted with difficulty. Sesquichloride of iron and sulphuric acid h in vain been resorted to. I applied over the alveola small pyramid of discs of agaric, piled up sufficiently h to rise above the the level of the adjacent teeth, so that mere act of closing the jaws caused powerful pressure the seat of the hæmorrhage. The escape of blood was mediately checked, and did not return in the morning w the dressing was removed. I may also be permitte allude to an equally simple and efficacious metho arresting the flow of blood from leech-bites. This always be effected by slight pressure with the tip of finger. This procedure is invariably successful, and be safely entrusted to the watchful care of a mothe 'Journal of Practical Medicine and Surgery.'

SEAMEN'S HOSPITAL SOCIETY.—The quarterly cour the governors of this charity was held on Friday; Cap Maude, R.N., in the chair. The receipts amounte 1,816*l.* 10s. 1d., and the expenditure to 1,883*l.* 14s. showing an excess of expenditure over receipts of 67 5d., which, added to the previous deficiency, amounte 881*l.* 1s. The patients admitted from the 1st October t 31st December, 1863, numbered 632, of whom 4 were f British ships, 497 from merchant ships, and on board the 30th of December, 131.

CITY OF LONDON HOSPITAL FOR DISEASES OF CHEST.—The sixteenth annual general court of the go nors of this institution was held on Friday at the Lo Tavern; the Lord Mayor in the chair. The report, w was adopted, stated that the number of in-patients t treatment during the year had been 447, being seven than the previous year; 409 had been relieved, 38 died. The out-patients during the year amounted to 1(being an increase of 1,439 over the preceding year. average weekly attendance had been 1,136, or 95 than the previous year. The total number since the tution was established (1848) was 90,716. The fin statement showed that there had been received durin year:—Donations, 5,438*l.* 12s. 8d.; annual subscrip 2,016*l.* 10s.; bequests, 205*l.*; collections after sermons, 0s. 5d.; interest, 73*l.* 18s. 4d.; incidental sources, 2 3d.; making, with balance of 1,330*l.* 4s. 11d., at the ning of the year, a total sum of 9,207*l.* 12s. 7d. Ther been expended for the maintenance of the charity a su 5,158*l.* 10s., and on account of new wing, 3,614*l.* 19s., a total expenditure of 8,773*l.* 9s., leaving a balance a

banker's of 434*l.* 3s. 7d. The legacies comprised 200*l.* from the late Mrs. Mary Duncan, and 5*l.* from the late Mrs. Hadden. The cost of the new wing would amount to about 7,000*l.*, the claim yet unsatisfied of architect and contractors being about 4,000*l.*

PERSEVERANCE.—The chair of Surgery of the Faculty of Turin was lately competed for by Messrs. Pacchiotti and Bottini. The former beat his adversary and obtained the professorship, for which he had competed *five times* previously.

THE DEAN OF THE PARIS FACULTY.—M. Rayer, whose deanship had some time ago been the occasion of unruly and noisy expressions of discontent on the part of the students, has just resigned.

SANITARY MEASURE AT BOMBAY.—Important sanitary measures are being taken at Bombay. The unhealthy condition of the town, which has caused the deaths of so many Europeans as well as of the native population, will now be materially changed. The report of Mr. Rawlinson, C.E., has been adopted, and the Government have voted thirty-three lacs of rupees, or 332,000*l.* towards carrying the work into effect.

FEVER IN SWANSEA.—At the last meeting of the Swansea Board of Guardians it was announced by the chairman that measures were immediately to be adopted to purify that part of the town in which fever has lately been so prevalent.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. '20. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

THURSDAY, JAN. 21.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Experimental Optics," 3 p.m.; Chemical Society, Mr. W. M. Watts, "Absorption of Mixed Gases in Water."—Dr. Thudichum, "On Urochrome, the Colouring Matters of Urine, 8 p.m.

FRIDAY, JAN. 22. — *Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, Mr. W. R. Grove, Q.C., "On Boiling Water," 8 p.m.

SATURDAY, JAN. 23.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, Mr. John Lubbock, "On the Antiquity of Man," 3 p.m.

MONDAY, JAN. 25. — *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 26.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Diet of Infancy and Childhood. By S. Barker, M.D. London: R. Hardwicke, 192 Piccadilly.

Quarterly Abstract of the Medical Sciences, July to December, 1863. London: John Churchill and Sons, New Burlington street.

The Teeth in Health and Disease. By R. T. Hulme, F.L.S., &c. London: H. Baillière, 219 Regent street.

The Church of England Temperance Magazine.

The Medical Mirror for January, 1864. London: H. K. Lewis, 15 Gower street, North.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

M.D.—We shall be happy to insert every case which may be interesting and instructive; the object of our Journal being to give the widest circulation to the experience of Medical men, that others may have an opportunity of studying and profiting by it.

DR. DRYSDALE'S letter arrived too late for insertion this week.

THE abstract of Mr. Nunn's Clinical Lecture on Necrosis of Cancer is unavoidably postponed until next week.

V.R.—We are sorry to have heard of the fatal termination of Dr. Maurice Collis's case, upon which he very recently operated for ovarian disease. We believe the cause of death to have been obstinate vomiting, which exhausted the sufferer. There was another complication—typhoid peritonitis.

A SURGEON.—There was an epidemic of tetanus some time since in our London hospitals, and some cases were fatal; the most probable cause was the excessive coldness of the season.

DR. A—e.—There are two most extraordinary cases of impalement per vaginam on record: one by Dr. Bryan, of Aberdeen, Mississippi, and the other by Dr. Sargent, of Worcester (U.S.) The former was that of a negress, in whom the tobacco stick passed per vaginam up to the intercostal space between the eleventh and twelfth ribs of the right side; the latter, that of a lady who impaled herself on the handle of a pitchfork, which passed into the vagina, and ran up along the left side for a distance of twenty-two inches, till it reached the Scaleni muscles. Both cases recovered.

TRURO.—We have seen and examined the Mincers made by S. Nye and Co., of Wardour street, and they appear to be particularly suited for invalids, children, and those suffering from bad teeth. They are ingenious, well constructed, and cleanly.

THE ROYAL INSTITUTION.—The card has been received.

DR. M. M.'s wishes shall be attended to.

F.—Olonitis or Oulonitis means inflammation of the gums; being derived from *οὖλον*, the gums.

R.—Orthopædic; the derivation of this word is frequently mistaken, it is from *ὀρθός*, straight, and *παῖς*, a child. The very spelling of the word shows it not to be a derivation of *πούς*, the foot.

DR. JASPER CAPPER, MENTONE.—The letter and inclosure have been received, and the notice shall appear.

THE OBSTETRICAL SOCIETY.—The Report has been received.

DR. MCKECHNIE.—We beg to apologise to our esteemed subscriber and friend for the accidental substitution of an *r* for the second *c* in his name.

P.—Dr. G. de Gorrequer Griffith published an interesting case in one of our numbers of last year, in which a rubeoloid eruption followed the use of morphia. "There are two effects," says Dr. Neligan in his 'Medicines—their Uses and Mode of Administration,' "occasionally produced by morphia and its salts, when taken in medicinal doses, evidently dependent on idiosyncrasy, which are not caused by opium—namely, a peculiar sensation of itchiness over the whole surface of the body, in some cases attended even with a cutaneous eruption."

DR. M. is informed that it is necessary for the pupil to have served for five years "after the manner of an apprentice," but indentures are not absolutely necessary.

THE CASE OF SYMM V. FRASER AND ANDREWS.—We intended to insert Dr. Tunstall's reply to Dr. Fraser's letter this week, but, as the latter gentleman has written a rejoinder, we should be obliged in fairness to print that also, and thus too much of our space would be occupied. We are the less inclined to alter this resolution on our part as no new facts are elicited by the supplementary correspondence.

WE believe that the American Kitchener, supplied by Mr. Riddell, Cheapside, fully justifies all that is stated of it. We have had one in use for some time, and have found it cleanly, economical, and most convenient. It is suitable for the largest institutions or the smallest families.

MR. W. M. A. B. shall receive a private note.

MR. T. P. shall also receive a private note.

W.—The fact that Chabert was able frequently to enter an oven, the heat of which varied from 400 deg. to 600 deg., proves directly the non or feebly-conducting power of dry air.

To the Editor of the Medical Circular.

SIR,—Can you tell me where white round graduated phials 6 and 8 oz. can be obtained? I am, &c.,

Jan. 14, 1864. H. M. D.

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N.B.—No. 11 DAVIES STREET, BERKELEY SQUARE, W., near Mivart's Hotel. The establishment is strictly private, not having any show of Bandages in the window. A highly-respectable married female to wait upon Ladies, who may insure her attendance in Davies street, or at their own establishments, by favouring Mr Bourjeaurd with instructions according to their own preference.—Poor Patients are supplied at a reduction of thirty per cent. lower than the imitations.

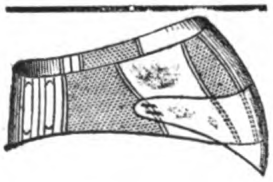
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The Pneumoclime.—An Address to

the Profession, by Mr. JEFFREYS, on this his latest improvement the RESPIRATOR, and proposing another climate instrument, the PNEUMOTHALP.—Through a typographical omission, the above letter was printed without its Author's address—"Belvidere road, Upper Norwood, Surrey, S."

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DIGITATA, Uterine Tents, see 'Med. Times and Gazette,' 28th 1863, page 558, T. G. Wilson, on Uterine Tents. Couper's di Uretha Bougies and Styles for dilating the Lachrymal duct, as used Royal Ophthalmic Hospital, Moorfields, may be had of C. W. KRO 241 Whitechapel road, London.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

BY ROBERT HUNTER SEMPLE, M.D.,
Senior Physician to the St. Pancras and Northern Dispensary.
Physician to the Standard Life Assurance Company.

(Continued from page 6.)

Before any person can be competent to pronounce an opinion as to the diseased condition of any organ, he ought to be fully acquainted with its healthy state, and with the varying phenomena which it may present consistently with the performance of its normal functions. Thus in the case of the heart, it is not only necessary to be fully acquainted with the natural impulse and the natural rhythm of the organ, but also to be aware that certain disturbances in these particulars are not inconsistent with healthy action. Thus the impulse of the heart and the rapidity of its movements will be increased by exercise, by eating, and by even the moderate use of stimulants, and its functions will also vary according to the recumbent or standing position of the patient. It is also necessary to bear in mind that mental impressions may act powerfully upon the rhythm of the heart, either increasing or diminishing its movements or its impulse, or disturbing the regularity of its action. These remarks, although they may appear of a commonplace nature, are of very great importance in practice, and will be found of special interest to those whose duty may lead them to examine into and to report upon the *healthy* condition of the heart, as, for instance, in examinations of persons for life assurance. In such cases it is often found that the mere fact of being examined by percussion and auscultation, and indeed the fact of undergoing any medical examination at all, will sometimes disturb the regularity of the heart's action, even in a perfectly healthy man; and the more especially, if as is often the case, the life assurance is sought to cover some risk or to effect some pecuniary or other personal purpose. The circumstance of having walked rather quickly, or of having eaten a meal, will often make a remarkable difference in the rhythm of the heart, and hence inquiries should be made upon these points before any examination is made, and if the heart's action should be accelerated or otherwise disturbed, it will be expedient to make the person rest for some time or to engage him in cheerful or indifferent conversation, so that the attention may be drawn off from the immediate subject of the medical interview, and the heart may return to a perfectly normal state.

The heart lies behind the sternum, and is placed obliquely in the chest, the apex pointing downwards and forwards between the fifth and sixth ribs on the left side, and the base corresponding to the space between the cartilages of the second and third ribs. The space occupied by the heart, and the manner in which it performs its functions, are determined by various kinds of physical exploration, as by the sight, by palpation, by percussion, and by auscultation.

1. On *looking* at the chest of a healthy person, it will be observed that the two sides are symmetrical, and that the apex of the heart beats at the spot just indicated. The healthy pulsations of the organ, however, are visible only in thin persons, being quite imperceptible in those who are moderately robust, and especially in those who are fat.

2. *Palpation*, or feeling by the hand, is a very important measure for ascertaining the condition of the heart. When the organ is healthy and the subject is thin, it will readily be felt to beat between the fifth and sixth ribs on the left side; when he is muscular and robust the impulse will be felt only slightly in the same position: and when the person is very fat, it will be hardly perceptible at all. The person himself is quite unconscious of the beatings of the heart, when it is in a healthy state, and it is mercifully arranged that it should be so, for if every one were sensible of each movement of the organ, continual discomfort and apprehension would ensue. In cases of exalted sensibility, however, and many forms of hypochrondriacism, not amounting to actual disease, the movements of the heart become perceptible to the individual, and what is worse, when the pulsations are intermittent, as they often are under such circumstances, each intermission is painfully self-evident. I have often felt intermittent pulses, and do not of course notice the subject to patients, but they have generally told me exactly when the intermissions occur. It is hardly necessary to state that in the great majority of cases met with in practice, intermission of the pulse is not a very important indication, and unless accompanied by other symptoms, does not deserve much attention, except so far as the fact of the patient feeling it causes him discomfort and alarm.

3. The *percussion* of the præcordial region in the healthy state gives, of course, a dull sound, but not commensurate in extent with the size of the heart, and not uniform in all cases. The heart is in fact overlapped by a portion of the left lung, and hence the dulness is more or less modified by the amount of spongy tissue by which it is partially covered. As a result of numerous observations, it is generally admitted that the natural dulness of the præcordial region extends about two inches in every direction, beginning above about the fourth rib and extending downards to the sixth, having its maximum at the centre of this region and gradually disappearing on both sides until it is lost in the lung sound. Below and on the left side the dulness is replaced by the hollow sound of the stomach, and on the right inferiorly it is sometimes continuous with the dulness of a portion of the liver.

4. By *auscultation*, either mediate or immediate, the *sounds* of the heart are heard. This mode of investigation also gives information as to the impulse of the organ, for when this latter action is increased, the stethoscope and the head of the observer are both moved; but as the hand or any other part of the body would be equally affected by this cause, the application of the ear is more especially valuable in estimating the sounds elicited by the cardiac movements. In a healthy state, these sounds are two in number, and although very easily recognised, are very difficult to express in words. Perhaps the combination of syllables *lubb dup*, as remarked by Dr. Williams, is the nearest approach to a written explanation of the sounds. These sounds follow one another, and are called respectively the first and second sounds, the first being more dull and the second more clear, and they are repeated many times in the minute, the variations in the rhythm being, of course, identical with those of the pulse felt at the wrist. The first sound is longer than the second, coinciding with the impulse of the apex of the heart against the thoracic walls, and immediately preceding the radial pulse; the second sound is clearer and shorter, and is heard after the pulsation of the arteries. As to the rhythm of the sounds, they take place in pairs, the first dull sound coinciding with the impulse of the heart, then a very short interval succeeding, during which the arteries pulsate; then comes the clear and short sound, and lastly a longer interval of rest. The relative periods occupied by this rhythmical action, supposing the whole to be divisible into three parts, would represent rather less than one third to be occupied by the first sound, one-sixth to be occupied respectively by the short interval and the second sound, and rather more than a third by the long interval of rest. Some authorities, however, divide the

whole period into four parts, about two being occupied by the first sound, one by the second sound, and one by the interval of repose; and it should be mentioned that the very short interval of rest succeeding the first sound is inappreciable when the pulse exceeds the rate of sixty in a minute. Other and more minute subdivisions of the heart's rhythm have been proposed, but they are practically unimportant. It is important to recollect that the first sound is generally called the *systolic*, being synchronous with the contraction of the ventricles, and is heard best over the apex of the heart; and the second sound is called also the *diastolic*, being synchronous with the dilatation of the ventricles, and is best heard in the middle of the sternum.

It should be very distinctly understood that the extent to which the impulse of the heart is felt, or its sounds are heard, may vary most considerably even within the limits of health in different individuals; and, moreover, it may happen that the extension of the sounds and of the impulse of the heart may be due in reality to disease of some other organs, as the lungs, the heart itself being perfectly healthy. Thus a tuberculous lung, acting as a conductor of sound and of impulse may give rise to a suspicion that the heart, which is really of normal structure, is enlarged, and on the other hand an emphysematous lung may so mask the impulse and the sounds of a diseased heart, as to lead to the erroneous conclusion that it is healthy. Again, within the limits of health, in fat subjects the sounds will be restricted within a narrower space than in persons of normal proportions; and on the other hand both the impulse and the sounds will be perceptible over a much wider extent in thin persons with a contracted thorax, in whom the sounds may often be heard at the back of the chest. The intensity of the sounds is also somewhat greater in young persons, and somewhat less in the aged.

It is impossible to insist too strongly upon the necessity of a careful consideration of all these circumstances in coming to a conclusion respecting the healthy condition of the heart.

(To be continued.)

HOSPITAL REPORTS.

VARICOCELE—OPERATION AND CURE.

(Under the care of WALTER J. COULSON, Esq., Surgeon to the Dean-street Lock Hospital, &c.)

(Continued from page 62.)

One of the ulterior consequences of a varicose condition of the veins in the leg is ulceration; and it is brought about in this manner:—owing to the venous enlargement, and to the general unhealthy condition found to obtain in the structure of the vessels, owing to the imperfection of the valvular arrangement, as well as the absence of proper tone in the adjacent tissues, there is a stasis of the blood in the part which is diseased; a lowering in the vitality of the skin, which, in consequence becomes altered in its colour and consistence, assuming a brownish glazed hue and an appearance of tension, or of great stretching, over the subjacent parts, while from the seat of this bronzing will stretch themselves large, elevated, tortuous blue lines, which are, in fact, the affected veins; the alteration in consistence is principally a loss of the natural softness and the accession of an œdematous condition, or of a brawny, leathery feel.

This being the state of the limb for some time of a longer or shorter duration, there will take place at the spot or spots where most congestion exists, and where there is most degeneration and disorganisation, an unhealthy form of ulceration; this constitutes the varicose ulcer, which, we know, is most rebellious to treatment, breaking out again and again, healing only to become again the seat of ulceration, until a thorough disorganisation of all the neighbouring tissues ensue, and a condition of chronic ulceration be induced.

Great danger is to be apprehended from the ulcerativ process, lest it eat through the coats of the vein, and giv rise to most serious, if not at times, even fatal hæmmor rhage.

We remember reading of a case, we think, in Rams botham's 'Principles and Practice of Obstetric Medicin and Surgery,' to which a medical man was hurriedly sum moned on the supposition of there being uterine hæmor rhage; relying on the representations made to him on hi entry into the sick chamber, he immediately called in D Ramsbotham, who found the cause of the flooding not i the uterus at all, but in a varicose vein, which havin suddenly burst, poured out its contents rapidly and pro fusely.

We pass now from the consideration of varix in gener to the same condition, as it specially exists in the veins c the spermatic cord.

To this has been applied the terms circocele and sper matocele, as well as the now more often used name of var cocele; its causes may be summed up among those of var in other regions; however, its greater frequency on the le side is usually explained—first, by the greater length of t left than the right spermatic vein; second, by the fact that t vein on that side opens at right angles into the renal vei instead of running along with its course for some distance, a then opening in such a manner, as that the blood of the tw should not clash, but flow on equally and in an undisturbe manner; third, a natural tortuosity of the vein; fourth the accumulation of feculent material in the sigmoid flexur of the colon, whereby pressure upon the vein accrue stasis of the blood below the point of compression and al the ulterior results of the varicose condition, which ha been induced; fifth, traction upon the left ring, where is the emergence of the vein in question; this traction is dependent upon the more frequent use of the right arm and hand, of, in fact, all the muscles of the right side, and creates a not infrequent constriction, or tensing of the ring in which action the vein has the circulation of the bloo arrested; sixth, it has been noticed, we believe, by M Curling, that this affection is of more common occurren in sailors, or ships' apprentices, than perhaps in any oth class; and this frequency is attempted to be explained b the hypothesis that the hard "ship biscuit" passed throug the stomach and through the bowels in a very impe fect state of digestion, becomes lodged, or even impacte in the sigmoid flexure, where it behaves itself as the ori mali; seventh, as causes of varicocele in either side of t scrotum, we may mention masturbation and excessi venereal indulgences; but, perhaps, more especially t former. The modus operandi is as follows:—By t frequent and unnatural determination of blood to t generative organs, these are rendered morbidly exci ble and irritable; frequent erections, at first co plete, subsequently, from a kind of atony of the geni system, only partial, supervene; the veins by this too-co stant filling are overstretched, a species of paralysis, or, speak more correctly, an adynamic condition of their tuni is the result, and the vascular walls, yielding to the dow ward pressure, occasioned by the gravitation of the colu of blood, assume a permanently varicose appearance; mo over, the scrotum becomes relaxed, and fails in its office supporting and tricing up the testicle and its veins, beca the "dartos" and the fibres of the cremaster muscle pa cipate in the adynamic condition; eighth, spermatorrh besides being a source, is very frequently an issue of complaint; ninth, youth may be considered as givin predisposition, especially if the habits be sedentary.

As we are passing the subject in review, we may l mention, that in cases of double varicocele, the lef usually the worse; very seldom are the veins of the r side affected, *per se*, and when they are in the dise condition, those of the left will be found participators.

As an exception to the rule, that in the double form the complaint, the left is the side more implicated, Erichsen states, "I have in one or two instances seen veins of the right side form the larger tumour."

Symptoms.—The patient complains of pain of a neur character, not often very acute, in the testicle, scrot

ins, down along the thighs, in the groins, and up along the course of the cord; this will be sometimes exacerbated, especially if the person take any undue amount of exercise; —of great mental depression, particularly if the affection be complicated with generative debility. Besides these, we will find, on manual examination, a cone-shaped tumour, extending in the direction of, and along with the cord, having its apex directed upwards toward the external abdominal ring, while its base rests upon the testicle; this tumour, formed by the dilated, thickened, tortuous, and elongated veins, is knotted and irregular in its outline, becomes increased in size, when the patient assumes the upright attitude, or employs himself in any way which tends to contract the calibre of the ring, through which the veins emerge into the scrotum; in the horizontal posture, the tumour will entirely or almost entirely disappear.

Treatment.—This may be either the palliative or the radical. In the early stages of the complaint, that is, when the veins alone are engaged, and there has not arisen debility of the generative organs, we should resort to the former, as being in numberless instances sufficient for all practical purposes; it is, in fact, in the severer forms of the affection alone, that we must put into execution the latter. The palliative treatment is very simple. The general health, if it have fallen below par, must be restored and braced up by tonic medicines, and by those other means accustomed to be prescribed for such a deterioration, the bowels should be most carefully regulated, and never be allowed to become constipated. The best general tonic in these cases is *some one or other* of the different preparations of iron, *inasmuch as it* exercises not only a general, but also a local *tonic action*. The scrotum and testes should be enveloped in, and supported by, an elastic suspensory bandage, or the pendulous scrotum may, according to the plan of Wormald, have its lower portion drawn through a ring of some soft metal, or have, as was recommended by Sir A. Cooper, a portion of it cut away inferiorly, so as to reduce its capacity, and relieve the testicle, as well as the veins themselves, of the weight of the column of blood.

Mr. Curling having observed the infrequency of this affection in persons wearing a truss for the inguinal forms of hernia, suggested pressure to be applied in the same manner, and at the same spot for the palliation or haply even the cure of the varicocele.

In some instances the results have been most felicitous.

Nor must we neglect the use of the cold douche to the parts, nor the application of cold astringent lotions; some have employed blisters and other counter-irritants, with a view to the excitation of an amount of inflammation in the scrotum which would cause its contraction.

The permanent or radical cure has for its object the inducing of local phlebitis, and, as a consequence, the obliteration of the veins.

For its attainment, setons have been passed through the veins, or they have been obliterated by means of caustics, applied to the scrotum.

Mr. Erichsen, in the following words, describes the operations which he practises:—"I separate the vas in the usual way, and then make a small incision, about half an inch long, in the front and back of the scrotum, afterwards I pass a needle armed with silver wire between the vas and the vein, bringing it out behind, and then return the needle, but this time carrying it in front, between the veins and the skin, and so including the veins in a loop of wire, *without* implicating the scrotum. The loop is then tightly twisted together, so as to constrict the enclosed vessels.

M. VELPEAU AT THE ACADEMY OF SCIENCES OF PARIS.—This eminent surgeon has just vacated the President's chair of this Academy, and it redounds in no small degree to the honour of the Profession that such an eminent post has been held and so worthily occupied by M. Velpeau. M. Velpeau delivered, before leaving the chair, a most appropriate and touching speech, in which he especially dwelt on the fact of having started from the humble ranks of life, and having at last obtained the envied honour of presiding, for one year, over the Academy of Sciences of Paris.

THE STATE OF THE PROFESSION IN AMERICA.

[The following letter is written to the Editor of the 'American Medical Times,' and shows that if things are bad in the old world, they are not much better in the new.]

SIR,—A week spent in an interior city of this State during the past summer, suggested the present communication. The city alluded to is situated about the centre of the State, contains a population of over twenty thousand, is one of the oldest, and reputed one of the wealthiest in the Empire State. In visiting such a place I certainly anticipated finding something of professional interest, and witnessing the successful treatment of some of those local affections, which are usually objects of interest to the physician residing in some other section of country. But though the summer was, as I was informed there, one of more than usual sickness, I came away without learning anything of interest. The prevailing epidemic at the time was a very severe form of putrid sore throat, universally styled diphtheria. In the treatment of the subsequent general prostration of such cases, I found the pyrophosphate of iron extolled by some as one of the latest and most valuable discoveries of science, and even this, though now so long in successful use, was entirely unknown to several.

From such a visit I have certainly nothing new to communicate, but I wish to make a few remarks on what I suppose to be the prominent causes of such backwardness in this age of professional and scientific progress.

First, I would notice the want of social and professional intercourse amongst practitioners. There were some twenty or more regular practising physicians, well educated, though I cannot say well read, for their education was all of the past, whilst their reading of the later discoveries in science and practice was of the most limited kind. In a few offices I found the *Medical Times*, in still fewer the *Lancet*, while many were wholly strangers to any of the medical publications of the day. With such a large number of physicians there was no professional society, where an interchange of ideas and experience would create and sustain that taste for investigation and study so necessary to success. Success, in the more contracted sense of the word, pecuniary, is, it must be admitted, attained in some isolated cases by the most ignorant pretenders. Yet success generally and professional reputation (the dearest object of a well educated physician's ambition) is only attained by unrelenting study. Besides, all agree that there is no profession more slavish or trying than that of medicine when pursued merely as a means of living. The clerk in a store with a fixed salary, or even the daily labourer, whose work ends at six o'clock, may well be envied by the practising physician, who toils both bodily and mentally for a precarious subsistence, from early morning until late at night, and is then subject to the call of any or every one from night to morning, if his profsssion is not endeared to him by some higher aim and his labour lightened by scientific thought. Much as we may be given to study, when fresh from college, most men will gradually relax their reading and lose that state, when surrounded by the sterner duties and struggles of life, if not encouraged by the interchange of thought and stimulated by intercourse with others of similar tastes and acquirements. In a city such as that of which I am now speaking, a society, meeting once a week, or even once a month, is more needed amid the drudgery of medical practice than in any other profession in life. It not only excites an interest for the time, but also creates, not simply a taste but a necessity for more liberal reading. Another local peculiarity, which seemed rather strange, was that physicians all kept a large stock of medicines in their offices, and invariably supplied their patients, at the rates of twenty-five or fifty cents,

according to the quantity of pills or powders dealt out. This certainly is reducing the profession to the position of mere pill venders, and was rather a humiliating sight. A great part of the physician's time in his office was spent, not in reading, but in compounding nostrums (for in many cases they deserved no other name), but which were ultimately sent out in the crudest forms. On expressing surprise at a medical man's wasting his time in this way instead of sending his prescription to the apothecary, various reasons were assigned. Some said they could not change from the old system, without a loss of practice. Still they confessed that in many cases they never got paid for either advice or medicine. Others said that there were no apothecaries in the city capable of compounding their prescriptions. This led me to inquire into the state of pharmacy in this place. And while I found it backward, as might be expected from the foregoing causes, it compared favorably with the sister profession. On the principal street there were some eight or ten establishments for the sale of drugs, paints, groceries, and what not. In two of them I found the proprietors graduates of pharmaceutical colleges. One had but lately arrived there, and was so thoroughly disgusted with the position of his profession that he was anxious to leave the town. The other displayed in his store diplomas worthy of a better location; and both agreed that cheapness was the only means of securing the patronage of their physicians. It is not surprising that the profession of that city was quite unsuccessful in the treatment of disease, and that most of the practitioners were decidediy sceptical as to the efficacy of their remedies. They never reflected that they could not expect much from medicines kept for months on the apothecaries' shelves, and still longer in their own offices.

Cannot suggestions through your columns lead to the formation of medical societies in all cities? I have no doubt, results would in time follow conducive not only to the immediate benefit of those joining such societies, but also elevating the general status of the profession.

REVIEW OF BOOKS.

A Practical Treatise on the Diseases and Infirmities of Advanced Life. By Daniel Maclachlan, M.D., Fellow of the Royal College of Physicians of London, late Physician and Principal Medical Officer to Chelsea Hospital, &c. London: Churchill and Sons. 1863.

Dr. Maclachlan's long connection with Chelsea Hospital, which contains upwards of five hundred aged persons, has afforded him ample means of investigating and treating the diseases of advanced life; and the bulky volume, the contents of which we now propose to analyse, affords abundant evidence that he has not neglected his opportunities.

The whole work is composed of nine Parts, of which the first is "Introductory," and includes three chapters on —1, The Anatomy, Physiology, and Psychology of Advanced Life; 2, The Diseases incident to Advanced Life, and their Remedial and Preventive Treatment; and, 3, Climacteric Disease. This portion of the book might, with advantage, have been reduced to at least one-half of its present size. The practical Medical man, for whose benefit the work is solely intended (see Preface, p. x), does not care for the descriptions of old age, however faithful they may be, which have been left us by Crates, an ancient comic poet, Cicero, the British Essayists, and Sharon Turner; nor is he encouraged to study the subject of senile dementia, when he meets with so flowery an introductory sentence as the following:

"All flesh is grass; but thus the immortal portion of our nature asserts its independence, and long outlives the decay that surrounds it."

Intermingled, however, with the superfluous matter is much sound and valuable information. Everyone who has paid much attention to the diseases of old age, will recognise the truth of the following observations regarding the special difficulties of their diagnosis:

"The accurate discrimination of disease in advanced life is not always a matter of easy attainment. This difficulty partly arises from the complicated nature of disease at this period several diseases, of more or less importance, and of longer or shorter duration; frequently co-existing, and blending their respective symptoms or masking them. The gradual failure and modification of the different functions also vary the phenomena of disease. Thus the declining irritability of the nervous system hinders the development of some local symptoms, and influences the character of the constitutional reaction, if it does not entirely prevent it. Those remarkable sympathies between distant or contiguous organs, that aid the practitioner in forming a correct diagnosis, cease altogether, or are much less constant and intense, particularly in extreme old age. Vomiting is less generally present in disease of the brain, liver, or kidneys, than in the adult; it is even often entirely absent in organic disease of the stomach itself. Inflammatory attacks of diarrhœa having their seat in the large intestine, and to which old people are prone, are seen coinciding with an almost natural state of the system, and without any symptom of suffering in the superior part of the digestive tube. The kidneys, also, are frequently extensively diseased with little urinary distress; and the bladder, deprived of its former irritability, is sometimes distended to bursting without the usual agony. Inflammation seems to paralyse sensation, and pain is often entirely wanting in many diseases, which, at other periods of life, are accompanied with it in a high degree. Pleuritis, and still more frequently, pericarditis, even when associated with the disease, again and again proceed to a fatal termination without it, and yet, on post-mortem examination, we find indubitable evidence of the inflammation having been of the most intense form. The isolation of the different organs in disease is one of the most remarkable phenomena in the pathology of advanced life, and the frequency of latent maladies of the most dangerous character ought never to be lost sight of." (Pp. 35, 36.)

Very similar remarks have been previously made by other writers, but the subject is one of such practical importance that we feel we need offer no apology for introducing it in the lucid form in which Dr. Maclachlan has placed it.

Our author's remarks on blood-letting and on the administration of purgatives, mercurials, antimonials, emetics, narcotics, diuretics, and tonics, although containing little novelty, are sound and trustworthy, and are deserving of careful perusal.

The "Second Part" treats of the Diseases of the Nervous System—viz., meningitis, acute and chronic serous hydrocephalus, vertigo, epilepsy, apoplexy, softening of the brain, and paralysis. In his remarks on vertigo the author records the following singular case:—"A colonel in the army whom I have attended on several occasions for attacks of congestive headache, and who is very liable to giddiness on the least derangement of the stomach, is almost sure however well he may be, to be seized with it if he walk upon asphalt. He is thus obliged to avoid certain parts of London, often to his great inconvenience. This is no fancy, as he has frequently been attacked when previously quite unaware of the nature of the pavement. It is singular that he can walk upon snow or sand without suffering."—(p. 102.)

In the treatment of vertigo, the first question to consider is whether plethora or anæmia of the brain is present. In the former case depletory measures must be adopted, while in the latter a tonic and restorative treatment is demanded. We fully concur in the author's view that the vast majority of cases of vertigo in advanced life belong to the second category.

The following remarks on the action of various remedies in paraplegia will be read with interest as showing how little this affection is under the control of medicine:—

"Benefit is occasionally derived from the exhibition of nux vomica, or its active principles, strichnia (*sic*), or brucia in the advanced stages of the primary form of

disease. These alkaloids appear to have more influence in paraplegia than in hemiplegia or other kinds of paralysis; but, upon the whole, their efficacy is in the vast majority of cases at least doubtful, and without extreme caution they often prove injurious. The arnica montana and rhus toxicondendron (*sic*), both of which at one time enjoyed considerable reputation in this and other forms of paralysis, are fast falling into disuse. From the tincture of cantharadis (*sic*) administered in doses of ten or fifteen drops three times daily, I have seen some good results, and this remedy is deserving of trial. The ergot of rye is another drug which has been praised in paraplegia. Faradisation, lately introduced, seems to give good promise."—(p. 208.)

The third part treating of "The Diseases of the Respiratory Organs," extends over about 150 pages. In his remarks on the Treatment of Acute Bronchitis by emetics, Dr. Maclachlan states that in cases of extreme prostration, he employs vinum ipecac. We are surprised that he makes no reference to sulphate of zinc, which has been highly commended in this disease, and is in many instances preferable to ipecacuanha. Excepting for this comparatively trifling omission, his directions regarding the treatment of acute bronchitis indicate that he has carefully studied the different phases of this disease. In his remarks on the treatment of chronic bronchitis he observes that "half a grain of codeia given at bed-time is occasionally most soothing and successful in producing sleep when other hypnotics fail." Such opposite opinions are held regarding the energy and inertness of this preparation that we shall be obliged if any of our readers who have tried it will communicate the result of their experience. In a case of sleeplessness in which we lately tried it, doses gradually increased from half a grain to a grain and a half produced no appreciable effect, while 20 minims of tincture of Indian hemp seldom fail to procure a fair night's rest; and we recently heard of a case in which a young lady accidentally took five grains of codeia in place of the half grain that had been prescribed for her, and which she had been taking for some time; and the only result was that she slept much as usual.

The chapter on pneumonia is in our opinion far too elaborate. We very much prefer the author's personal observations to the numerous quotations from Andral, Laennec, Grisolle, &c., which he has inserted; and we do not want the opinions "of such men as Chomel, Williams, Hourmann and Dechambre, Canstatt, and other equally eminent physicians, whose names do not occur to me at present," (p. 310) to satisfy one's self of the soundness of Dr. Maclachlan's views on the much vexed question of venesection in pneumonia. "Although (he observes) I have recommended bleeding in sthenic pneumonia occurring in vigorous constitutions irrespective of age, still I feel bound to observe that the cases requiring and admitting it are in reality few. Occasionally a succession of cases occur in which bleeding appears to be imperatively demanded; but, on the other hand, still more frequently, we dare not bleed. Of late years these cases have been increasing. A low form of pneumonia, not exactly of an adynamic type, is more common than it used to be, and for one case now suited to bleeding, we meet with at least a dozen that would be injured by it. In the autumn of 1860 and winter of 1860-61, out of at least twenty cases I have not once bled or felt called upon to bleed." (p. 311.)

In the Fourth Part, "the Diseases of the Organs of Circulation," are considered. Acute diseases of the heart—pericarditis and endocarditis—are less common in advanced life than during the earlier periods of existence, but on the other hand it is in old age that we most frequently meet with chronic changes of the orifices, valves, and walls of the heart. "Calcareous depositions on the valves, cancerous degeneration, primary and secondary, softening and fatty degeneration of the muscular structure, partial aneurisms and rupture of the heart itself, are almost peculiarly diseases and accidents of old persons; whilst it is in them that we most frequently encounter that still obscure but singularly severe and interesting malady depending apparently upon a variety of organic and accidental causes, long known under the name of angina pectoris."—P. 395. But although large numbers of old people are carried off by disease of the heart, "still the prognosis is on the whole more favourable in the aged than in the adult. We do not look for cure where the valves are changed in structure, the orifices dilated or contracted, or where the walls and cavities are altered; but organic disease of the heart in advanced life is almost always of slow growth, sometimes stationary, and many years often elapse ere it tells upon the system or affects particular organs. Old age brings with it an amount of security which is not the lot of the young; and not unfrequently the lesions which in youth would be accompanied with continued suffering, are now, owing to their passive nature, the diminished activity of the organism, and a blunted susceptibility, less severe in their consequences. Simple enlargement of the heart, with or without diseases of the aortic valves or aorta itself, is not inconsistent with the prolongation of life to advanced old age."—Page 405. These views, although containing nothing essentially new, are clearly illustrated by several cases of which our author has given the details. In one of the instances recorded, there was reason to believe that obstructive valvular disease of the aorta had existed for about twenty years, and in another case, that of a general officer, now eighty years of age, "there is a permanent rasping bruit with the first sound at the base of the heart distinctly heard several inches up the sternum. To my knowledge this murmur has existed seven years. His former medical attendant had accidentally discovered it five or six years before; yet he enjoys perfect health, has never had dyspnœa, and is capable of walking several miles without discomfort or fatigue."

Our limited space will not allow of our entering into any detailed notice of the five remaining parts, which treat respectively of "The Diseases of the Digestive Organs," "The Diseases of the Biliary Organs," "The Diseases of the Urinary Organs," "The Skin and its Diseases," and "Constitutional or Blood-Diseases." Most of the subjects are discussed in a sound practical manner, and we would especially recommend to the perusal of our readers, Dr. Maclachlan's remarks on "Chronic Enlargement of the Prostate Gland," and on the various forms of gout.

While we heartily thank our author for his valuable contribution to our medical literature, we must at the same time express our decided opinion that he would have acted more wisely if he had condensed his bulky volume to about one half of its present size, and this might have been readily done without any interference with its practical utility. What we and the medical profession generally would like to know is not what Canstatt, Prus, Durand-Fardel, and others have written on the subject, but what Dr. Maclachlan has observed for himself in the wide field of clinical observation which Chelsea Hospital has afforded him for nearly a quarter of a century. When a new edition is called for, which we trust will be the case in due time, we would advise the author to correct his own proof-sheets. This he has obviously not done on the present occasion, for we are sure that no Fellow of the Royal College of Physicians of London, could have failed to detect at a glance, such atrocious misprints as the following:—enemeta (pp. 511, 521, 645), scybalæ (pp. 485, 505), tincture of cantharadis (p. 208), acetum cantharides (p. 632), lininentum suponis (p. 662), prima viæ (p. 642), anœmic (p. 411), fætidus and fætid (pp. 430, 535), and edentalous (p. 710), and yet these are all to be found "*sic in origino*" (p. 554.) Whether the printer's accuracy or our own intelligence is at fault in the following cases we are not sure; but we must confess that we have no clear view regarding the composition of "the sulphurus potassæ" (p. 643), or as to the nature of the "deotised" condition of the urine in old age (p. 590).

INSPECTOR OF ALKALI WORKS.—The Committee of Privy Council for Trade have appointed Robert Angus Smith, M.D., F.R.S., F.C.S., to be the Inspector of Alkali Works, in conformity with the provisions of the 26 and 27 Vict., c. 124.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 19.

Mr. PRESCOTT HEWETT, President.

Dr. WILKS showed the

SUPRA-RENAL CAPSULES FROM A PATIENT WHO DIED OF MORBUS ADDISONII.

These organs presented the usual appearances seen in morbus Addisonii, and came from a girl who was under Dr. Wilks' care in Guy's Hospital, and who presented a model case of the disease. She was 23 years of age, and for two years had suffered from discoloration of the skin, debility, some wasting, and occasional sickness, the sickness being at times worse. She sought the assistance of Medical men. She had seen several, and they all considered the case as one of liver disease. This mistake (Dr. Wilks says) should not have been made, seeing that her eye was not yellow, nor her urine jaundiced. When she came to the hospital her skin was of a greenish-brown colour, like that of a native of the south of Europe ; she did not appear very ill, judging from her expression, but was so weak that she was obliged to be carried to bed ; she also had sickness. The latter abated, and she felt much better, so that indeed she was the merriest person in the ward. She was, however, at this time so weak, that she could not sit up in bed, and her pulse was like a thread. Wishing to leave the hospital at Christmas time, she went home, Dr. Wilks requesting that he should be informed when she became worse. Only a few days elapsed when he was sent for, and found her in a dying state. She was quite sensible, and able to speak, but was utterly powerless, and her pulse could not be felt. She had been lying in this state for twenty-four hours, and in the course of the night she died. Dr. Wilks said the case was so marked that he invited several Medical men to see it, and took one of her Medical attendants with him, to perform the post-mortem examination. No disease was found in any part of the body, except in the supra-renal capsules, which were converted into a yellow, amorphous material, with some cretaceous deposit. Dr. Wilks remarked that several attempts had been made to investigate the subject of Addison's disease, by an examination of the supra-renal capsules in all bodies. He had done this for many years himself, and like Professor Mattei, of Siena, but his observations had been unattended with success. The reason seemed to be, that, if affected by any other disease than the special one, they were only partially or rapidly involved in some disease which infected the whole body, as cancer or tubercle; whereas, in morbus Addisonii, the change was a primary one, and altogether independent, pursuing its course for several years, and, probably, totally destoying the organ a long time before death. It was for this reason that the author of the discovery did not look upon the supra-renal capsules as vital organs, but which, when diseased, produced the remarkable asthenia by implication of the centres of the ganglionic system, which were closely contiguous.

THREE CASES OF MORBUS ADDISONII.

Dr. WILKES also exhibited some supra-renal capsules affected in a similar manner, and which had been sent to him by Dr. Hardwick, of Leeds, since deceased. The patient was a man, 29 years of age. For some time he had pain in the back and leg, and, about nine months before his death, his companions noticed his skin becoming yellow, and they thought he was going to have jaundice. He got weaker, and the skin became darker, and the urine was always pale. He got a little better under treatment, when he had an epileptic fit, and subsequently he had vomiting and slight convulsive movements. He was then so feeble that he was obliged to be carried to the infirmary. His body was of a dirty olive-brown tint, giving him a close resemblance to a mulatto. He also had a psoas and lumbar abscess. His depression gradually increased until death. There was found disease of the lumbar vertebræ, and the supra-renal capsules were converted into a dense, tough, fibrous mass, with some cheesy, tuberculous matter. Dr. Hardwick stated in his communication, that since he had been connected with the Leeds Infirmary he had seen four other cases of morbus Addisonii besides the one just related. In two of them, although the symptoms were well-marked, the cases were not followed to their termination. In the other two—one was a man, 52 years of age, who had long suffered from great prostration and discoloration of the skin—death occurred by gradual sinking. No disease was found except in the capsules, which were converted into a grey, lardaceous material. The other was that of a woman, aged 69, who had great prostration, frequent vomiting, and her skin was of a dark brown colour throughout. No disease existed except in the capsules, which were filled with a mass of grey and yellow, soft, cheesy deposit. She was a patient of Dr. Hall.

Dr. HARLEY, in reply, stated, that although he had no wish to reopen the question which had given rise to so many animated discussions at their meetings a year or two ago, he could not allow some of the remarks which had fallen from the last speaker to pass unanswered. Dr. Wilks appeared to be both surprised and annoyed that pathologists of standing in Edinburgh and elsewhere still doubted the existence of the so-called Addison's disease, which he seemed to regard as a settled question. He (Dr. Harley) like Dr. Wilks, also thought that it was a settled question but differed from him in thinking that it was settled in the affirmative; for, on the contrary, the highest authorities on pathology abroad, and nearly all at home (only one or two being exceptions to the rule), had either given a *distinct* negative or left the question as very doubtful ; and no one who had carefully watched the progress of the discussion could be in the least surprised at such a result. Even the most staunch supporters of the theory of bronzed skin and supra-renal capsular disease had shifted their ground so often, and altered their views so frequently, that he for one must confess that at the present moment he had not the most distant idea of what Addison's disease consisted in. First, we were told it consisted in bronzing of the skin, and destruction of the supra-renal capsules ; next we were told that the bronzing must be universal, not in patches ; then informed that the bronzing of the skin only occurred in the most advanced stages of the disease ; and lastly, there came a time when we were informed that the bronzing of the skin was in no way essential to the affection, its presence or absence being a point of minor importance. And now the disease seemed to have entered upon an entirely new phase of existence ; for we were just informed by the last speaker that there is only one form of diseased capsules which constitutes Addison's disease—viz. a peculiar scrofulous affection. It seems, then, that the supra-renal capsules may be totally destroyed by tubercle or any other disease except that just mentioned, and the functions utterly obliterated, without giving rise to Addison's disease. The supra-renal capsules may be one mass of cancer, and yet the disease which is said to spring from the absence of their functions not exist. It further appears from what the gentleman has just stated, that even the highest authorities on the subject have no very clear notions as to what the affections consist in ; for, be it observed, that in the present case, which has been brought before the Society as an unmistakeable example of the affection, its contributor acknowledges, that not only the resident assistants mistook it, but that even two of his colleagues failed to detect it ; and further, that it was not until he himself had subjected the patient to the closest scrutiny, that he was able to detect this well-marked example of the disease. How, then, it may be asked, can he be surprised that persons like himself (Dr. Harley) failed to recognise the so-called Addison's affection ? In truth, as believed with the German authors, some of whom have named it the "ephemeral epidemic," that it would gradually die away ; and if the supporters of the theory wished to preserve its name a little longer from utter oblivion, they must be much more careful in the selection of their cases.

and at once abandon the system of publishing cases as examples of the disease, which have not only not been seen by competent observers, but in which the capsules have not been examined at all; for several cases have actually been published while the patients were still alive. It is further necessary for them to state positively in what Addison's disease consists; for, looking at the thing as it now stood, it appeared to him that the supporters of the doctrine were themselves doubtful if either bronzing of the skin or disease of the supra-renal capsules were at all essential to the supposed malady. And if they abandoned the bronzing, and abandoned the disease of the capsules, there could be no longer an Addison's disease.

Dr. WILKS said, in reply, that although there might be a difficulty in explaining the symptoms, yet the fact of the disease being foretold in so many instances, left the truth of Addison's statements incontrovertible.

Dr. BRISTOWE was surprised to hear that Dr. Harley considered that the question as to the existence of Addison's disease had been decided in the negative. He (Dr. Bristowe) had no doubt whatever about it. He had seen patients die with the symptoms described by Dr. Addison, and had found, after death, no disease except of the supra-renal capsules.

Dr. HARLEY again asked if bronzing was an essential symptom or not?

Dr. WILKS replied that it was not absolutely essential.

Dr. HARLEY then asked if it was essential that there should be no disease of any other organ?

Dr. WILKS said, that in all the cases which he had seen, the only other disease found had been a little tubercle; but he knew of no reason why it should not be found associated with other morbid conditions.

Dr. RISDON BENNETT then related a case of Hydatid Disease of one Capsule. The other was healthy. There had been no bronzing of the skin, and no other symptoms of Addison's disease. But in two other cases, Addison's disease was diagnosed during life, and, after death, the capsules were found to be diseased.

MALFORMATION OF THE GENITAL ORGANS.

Mr PARTRIDGE exhibited a patient, fifty years of age, with deficiency of the lower wall of the urethra from the external meatus to the scrotum.

A report was read by Mr. Bryant on Mr. Brooke's case of Tumour of the Breast, showing it to be an example of colloid cancer.

COLLOID CANCER OF OVARIES (?)

Dr. J. POLLOCK showed this case, giving some interesting details respecting it, with a view of ascertaining whether it was really a case of the disease the name of which he had attached to it.

Dr. WILKS observed that it had the appearance of adenocele.

Mr. HULKE was requested to report on this specimen.

RUPTURE OF THE AORTA.

Mr. SIBLEY exhibited the specimen, showing a rupture through three parts of the circumference of the vessl. It caused death within a few seconds after feeling sick and faint. No pre-existing signs of any such disease had been observed.

HEMORRHAGE INTO THE CEREBELLUM.

Dr. BROADBENT showed this from a young girl. She was sixteen years old, and apparently in good health previously; was found suddenly attacked with sickness and pain in the head; within an hour coma and death occurred. The uterus and ovaries were also shown. A large Graafian vesicle existed. Some blood was seen on the surface of the uterus. Menstruation occurred three weeks before death.

APPENDIX EPIPLOICA IN A HERNIAL SAC.

Mr. COOPER FORSTER showed this from the body of a man who died in Guy's Hospital after operation for hernia. The appendix epiploica was found in the sac, which had the exact appearance of a testicle and cord, and might easily be mistaken for such by an operator.

DEFICIENCY OF ABDOMINAL PARIETES.

Dr. BRODIE showed a child born recently, exhibiting this deficiency, and dying after forty-eight hours. A thin membrane existed throughout the entire anterior surface of the abdomen, and formed a protruding sac, containing most of the viscera. There was an aperture existing between the abdomen and chest. One kidney was a mass of cysts. The recti muscles existed and diverged, one on each side of the sac.

SPINA BIFIDA.

Mr. CALLENDER presented a fœtal specimen, showing fissure throughout the track of the spine, the details of which he described.

In answer to Mr. Hulke, Mr. Callender had been unable to examine the fluid of the tumour.

PARTS AFTER EXCISION OF ELBOW.

Mr. CALLENDER showed these from a girl ten months after the operation in one of our large provincial hospitals, where she had been well taken care of. Three months ago she was admitted into St. Bartholomew's Hospital, with no use whatever of the limb, which was colder than the other. After long attempts to improve this condition, the limb was removed. The muscles were in fair condition, and their new connections were carefully described. The line of the ulnar nerve was lost in the fibrous tissue existing at the site of the wound. No direct connection between the osseous surfaces existed. Mr. Callender also showed the splint used at the hospital for these cases. He remarked on the most desirable period for applying passive motion in these cases.

Mr. BARWELL and Mr. HOLMES coincided in thinking that the ulnar nerve had been divided in this case.

Mr. HULKE thought, with Mr. Holmes, that passive movements should be commenced early.

Mr. WOOD and others took part in a conversation on this subject.

The PRESIDENT reminded the members that the division of the ulnar nerve would only paralyse two of the muscles of the forearm.

Dr. GIBB showed a diagram of the larynx in a case of

FUNCTIONAL APHONIA OF TEN YEARS' DURATION,*

occurring in a married lady, aged fifty-two, and arising gradually (not suddenly) in the first instance from emotional causes. She had undergone various plans of treatment, without any results, except on one occasion for about three weeks in the early part of 1862, when a harsh, rough, masculine sound appeared, and then went away. This was about eighteen months before Dr. Gibb saw her. He found paralysis of the vocal cords present, with complete immobility, both cords running perfectly parallel for the greater part of their length, and then meeting at their point of origin. This parallelism and the form of the glottis were accurately represented in the diagram from a sketch made at the time of the examination. The width of the glottis was about two lines, and respiration was performed without in any way altering it. As almost everything had been tried in vain, including galvanism to the cords, reliance was placed chiefly upon silver showers to the larynx. This treatment was followed by the best results; for the natural voice returned in good power and compass in the course of a few days, and has continued after a ten years' absence.

Dr. Johnson, Dr. Quain, Mr. T. Smith, and Dr. Broadbent made some remarks on this case.

(Continued at page 91.)

* If our readers will turn to page 4 of the MEDICAL CIRCULAR they will find this case related by Dr. Yearsley; and as we have had indubitable proof of the correctness of that gentleman's narration, we would advise Dr. Gibb to be a little more sure of his facts. The lady had been treated at the latter end of 1862, and not "in the early part." Instead of "a harsh, rough, masculine sound," her voice was perfectly natural, with occasional hoarseness, so says the husband in his letter of thanks to Dr. Yearsley. Instead of retaining it only "three weeks," it remained with her for *six weeks*. Then, *as now*, she sometimes lost it for half an hour at a time. We shall be happy to insert any explanation by Dr. Gibb of the discrepancies in these statements between himself and Dr. Yearsley.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 3, 1864.

THE BRITISH PHARMACOPŒIA.

The British Pharmacopœia is now in the hands of the Profession, or at least, it may be for the consideration of 10s. 6d. paid for each copy; and as the alterations in pharmacy effected by this volume will be binding, both on the Medical Profession and on the pharmaceutical body, we only supply a necessary want in giving to our readers every information in our power, as to the changes which have occurred, whether in the introduction of new medicines, the omission of old ones, the nomenclature of the articles employed, or the methods of weighing them.

While the proof-sheets of the volume were passing through the press, we thought it our duty to abstain from making any comments on the nature of the work, but as soon as the book was presented to the members of the Medical Council, we broke the silence which we had hitherto imposed upon ourselves, and immediately laid before our readers the prominent features of the new Pharmacopœia, and our last two numbers will be found to contain a great amount of condensed information on this important topic. The subject, however, is of such paramount interest that we offer no excuse for recurring to it, and we shall from time to time continue to lay all the particulars before our readers, with such comments as the circumstances may suggest.

The difficulties of arranging the British Pharmacopœia, and reducing it to its present shape, have no doubt been very great, as every one can well understand, who knows how hard it is to overcome national or individual prejudices, even on trivial matters. When it is remembered that the three Pharmacopœias of London, Dublin, and Edinburgh, differed most materially in the selection of the drugs themselves, in the mode of preparing them, and in weighing them for administration, it will be easily understood that the Pharmacopœia Committee had an Herculean task before them, to reconcile these conflicting elements, and to harmonise discordant views. In this scientific contest, it is but too evident that the London section has had the worst of it, and that many of the best features of the last London Pharmacopœia have been abandoned, while many innovations, of very questionable value, have been introduced. The fact is, we understand, that the representatives of the London College of Physicians were constantly outvoted by those of the Edinburgh and Dublin Colleges, and the consequence has been that the Scotch and Irish elements enter in somewhat preponderating proportion into the new work.

This result is especially remarkable in the alteration of the weights; a change of such great importance, and one which will occasion so much inconvenience, that it cannot be too fully explained with a view to its general comprehension, if not general acceptance. It is well known that there are two systems of weights in use in England: one the avoirdupois weight, by which all the usual articles c commerce are weighed, and the other, the troy or apothe caries' weight, by which gold and silver, and medicines are weighed. Now, although this diversity of weights wa by no means a philosophical arrangement, yet, like som other anomalies, it worked well, and no one, in England a least, ever complained of its inconvenience. The avoirdu pois pound was divided into sixteen ounces, and the tro pound into twelve, and the ounce of the latter was sul divided into eight drachms to each ounce, three scruples t each drachm, and twenty grains to each scruple. But th reconcilement between the avoirdupois pound and the tro pound was incompatible with the division into drachm and scruples, representing integral numbers of grains; fo the avoirdupois pound consists of 7,000 grains, and th sixteenth of this number is 437·5, which is the actua number of grains in the avoirdupois ounce, instead o 480 grains, the present complement of the troy ounce When the number 437·5 is sub-divided into eight parts and each of these eight parts into three, it is evident tha a number of inconvenient fractions must be the result and hence it was necessary either to alter the value of th grain, or to abandon altogether the use of the drachm and the scruple. It was, therefore, proposed by Dr. Charles Wilson, the Secretary of the Edinburgh section of the Pharmacopœia, to alter the value of the grain weight, so as to make integers of the ounces, drachms, and scruples, bu making the grain a fractional part of the present grain Very little inconvenience would have resulted from th change, but nevertheless the proposition met with so muc resistance, that it was eventually determined to preser the integral number 1 for the grain, although this step i volved the necessity of making fractions of the ounc drachm, and scruple. Such is, therefore, the prese arrangement, and the ounce contains, as we have stat 437·5 grains, while the drachm and the scruple, as be expressed by inconvenient fractions, are to be abandon altogether.

When we ask ourselves what advantage has been obtain by this change, the answer must be that it is very sma if any, while the inconveniences are pressing and manife The chemist and druggist will use the same weights dispensing opium and calomel, as the grocer does for sug or the butcher for meat; but the Medical practitioner, w does not weigh sugar or meat for purposes of trade, will debarred from prescribing scruples and drachms, which h hitherto been most usefully employed in the administrat and dispensing of medicines. Another advantage, if s it can be called, is that the ounce measure of water weigh exactly an ounce; but as no one cares much practice whether it does so or not, the benefit is material, more especially when we recollect that this applies only to water, and to no other fluid, and onl water at the temperature of 62 deg.

With regard to the names of the medicines used, it be necessary for the Medical practitioner to forget chemi altogether, so far as the nomenclature of the Materia Me

is concerned. The restoration of the old and familiar names to many of the drugs, is by no means an objectionable step, and is calculated to prevent mistakes, both in prescribing and dispensing, especially at a time when chemical theories are frequently changing, and when the names of chemical compounds change with the theories. But if this system is adopted in some cases, why is it not adopted in all? and why designate our old acquaintance, cream of tartar, which has lately been known as bitartrate of potash, by the still more recent name of acid tartrate of potash? We are fully aware of the chemical reasonings which render the latter name theoretically correct, but as chemical theories are ignored in the new nomenclature, why make this exception to the rule?

The expurgation of articles contained in the last London Pharmacopœia has been effected with no sparing hand, and we have but little to say in favour of many of the banished drugs, most of which we can very well do without. But if we have lost marsh-mallows, wormwood, canella, quinces, black and white hellebore, lettuce, arrow-root, pellitory of Spain, tormentilla, violets, buckthorn, sagapenum, stavesacre, and many other dangerous or useless articles, we may well ask whether the acquisitions in the new Pharmacopœia are such as to give general satisfaction. Cocculus indicus, a most dangerous poison, said to be used by some brewers for the adulteration of beer, but of no earthly value, so far as we are aware, in the practice of medicine, is one of our new acquisitions. Its only use, we believe, is in the form of external application for the destruction of lice, in which operation staveacre is quite as efficient, but neither of them possessing more efficacy than several other preparations. Why, again, is Arnica introduced? unless it be to throw a sop to the homœopathic fraternity, who profess to find in this drug an amount of efficacy which the rest of the world have failed to discover.

As we were present at the lecture given last week by Dr. Garrod, on the British Pharmacopœia, at the College of Physicians, we were anxious to learn what the Lecturer, himself one of the *collaborateurs* in the production of the work, thought of this plant, which we know is so loudly extolled in some quarters, being considered "the sovereign'st thing on earth, like parmacity for an inward bruise." We were not by any means surprised to learn from him that, as far as it could be ascertained by experiment, the drug possessed no efficacy at all. Bruises made in the operation of cupping on both sides of certain patients, were treated respectively with tincture of arnica and with rectified spirit only, and the results were precisely the same. Bruises which were left to themselves also did well, but the discoloration did not disappear so rapidly as when spirit was employed, thus proving the advantage of using spirit lotions, or brandy and water in such cases. As for arnica, however, used externally or internally, it appears to possess hardly any active powers whatever.

These observations are offered upon some of the striking features of the work now presented to the Profession, and we shall pursue the subject in future numbers.

PUBLICATION OF THE BRITISH PHARMACOPŒIA.

The following notice appears in the 'London Gazette' of January 26, 1864:

Notice is hereby given, that the 'British Pharmacopœia' has been published, under the direction of the General Council of Medical Education and Registration of the United Kingdom, and that the same has been printed by Messrs. Spottiswoode and Company, of New-street square, in the City of London, Printers, under the authority of the said Council.

Dated the 25th day of January, 1864.

FRANCIS HAWKINS,
Registrar of the General Council.

SUMMARY OF THE WEEK.

THE MEDICAL COUNCIL IN THE COURT OF QUEEN'S BENCH.

Under our head of Legal Intelligence we have inserted the Report of an application from a Mr. Sargeant for a *mandamus* to the Medical Council to restore to the Medical Register his own name, which has been omitted in consequence of his change of residence, and has not been replaced, although he has made application for that purpose. It was very justly contended that it would be a most unwarrantable exercise of arbitrary power, to deprive a man of the power of exercising his profession, merely because he had accidentally omitted to intimate his change of abode, and we are glad, therefore, that the rule for a *mandamus* has been made absolute. In reference to this matter, however, we quote the following observations from the 'Lancet,' merely premising that the Dr. J. P. Sargeant there referred to, cannot, of course, be the same person as he who has applied for the *mandamus*.

"It is not right that this should go forth to the Profession without our reminding them that we had only a fortnight since to call attention to a beastly pamphlet with the name of 'Dr. J. P. Sargeant' pasted on the cover, and in relation to which a mendacious advertisement had appeared, falsely quoting the 'Lancet' as having given a favourable review of the filthy production."

THE RECENT ELECTION OF EXAMINER AT THE COLLEGE OF SURGEONS.

We are very sorry to learn that the late election of an Examiner at the College of Surgeons has not been altogether conducted with fairness. It was stated in what we conceived to be very respectable quarters, that Mr. Gulliver, although first on the list, had declined to allow his name to be proposed, and we accordingly copied the statement into our columns. It now turns out that Mr. Gulliver never did anything of the kind, and that he is so disgusted with the whole proceedings, that he has resigned his seat at the Council. We can only express own own great regret at having given additional currency to an unfounded rumour, and at the loss which the College must sustain by the retirement of Mr. Gulliver, whose claims to professional respect are of the highest order. To exclude such a man from the Examining Board, because he is not an Hospital Surgeon,

is an utter absurdity, and yet we believe that this is the only reason why he was not elected.

THE CASE OF GEORGE VICTOR TOWNLEY.

The attorney for the prisoner in this case has addressed a letter to the 'Times,' in which he states, in reply to the insinuation that the extraordinary result was achieved by the expenditure of money, that the magistrates who signed the Lunacy certificate, under the statute of the 3rd and 4th of Victoria, chapter 54, were only selected accidentally and as a matter of convenience, as they were on the spot where the prisoner was confined; that the two Medical gentlemen, who took part in the examination of the alleged lunatic, were selected only for their known experience in matters of lunacy, and that their services were wholly gratuitous; and that Dr. Forbes Winslow refused to enter upon an examination of the prisoner's mental condition unless he were permitted to do so, unfettered and uninfluenced by any pecuniary engagement, and that he has received no fee or reward up to the present time. Mr. Gisborne, the surgeon to the gaol, is said to have been subpœnaed by the prosecution, although he was called for the defence, and to have had, from the defence, no compensation for his services.

FALSE QUANTITIES AT THE COLLEGE OF PHYSICIANS.

While the three Colleges of Physicians are debating upon the adjustment of the weights and measures used in the Pharmacopœia, it is painful for us to state that the Royal College of Physicians of London is dealing in false quantities. This institution used formerly to pour out measures as pure as the fountain of Castalia, but, under the new *rĕgime*, the stream has become somewhat turbid, and the College displays a painful disregard to the Gradus ad Parnassum. If such laxity had been discovered in one of the *Members* of the venerable edifice in Pall Mall, the world might not have been amazed, but coming from its Fellows it is indeed unpardonable. The orator, who, last week delivered some very able discourses on the British Pharmacopœia, pronounces the word sulphurous, sulphūrous, forgetting that the penultimate syllable in the oblique cases of sulphur is short.

> "et latè circum loca sulphŭre fumant."
> VIRGIL.

and, moreover, that Shakespeare in *Hamlet* says:

> "When I to sulphŭrous and tormenting flames
> Must render up myself."

Another instance is that he pronounces one of the varieties of Pityriasis as Versicōlor, overlooking the fact that the latter word is a classical one, and that the penultima is short.

> "Astur equo fidens, et versicŏloribus armis."
> VIRGIL.

These facts, and the sad typographical errors allowed to escape notice in a book lately written by one of the Fellows of the College, and which we have reviewed in our columns of this week, ought to make the College look to its laurels. The shade of Sir Henry Halford still hovers over the establishment, and must be horrified at the decadence of classical learning within its walls.

SARRACENIA PURPUREA IN SMALL-POX.

It will be recollected that, during the last summer, w cautioned the members of the Medical Profession again giving credence to the reputed powers of the Sarraceni Purpurea in the treatment of small-pox. A very wel meaning gentleman, a surgeon in the Guards, published letter in the 'Times' containing some rather crude remarl and very hasty inductures as to the value of this plant i the disease in question, and his views, to our great surpris were indorsed by some of our Medical contemporaries, a even by the 'Lancet' and the 'Medical Times and Gazett The bubble has now burst, and America, the country fro which the history of the wonderful powers of the plant fi emanated, now repudiates its own progeny. A committ of the New York County Medical Society, after havi carefully examined the evidence on the subject has arriv at the following conclusion:

"Your Committee has endeavoured to lay before t Society the history and recorded experience thus far in t use of the Sarracenia Purpurea for the treatment of sma pox, and, in conclusion, would respectfully submit the f lowing, as their deductions from the testimony here acc mulated. 1st. That the analyses already made of the pla do not give any active principle or elements which wou indicate any great medicinal potency. 2nd. That the di coverers and advocates of the specific remedial power of t Sarracenia Purpurea over variola have given apparentl too great credit to the "post hoc" circumstances, as bein "propter hoc" influences (one reason for this latter infe ence being suggested by the loose, unscientific, and eul gistic style of the communications). And 3rd. That the liable recorded experience thus far, appears to preponder against the remedial efficiency of this plant in those for of the disease which do not generally recover under administration of ordinary remedies. Charles Hensch M.D., *Chairman*, John G. Adams, A. S. Purdy, Joseph Merritt, Joseph S. Crane."

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. I. BAKER BROWN commences a series of clin lectures on "Some Diseases of Women Remediable Operation." The present lecture is on the Diagnosis Ovarian Disease, and Mr. Brown adduces several case show the difficulty which exists during life in distinguish the different kinds of ovarian and uterine tumours. four conditions likely to be confounded together are p nancy, fibrous tumour, ascites, and encysted tumour. most common of these is, of course, pregnancy, but often mistaken for disease. Sometimes pregnancy is ciated with the existence of a fibrous tumour of the ut as in one unique case recorded by Mr. Brown; in su condition a diagnosis is impossible. Sometimes ov dropsy and ascites exist together, and sometimes a cysted tumour simulates ovarian dropsy, and Mr. B gives examples of these anomalies. Dr. G. GOD ROGERS relates some particulars of a "Case of Emp and Pneumothorax," relieved by what is termed centesis of necessity, namely, the formation of a taneous opening in one of the intercostal spaces fo discharge of the matter. The case resulted from an i

to the side, which seemed to have caused pneumothorax and suppuration of the lung. Dr. H. BEIGEL contributes a paper on "Spirometry," by which is meant the measurement of the amount of air taken into the chest in respiration. Dr. GEORGE ROBINSON continues his paper on the "Home Treatment of the Earlier Stages of Insanity," and he chiefly insists upon two points, first, that the Medical practitioner should only *recommend* the imposition of restraint in any case; and secondly, that the arrangements of an ordinary house should be assimilated as much as possible to those of a modern asylum. Mr. CHRISTOPHER HEATH proposes a "Method of Extracting a Hair-pin from the Male Urethra." The proposition is founded upon a case recorded by Mr. H. Thompson, in which that surgeon removed a hair-pin from the urethra. Mr. Heath has made experiments upon the dead body from which he is led to believe that, if such a case should again occur, the best treatment would consist in grasping the urethra so as to approximate the ends of the pin and then passing over them a tube, and so extracting the whole from the urethra. Mr. E. S. P. BEDFORD commences some papers on the "Diseases of Tasmania," but his present communication records three cases of operative surgery.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. A. B. GARROD contributes the first of the lectures now in course of delivery by him at the College of Physicians on the "British Pharmacopœia: its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease." In the remarks we have ourselves made upon the Pharmacopœia, we have anticipated many of the remarks made by Dr. Garrod in this lecture, which, therefore, does not require a detailed analysis at our hands. In speaking of the *acidum sulphurosum* of the New Pharmacopœia, it was mentioned that this substance was chiefly employed as an external application, more particularly for the destruction of some of those cryptogamic forms of vegetation which are now considered to constitute the essence of certain skin-diseases. Dr. GEORGE HARLEY continues his lectures on "The Urine and the Diseases of the Urinary Organs," and he now describes the varieties observed in the quantity of urine in connexion with the amount of drink and of food ingested, and with the cutaneous and pulmonary exhalation. The influence of the stools, of sex and age, and of diseases and remedies, is also described. Mr. WOOD continues his communications on "Rupture," and in the present paper he describes the anatomical characters of the inguinal hernia, which he illustrates by woodcuts. Dr. LEARED relates a "Case of Cerebral Disease, apparently Tubercular Meningitis, terminating in Recovery." The treatment adopted was the application of cold lotions to the shaven scalp, followed by the local use of iodine and the internal administration of iodide of potassium in five grain doses, together with strong beef-tea and wine when the strength seemed to be failing.

THE 'BRITISH MEDICAL JOURNAL.'

Mr. HENRY LEE commences a series of clinical lectures on the "Obliteration of Varicose Veins," his present lecture being founded upon a case of varicocele, in which two needles were placed between the enlarged veins and the vas deferens, and slight pressure was applied to the veins by means of ligatures passed over the ends of the needles. The veins, thus compressed by the ligatures, were then divided midway between the two needles by subcutaneous section. In a few days the needles were removed, and in the course of some months the cure became complete. Mr. LEE then reviews the different modes adopted by surgeons for the obliteration of varicose veins, and he shows that the danger of wounding veins does not arise from the production of lymph on the lining membrane of the veins; but from the deposition of fibrine from the blood. When the coagula are formed from healthy blood, they are easily removed from the spot where they are deposited, and appear to produce very little inconvenience to the system; but if the coagula have begun to undergo morbid changes, or if they have already become mixed with other secretions in their neighbourhood, the most severe symptoms of blood-poisoning may be produced.

THE 'MEDICAL MIRROR' A MONTHLY MAGAZINE OF CURRENT MEDICAL LITERATURE AND NEWS. Vol. I. January, 1864.

Under the above title a new Medical Journal has made its appearance at the commencement of the present year. The editorial programme deprecates the opinion that some people may entertain of there being enough medical periodicals already, and it announces that the object of the new journal is to present essentially the features of a review, combining, however, information on current topics of professional interest. The original communications of the present number consist of an able paper, illustrated by cases, on "Astigmatism," by Mr. J. ZACHARIAH LAURENCE; "Some Remarks on Cases of Imperfect Development of the Uterus," by Dr. A. MEADOWS; "Surgical Cases at the London Hospital," reported by Mr. C. F. MAUNDER, the Senior Assistant-Surgeon; and a paper on "the Advantages Derivable to the Medical Profession and the Public from the Establishment of Village Hospitals," by Mr. ALBERT NAPPER, of Cranley. The rest of the number consists of Reviews of Books and Pamphlets, a Retrospect of British and Foreign Medical Journals, and a general glance at the Medical Intelligence of the Month. The Journal is very well got up, as to paper and printing, and the tone of the contents exhibits a desire on the part of the promoters of this new serial to uphold the dignity of the Profession, and to open a new source of medical information and criticism in addition to those which we already possess.

THE 'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

Amphoric Voice and Breathing in Pleurisy.—Epileptiform Neuralgia.—Exophthalmic Goitre.

On resuming his chair after the long vacation, Mr. Trousseau, dispensing with any introductory address to the audience in his crowded lecture-room, ever eager to profit by the eloquent tuition of the eminent Professor, at once entered on the description of certain facts which seem to detract from the rigid interpretation of a class of stetho-

scopic signs, which, since the days of Laennec, have always been more or less closely associated with the existence of extensive pulmonary ulceration. We allude to amphoric voice and breathing.

Practitioners were already aware that these phenomena are not only observable in considerable pulmonary excavations, but may also arise from the presence of a fibro-plastic or other tumour adjacent to the surface of a healthy lung (Woillez, *Archives de Medecine*, 1852), or from the pressure exercised on the lung by a pleuritic effusion ; thus, in 1853, Messrs. Rilliet and Barthez published a paper founded on six cases in which this anatomical change was the obvious cause of amphoric voice and breath-sounds, no pulmonary excavation existing at the time. This memoir derived additional interest from the fact that in several of the instances adduced a gurgling sound analogous to that which is characteristic of ulceration was plainly detected. In the ensuing year, 1854, Mr. Béhier published two fresh cases of amphoric respiration in puriform pleurisy. In addition, M. Landouzy stated in 1856 that he had not only heard the amphoric sounds in aggravated cases in which he was compelled to have recourse to thoracentesis, but also in instances of simple uncomplicated pleurisy, and this assertion Mr. Trousseau now confirmed from the result of his own experience.

The first case which attracted Mr. Trousseau's notice occurred in 1853, when a young woman aged twenty presented, in the course of a severe attack of typhoid fever, very serious chest symptoms indicative of bronchitis, broncho-pneumonia and pleurisy. On the eighth day after the complications set in, amphoric breathing and voice-sounds were discerned, together with cavernous rhonchi during the paroxysms of cough. Acute phthisis was surmised to exist, but a complete cure was nevertheless effected in a few weeks, and it is needless to add that this could not have occurred if the diagnosis had been correct.

In a second patient, at present occupying a bed in the wards, effusion took place on both sides of the thorax after a few days fever; at first a muffled souffle with ægophony was heard on auscultation, but in a short time these signs were replaced by genuine amphoric souffle, attended with bronchophony and gurgling sounds very similar to those produced in a cavity. Yet it is impossible to admit that tuberculosis could have progressed so rapidly, and this surmise is further contradicted by the gradual improvement of the condition of the woman who previously enjoyed perfect and uninterrupted health.

In a third case, Mr. Trousseau expressed doubt on account of the presence of persistent nummular expectoration.

The two last cases adduced by the Professor refer to women who died after presenting the amphoric signs. In one, a copious eruption of tubercles was discovered after death ; in the other, no anatomical signs of tuberculosis were detected ; both had suffered from pleurisy. The contrast offered by these cases suggests to the pathologist the necessity of considerable reserve ; although the amphoric sounds may be connected with a peculiar liability to vibration of the walls of the chest, and be referrible to pleurisy with or without effusion, or to the pressure exercised by a tumour on the surface of the healthy lung, they may also be induced by tuberculosis, and the practitioner should therefore be guarded in his prognosis. Here, however, it is, as usual, a safe rule not to rely on a solitary sign, and always to view exceptional cases with a considerable degree of suspicion.

In his remarks on the pathology of neuralgia, Mr. Trousseau dwelt on a condition which he acknowledges to have for many years, like others, confounded with facial neuralgia, or neuralgia of the fifth pair, but which, by its analogy with painful *aura epileptica* now appears to him to merit a distinct place amongst the varieties of neurosis, under the denomination of *epileptiform neuralgia*.

This distressing and spasmodic affection well deserves the denomination of *tic douloureux*, and differs from genuine neuralgia of the face by the suddenness of its appearance, the excruciating intensity of the pain, the entire cessation of all suffering after a duration pretty constantly the same, and the impossibility of relieving the paroxysms which recur at variable intervals, of one or ten minutes, one or two hours, etc. Some two years since, a patient in Mr. Trousseau's wards, experienced thirty attacks in the hour ; he could neither eat, drink, nor sleep, and this torture persisted sometimes for two successive months without interruption. The Professor was once consulted at his house by a prefect who had scarcely taken a seat when he sprang up, and applying his hand to the right side of his face, which was in a state of spasmodic convulsion, walked up and down the room stamping and swearing like a mad man. This strange scene lasted about a minute, when the pain subsided, and the patient apologised for his violence and agitation. Mr. Trousseau assured him he fully understood the nature of his sufferings, which he might mitigate but could not promise to remove altogether. This peculiar form of neuralgia, which affects the trifacial nerve only never yields in a complete and permanent manner.

Thus without proscribing the section of the nerve which Mr. Trousseau might even now resort to in a case of this kind, he greatly doubts whether the procedure can be expected to produce lasting results. Blisters dressed with morphia, hypodermic injections, etc., are utterly unavailing. One remedy, and one only, proves an efficient palliative viz., large doses of opium.

Mr. Trousseau brought forward in support of this statement, the case of an aged lady from the city of Antwerp who was a kind of martyr to this kind of neuralgia, which was allayed with enormous doses of opium. The duration of each paroxysm varied from a few seconds to three minutes, and the pain attacked in turns the three main branches of the nerve, rapidly extending to every filament and inducing convulsive action of the muscles of the jaw. Twenty of these fits occurred within an hour. An interval of a fortnight or a month sometimes elapsed without recurrence of the disorder, but it invariably returned with the same violence. In this instance Mr. Trousseau prescribed each day at first three or four grains of muriate of morphia which he gradually increased to one drachm. Great improvement was effected, but the treatment being expensive the professor obtained for the patient the drug at cost price when she took as much as two drachms a day with much relief, and singular to say, without any disturbance of the digestive functions. The tolerance consequent on habit is sometimes incredible : Mr. Trousseau stated that in one instance he had seen a brush-maker drink several full glasses of laudanum. It is however prudent to exhibit the medicine in very gradually increasing doses, and to watch carefully its effects on the system.

We shall conclude with a few remarks on exophthalmic goître, a disease on which Mr. Trousseau has bestowed much attention, and which has been noticed on several occasions in the present journal.

Further inquiry into the pathology of the affection has led to practical and theorettcal results which we are bound to notice. Thus the morbid condition in question is viewed by Mr. Trousseau, if not as a neurosis attended with local congestions, at least as a disease which originates in some modification of the vaso-motor system.

In support of this position, we may adduce the particulars of the interesting *post-mortem* examination of a woman afflicted with exophthalmic goître, who died in a few hours from the effects of apoplexy. The sympathetic nerve and its ganglia were carefully inspected, and the superior cervical of that system was found in a marked state of congestion and the texture of the ganglia had undergone alteration, a portion of their substance being replaced by cellular tissue. The experiments of Claude Bernard, Schiff and others prove that disease of the sympathetic or vaso-motor system induces peculiar changes in the organs placed under the influence of the affected parts of the nerve ; that these changes consist, in the first instance, consequently on a paralysis of the vascular parietes, in congestion, and hypertrophy, followed by impaired nutrition, atrophy, and a state analagous to cirrhosis. The texture of the organ ap

to be destroyed by the accumulation of cellular or conjunctive tissue. This was precisely what was observed in the patient who suggested the present remarks. In evidence of the first stage above described naught was discovered but hypertrophy of the layers of fat, about the heart and within the orbit. The thyroid gland, liver, spleen, kidney, and even the uterus were in a state of unmistakeable atrophy.

At the onset of the disease, which is more commonly observed in the female sex, nervous disturbances are always met with, so intense as to induce mania when the mind is affected; in other cases originating in the gastric viscera, and giving rise to bulimia with rapid concomitant loss of flesh, or invincible distaste for food; exophthalmos and bronchocele may both appear in the course of twenty-four or thirty-six hours, and subsequently subside, being especially noticeable under the influence of the excitement of the circulation which causes in these organs a sort of erectile congestion. All these circumstances indicate very distinctly the nervous nature of the disease.

The surmise receives further confirmation from the good effects of a methodical resort to hydropathic measures. Hitherto the only treatment prescribed consisted in the use of chalybeates and digitalis, and iodine both internally and externally; the digitalis being intended to calm the palpitations, and the iodine to subdue the bronchocele. Applications of ice to the throat and to the region of the heart have also been recommended, but these various medications only produce transient amelioration, whereas with the assistance of hydropathy an absolute cure has been effected. This system must therefore be viewed as of paramount importance in the management of exophthalmic goitre. We should not omit to state that on a recent occasion, Mr. Trousseau prescribed by mistake tincture of iodine for tincture of digitalis, and some six weeks after, the patient brought back her prescription, stating herself to be much relieved. The Professor, who previously entertained but a poor opinion of the efficacy of tincture of iodine in such cases, has again tested the value of the drug, and its external use, combined with hydropathy will perhaps, in future prove the most useful resource of the therapeutist in this singular disease.

GENERAL CORRESPONDENCE.

SYMM AGAINST FRASER AND ANDREWS.

To the Editor of the Medical Circular.

SIR,—Permit me to say in your inestimable Journal, that in ninety-nine cases out of every hundred, the sole causes of law suits being instituted with such avidity against Medical practitioners, is owing to a snake in the grass, and that snake is too often a rival practitioner—*i.e.*, if he should be called in to see the patient after a rival is dismissed by the family from attending the case. If a doctor is called in to a case, say, for instance, a burn or a scald, and he prescribes carron oil at the onset; the next that goes in to attend will say the application should have been lime-water from the first; need I say that whatever the heart is most prone to our evil nature will help forward, and thus the meddling doctor will maintain his position at all hazards of injuring a rival, and this, too, for mere earthly consideration, and yet pretend to follow the meek and lowly, by doing as you would be done by. Moreover, it is notorious that Medical practitioners disagree upon many matters connected with the practice of physic; and I may venture to add, that few men are more narrow-minded and jealous than its members are one to another.

I am, &c., HERTS.

THE CLERGY AND THE HERTFORD INFIRMARY.—At the annual meeting of the Governors of the Hertford Infirmary, it was stated that in addition to the regular funds of the institution, about 120*l.* is required annually. Of this sum during the past year 119*l.* has been received from the clergy.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY.

(Continued from page 85.)

Dr. WILKS presented the following specimens :—

I. FIBROUS TUMOUR ATTACHED TO THE KIDNEY.

This specimen he brought to the Society as an example of a fact which he thought was scarcely sufficiently recognised —that the internal organs of the body are liable to the same class of affections as those which are described as new growths or tumours on the exterior of the body. He said that surgeons had discriminated between various forms of external tumours as regarded their structure and malignancy, and he thought that the same could be done with respect to the affections of the internal organs. For instance, many of the diseases of the stomach formerly called cancerous, or funcoid, consisted of various kinds of growths, described by the surgeon as fibrous, recurrent fibroid, &c. Again, the so-called intra-thoracic cancers often consisted of growth which on the external part of the body would be styled the firmer and softer varieties of recurrent fibroid; and the same might be said of the kidneys, ovaries, and other structures of the body.

II. PLASTIC LYMPH LINING THE LATERAL VENTRICLE OF THE BRAIN.

A man aged forty was admitted into Guy's Hospital, under Mr. Birkett's care, for fracture of the skull and injury to the brain, which he survived a fortnight. The orbital plate was comminuted and the dura mater torn. At the anterior lobe of the brain there was an abscess, and this was closely contiguous to the anterior cornu of the ventricle. On opening the latter, it was found to be lined by a tough layer of lymph, which formed a complete cast of the cavity. The roof, floor, and descending cornu were covered, and thus a hollow sac or cast of the ventricle was constituted. It resembled a croupous membrane as seen on an inflamed trachea, and could be removed whole. It contained some purulent matter. Dr. Wilks said he had never met with a similar case before in which the ventricle had poured out a plastic lymph of this kind.

Dr. HARLEY related a case of Abscess in the Brain having a bearing on the case of Dr. Wilks, and described a false membrane lining one of the ventricles.

ADENOCELE OF THE BREAST.

Mr. BIRKETT showed this from a woman aged thirty years. It was a large and fresh specimen.

A TUMOUR FROM THE EYEBALL OF AN OX.

Mr. PARTRIDGE showed this as a rather rare specimen. A large bunch of hairs grew from the surface of the tumour, which sprang from the outer portion of the cornea and adjacent sclerotic. Such a thing was very rarely found in the human subject. He referred to cases by Mr. Wardrop, Von Ammon, Mr. Bowman, and Mr. Hulke.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, WESTMINSTER, JAN. 25.
(Sittings in Banco, before the LORD CHIEF JUSTICE, Mr Justice CROMPTON, Mr. Justice BLACKBURN, and Mr. Justice MELLOR.)

EX PARTE SERGEANT V. THE GENERAL COUNCIL OF MEDICAL REGISTRATION.

This case raised an important question, under the Medical Act, 1858, affecting the Medical Profession. Under this Act a registry is to be kept of Medical Practitioners: and it is declared to be the duty of the registrars to keep it correct, and to erase the names of all registered persons who shall have died, and from time to time to make the necessary alterations in the addresses or qualifications of the persons registered, every person legally qualified according to the Act at the time of the passing being entitled to claim registration; and to enable the respective registrars duly to fulfil the duties imposed upon them, the registrar is to write a letter to any registered person, addressed to him according

to his address on the registrar, to inquire whether he has ceased to practice or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter, his name may be erased; provided also that the same may be restored on the direction of the General Council, should they think fit to make an order to that effect. And by another section the Council have power to strike off the names of Practitioners whom they shall, after due inquiry, judge to have been guilty of infamous conduct in any Professional respect. And only those who are registered are to be deemed duly and legally qualified Practitioners. In this case the applicant was qualified and registered at the time of the passing of the Act; but the usual annual letter having been since sent to him addressed to his last place of residence, it had received no answer within the six months (owing to a change of address), and the Council proceeded to strike out his name. In Trinity Term last he applied for a *mandamus* to the Council to restore his name under their general power to do so, "if they should think fit;" but the Court doubted if this raised a legal duty to do so, so as to render them liable to a *mandamus*. They, however, granted a rule *nisi* under another section of the statute, to hear and determine on his application to be registered *de novo* on due proof of his possession of the requisite legal qualification.

Mr. M. Smith, Q.C. (with him Mr. Horace Lloyd), appeared on the part of the Council to show cause, urging that, if the application were acceeded to, the result would be that Practitioners who had been struck off for misconduct would be able to insist on reinstatement.

The Court, however, pointed out that by the Act the registrar is only to insert the names of Practitioners if satisfied by proper evidence that he is entitled to registration, which he would scarcely be in the case supposed; and,

The Lord Chief Justice put the case of a Practitioner whose name was struck off through mere *laches* or neglect on his part in not answering the usual letter. Surely, he was not to be excluded for ever from the practice of his Profession?

Mr. M. Smith said the Legislature had entrusted these eminent persons who constituted the Council with such powers, and it was not to be presumed that they would improperly exercise them.

Mr. Henry James appeared in support of the rule; and after some discussion,

The Court said the question was one of far too much doubt and too great importance to be decided summarily either way, and the *mandamus*, therefore, had better issue, with a view to raise the question regularly upon the record, so as to admit of its due argument and deliberate determination. The Court, without calling on Mr. James to support the rule *nisi*, made it absolute for a *mandamus*.

OBITUARY.

DR. MICHAEL LAMBTON ESTE.

We have to record the death of the above-named estimable gentleman at the advanced age of eighty-six. At an early period of life he entered the medical service of the army, having been an assistant-surgeon in the 3rd Foot Guards in 1800, and surgeon in the 1st Life Guards in 1812. He was the senior medical officer in the Royal Household Cavalry through the last Continental War, and in the course of his career he served both in Egypt and in the Peninsula, receiving numerous decorations, both English and foreign, for his services. During one part of his military life, he had the good fortune to form the acquaintance of the illustrious Lord Nelson, and filled for a time the office of his private secretary. Dr. Este was an exceedingly well-informed man, and possessed much literary taste, having written books on the "Baths of the Romans," on the "Ruins of Rome," and many other subjects. Notwithstanding his advanced age, he was a very agreeable companion, and until a very recent period he was fond of joining his old friends at convivial meetings which he enlivened by his power of conversation, and his anecdotes of the scenes and the persons he had met with in his career.

MR. WILLIAM JOHN WICKHAM, OF WINCHESTER.

We regret to record the death of Mr. Wickham, of Winchester, one of the consulting surgeons to the Hampshire County Hospital. Mr. Wickham and his ancestors have occupied a high position in surgery at Winchester, for above a century; and have left a name and reputation, as honourable and lasting as the venerable city itself. Mr. Wickham was educated at the Borough Schools, and subsequently studied at Edinburgh and Paris. He passed the College of Surgeons in 1815, and became honorary Fellow in 1843. Mr. Wickham had been out of health for some months; but latterly, repeated attacks of epilepsy terminated his useful life. He had been for more than forty years connected with the Hampshire County Hospital, and during that lengthened period conducted a very extensive private practice. His contributions to medical literature were a 'Treatise on Diseases of the Joints,' with various papers on surgical subjects in the journals of the day. As an operator and lithotomist, he was very successful, and his operations were extended to various parts of the county, and elsewhere. — 'British Medical Journal.'

DR. OSBORNE.

We regret to record the death of another eminent member of the medical profession, Dr. Jonathan Osborne, who expired on Saturday, at Blackrock. Dr. Osborne was Professor of Materia Medica in Trinity College, and was also for a great number of years attending physician of Mercer's Hospital and of Sir Patrick Dun's Hospital. The deceased gentleman was highly esteemed by all who had the privilege of knowing him. Dr. Osborne took the degree of M.B. in 1818, and that of Doctor of Medicine in 1837. In October 1840, he was elected King's Professor of Pharmacy and Materia Medica, on the foundation of Sir Patrick Dun's Hospital, in the room of Dr. Crampton. He held that office until his death, having been re-elected at the expiration of each period of seven years of the professorship. He continued to lecture up to the recess of last Christmas. He was also Physician to Mercer's Hospital. He was an excellent classical scholar, and a contributor to various medical periodicals. He was also remarkable for the possession of a store of quaint literature. He was the inventor of an animal heat thermometer, an instrument which is likely to turn out very useful.

FUNERAL OF THE LATE SURGEON SMYLY.

The funeral of this esteemed and lamented gentleman took place on Saturday, the 23rd ult, and was attended by many of the members of his own profession, and a large number of those who knew and respected the unobtrusive worth and practical piety by which he enhanced the value of his high talents and laborious career. The life of Surgeon Smyly was more useful than eventful, and, though other contemporary with him in the Medical Profession have gained greater distinction, few have done more solid service, and none have acquired more general and permanent respect. The energy with which he devoted himself to all charitable objects and the earnestness of his religious views were scarcely concealed by the humility of his deportment. The affectionate regard which he inspired amongst young men is proved by the numerous attendance not merely of the medical students who received his instruction at the Meath Hospital, but of those belonging to other schools, and the presence of more than a hundred children who are being educated in the ragged schools which his benevolence so largely aided, was an affecting tribute to his worth.

The chief mourners were—Mr. Philip Crampton Smyly and the two younger sons of the deceased; Mr. Smyly, his brother; and Mr. Thomas Franks.

The funeral procession left the residence of the deceased in Merrion-square at nine o'clock, and arrived at Mount Jerome Cemetery at half-past nine. The coffin having been taken out of the hearse, was borne upon the shoulders of students of the Meath Hospital to the Cemetry Chapel, where the Rev. C. F. MacCarthy read the Burial Service.

The Rev. Maurice F. Day then delivered an address, in which he described the life of Surgeon Smyly as a life of active and unobtrusive piety. He had been intimately acquainted with him for many years, and had opportunities of observing his bland and courteous manner, his conscientiousness, and his earnestness in every good undertaking. There was no religious institution or charitable object in which his sympathies were not enlisted, and to which he was not ready to give his cordial and effective aid. The life of Surgeon Smyly had been singularly consistent with his professions, and his high ability and great professional skill were always freely given in assisting the suffering poor. Many acts of Christian kindness performed by him in secret had come to light, and showed the generosity of his disposition, and the practical character of his religion. In every thing that he did he had endeavoured to act from a true motive, and towards a worthy end. He was as remarkable for humility as for the honesty of his professions; and, though he never shrank from the performance of duty, he took care never to give offence to any one. The reverend speaker touched with much earnestness and feeling upon these and other traits in the character of his deceased friend, and towards the conclusion of his address referred more particularly to the efforts of Surgeon Smyly in connection with charitable institutions. The interest which he took in the foundation of ragged schools, in which children might be instructed in the fear of God and the knowledge of His Word, was equalled by the activity of his exertions in supporting them. In this field of labour his name would be long remembered with gratitude, and his example would be productive of great good, if followed by those who had similar opportunities and means of usefulness. Many of his professional brethren knew how benevolently he employed his talents. His gratuitous visits to the suffering poor were made with as much regularity as his paid visits to wealthy patients. He never looked for any reward save the approval of his own conscience, and many whom he had visited as sick and afflicted had afterwards found him a generous friend, as well as a skilful surgeon. He honoured the Sabbath-day by receiving no fees for medical attendance upon it, and a tenth of his income was regularly given to religious objects, and how much more went to charitable purposes could not easily be computed. The death which had interrupted this career of usefulness would be a heavy blow, not merely to his own circle of friends, by whom he would never be forgotten, but to the institution which he supported with so much liberality and zeal. The Rev. Mr. Day having spoken of the unexpectedness of the death of Surgeon Smyly, urged upon those who heard him the duty of following such an example, and dwelt upon the happy end of the consistent and honourable life which he had tried to describe.

The remains were then removed from the chapel and deposited in the family vault.

Births, Marriages, and Deaths.

BIRTHS.

BLACKWOOD.—On the 20th ult., at Kirkintilloch, Dumbartonshire, the wife of Dr. Thomas Blackwood, of a son.

BRUCE.—On the 22nd ult., at Camden crescent, Bath, the wife of J. R. Bruce, M.D., late of the Royal Scots Greys, of a son.

HASLAM.—On the 16th ult., the wife of G. H. Haslam, Surgeon, of Shropshire street, Market-Drayton, of a daughter.

HORSFALL.—On the 18th ult., of Sowerby bridge, near Halifax, the wife of Dr. James S. Horsfall, of a daughter.

HOTT.—On the 20th ult., at Bromley, Kent, the wife of E. Hott, L.R.C.P.L., of a daughter.

SIMPSON.—On the 13th ult., at Vittoriosa, Malta, the wife of T. R. Piekthorn, Surgeon of H.M.'s Ship "Hibernia," of a son.

SANDERS.—On the 22nd ult., at Stafford street, Edinburgh, the wife of Wm. R. Sanders, M.D., of twin daughters.

SKEGG.—On the 23rd ult., the wife of John J. Skegg, M.R.C.S.E., of St. Martin's place, of a daughter.

STEVENS.—On the 20th ult., at Hoddesdon, Herts, the wife of R. J. Stevens, M.R.C.S.E., of a daughter.

MARRIAGES.

DOWN—PARKER.—On the 27th ult., at Trinity Church, Bridgwater, Somerset, Henry W. Down, M.R.C.S., of Glastonbury, Somerset, to Lucy Anne, second daughter of the late James Parker, Esq., M.R.C.S.

SEWARD—PENFOLD.—On the 21st ult., at Selsey, Charles Seward, Esq., Surgeon, of Littlehampton, Sussex, late 4th Battalion Prince Albert's Own Rifle Brigade, to Margaret, eldest daughter of Hugh Penfold, Esq., of Selsey, near Chichester.—No Cards.

DEATHS.

ANNAN.—On the 22nd ult., at Kinross, R. Annan, L.R.C.S.Ed.

CRAIG.—On the 18th ult., at Seymour street, Holt hill, Birkenhead, W. Craig, Surgeon, R.N., for many years Surgeon and Agent of the Royal Navy for Liverpool, aged 72.

FAUSSETT.—On the 17th ult., at Balluia, Co. Mayo, R. Faussett, M.D., aged 86.

LYE.—On the 17th ult., at Hereford, J. B. Lye, M.D., aged 76.

OSBORNE.—On the 6th ult., at Nethergate, Dundee, Geo. Moore Osborne, M.D.

OSBORNE.—On the 22nd ult., J. Osborne, M.D., of Clermont, Blackrock, Co. Dublin, Professor of Materia Medica, Trinity College, Dublin.

PALK.—On the 1st ult., at Union Missouri, United States, of typhus fever, Wm. Palk, M.D., aged 63.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th ult.:—Thomas Graham Bennett, Brighton; Jean Baptiste Blanchet, M.D., Quebec; Charles Carr, Newcastle; Edward Colden, Wandsworth road; John Gordon Coulter, M.D., Belfast; Charles Thomas Dalley, Markfield, Leicestershire; George Eastes, Folkestone; John Edwin Eddison, Leeds; Richard Hughes, Llanddeniolen, Carmarthen; John Roaf Ireland, Kingswinford; Samuel Forest Leech, Mileend; Alexander James Low, Jersey; William Cubitt Lucey, Bermondsey; Charles Durrant Pearless, East Grinstead; John Jones Phillips, Towyn, North Wales; William Henry Power, Queen square, Bloomsbury; David Palmer Ross, M.D., Penang, East Indies; George Shannon, M.D., Magherafelt, Co. Derry; George Henry Watson, Jersey; John George Waters, Cheshunt; William Wigmore, Oswestry; Thomas Hewlett Worger, Chiswell street, Finsbury.

The following gentlemen were admitted Members on the 27th ult.:—William Battye, Plymouth; William Cheetham, Rochdale; George Henry Cresswell Cooper, Woburn place; Charles John Denny, Aston, Warwickshire; John Swinburn Anthony Dickinson, Norfolk street; William Daniell Dunn, Devonport; Richard Thomas Freeman, Hatcham; Robert George Gammage, Sunderland; Thomas Griffiths, Merthyr Tydvil; Eugene St. Paul Hadwen, Waterloo road; Albert Egerton Hale, Nantwich, Cheshire; George William Harrison, Whitchurch; Herman Boerhave Holman, Crediton, Devon; John Lloyd, Birmingham; Samuel Morris, Prescot, Lancashire; Frederick Powell, St. John's wood; James Joseph Rablah, Walsall, Staffordshire; Samuel Rooth, M.D., Chesterfield; William Wallace Somerville, Wakefield; James Shackleton, Whitworth, Lancashire; William Frederick Watts, Dewsbury.

At the same meeting of the Court, Mr. Henry Ashlin Close, of H.M.S. 'Royal Albert,' Plymouth, passed his examination for Naval Surgeon.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 19th ult.:—R. F. Allen, Middlesex Hospital; R. J. Andrews, Guy's; F. Argles, King's Col-

lege ; C. E. Blair, Guy's ; J. B. Blanchet, M.D., Montreal, St. Bartholomew's ; R. Brennan, St. George's ; E. Child, Charing cross ; A. E. Conolly, Dublin School ; J. G. Coulter, M.D., Belfast School ; E. P. Davies, Dublin School ; W. A. S. Dykes, Hull ; H. G. B. Harris, St. George's ; T. E. D. Hayes, Guy's ; W. T. G. Hicks, Guy's ; G. H. Hills, Guy's ; J. Hope, Newcastle ; E. Horne, Charing cross ; P. le F. Kilroy, Middlesex ; J. C. Leach, University College ; J. C. Macaulay, Birmingham ; H. C. Manley, Belfast School ; T. H. Morris, St. Thomas's ; W. Powles, London ; J. C. Roberts, Guy's ; G. Shannon, M.D., Belfast School ; W. B. Stirling, London ; D. M. Williams, Charing cross ; E. R. Woodford, University College ; J. H. Wraith, Charing cross.

The following gentlemen passed their primary examinations on the 20th ult :—B. Blewitt, London Hospital ; C. Broom, Guy's Hospital ; W. H. Bryant, St. Bartholomew's Hospital ; J. Carless, St. Thomas's Hospital ; F. Chabat, St. Thomas's Hospital ; T. Cuppage, Edinburgh ; F. Flint, King's College ; W. R. Goodfellow, London Hospital ; W. H. Harding, King's College ; T. Hora, St. Mary's Hospital ; H. Hyde, King's College ; H. M. D. Jones, Heidelberg ; A. Kisch, St. Thomas's Hospital ; C. G. Leacock, King's College ; R. N. Macpherson, Edinburgh ; W. M'Connell, Dublin ; W. May, St. Bartholomew's Hospital ; R. Z. Miller, Middlesex Hospital ; E. O'Leary, Dublin ; R. Orme, Guy's Hospital ; W. Pogson, Leeds ; J. F. H. Richardson, St. Bartholomew's Hospital ; J. Rogerson, London Hospital ; W. Skinner, Sheffield ; W. H. Strange, St. Thomas's Hospital ; J. Todd, London Hospital ; T. Warren, St. Bartholomew's Hospital ; W. L. White, Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st January, 1864 :—Warner Atkinson, Harrington square, N.W. ; Frederick M'Nair, Guy's Hospital.

THE ELECTION TO THE COURT OF EXAMINERS AT THE COLLEGE OF SURGEONS.—The friends of Mr. Gulliver complain that, before the late election, every means was adopted which could prejudice his chance of success. They state that an active canvass was set on foot by certain supporters in the Council of Professor Partridge, and that unfounded statements were inserted in some of the Medical journals to the effect that Mr. Gulliver, not being a Surgeon to any Hospital, would probably not present himself for election, and that the contest would be between Messrs. Partridge and Hilton. We need scarcely state that this assertion did not emanate from Professor Gulliver, and had no foundation in truth. Mr. Gulliver abstained from everything like a solicitation of votes ; he never opened any communication with any member of the Council on the subject, and was content that his claims should stand on their own merits. That our readers may judge what these claims were, we append a list of some of Mr. Gulliver's services and contributions to Surgical and pathological knowledge. We omit in the list his larger labours in the higher branches of animal and vegetable physiology, which are universally known, and to which our own pages have, in the last two years, borne ample evidence. Mr. Gulliver was a long time in charge of the General Military Hospital at Fort Pitt, performing all the surgical operations there. For upwards of twenty years since he was never without charge, in the regular course of duty, of other Military Hospitals. He made great part of the museum at Fort Pitt and of the catalogue thereof. He had there the superintendence of numerous junior Medical officers, with whom he always maintained the most friendly relations. When he left the army, and ever since up to this date, he was engaged in a small, but active professional practice, amongst his old military connection, never seeking to extend it, because he possesses independently ample means, and is attached rather to the scientific pursuits of his profession than to its more lucrative department. Amongst his published papers on Surgery and Surgical pathology are—"Experimental Inquiries concerning Necrosis," 'Med.-Chir. Trans.,' 1836 ; "Discovery of the Softening of Coagulated Fibrin as a Pathological Element Distinct from Pus," 'Med.-Chir. Trans.,' 1839 ; "Discovery of the Fatty Degeneration of Arteries, Testes, Lungs, etc., and that this Disease is the Proximate Cause of Aneurism, Sanguineous Apoplexy, and Decay of the Tissues," 'Med.-Chir Trans.,' 1843 ; "On the Reparation of Fractured Bones," 'Edin. Med. and Surg. Journal,' 1835 ; "On Shortening of the Neck of the Femur in Young as well as Old People," papers in different numbers of the 'Edin. Med. and Surg. Journ.,' 1836 ; "On Fracture of the Femur, with Inversion of the Limb," 'Ibid.,' 1836 ; "Experimental Inquiries concerning Fracture of the Patella, showing under what Conditions Union by Bone will or will not occur," 'Edin. Med. and Surg. Journ.,' 1837 ; "On Diseased Joints in the Army Medical Museum," 'Edin. Med. and Surg. Journ.,' 1837 ; "Experimental Inquiry concerning Buffy Blood," 'Ibid.,' 1845.—'Medical Times and Gazette.'

CORYZA OF INFANTS ; DR. HAUNER'S PRACTICE. — In nurslings, catarrh of the nose may lead to serious consequences, extend to the throat and larynx, or interfere with the performance of suction. Dr. Hauner states that children have died from this cause. It is therefore important to treat the coryza, and the Munich Professor recommends the following measures for the purpose.—After carefully cleansing the nasal cavities with luke-warm water, the surgeon should touch the membrane with a brush dipped in a solution of nitrate of silver (from one to three grains to the ounce), or of fifteen grains of the sulphate of zinc or copper in one ounce of water.—The nose is then covered with compresses soaked in warm oil ; saline baths should be prescribed, and small doses of calomel, senna, or rhubarb.—'Journal of Practical Medicine and Surgery.'

BEQUEST TO ST. GEORGE'S HOSPITAL.—In the Court of Chancery, on Friday, was heard Goodwin v. Braine. The question was as to a gift to said hospital under the will of Mr. A. Morley, late of Cork street, Burlington gardens, hotelkeeper, dated May 1, 1850. The testator, besides other charitable gifts, declared that his trustees, and the treasurer president, governors, &c., of said hospital should hold 50,000*l.* on trust, to purchase for said corporation a parcel of ground within seven miles of the hospital, and erect thereon a house of reception, with suitable gardens and grounds, for poor convalescent patients, to be called "Atkinson Morley's Convalescent Hospital, for the benefit of poor patients from St. George's Hospital ;" but if such trusts could not be legally carried out, the money was to be applied to such purposes of the institution as said corporation could legally appropriate. The testator died in June 1858, and his will was proved in August, 1858. The testator left a legacy to one of his nephews, on condition that he should execute a release to the trustees. The nephew having refused to do so, a question arose as to whether he had not forfeited the legacy. The nephew now attended, and consented to execute the release.—Vice-Chancellor Stuart ordered that he should have his legacy. He also directed a purchase by the trustees, and ordered a reference to chambers to settle a proper scheme ; the treasurer to lay proposals for the purchase of land, and the trustees and the corporation and treasurer to be at liberty to apply for such direction as may be necessary for carrying into effect the trusts and purposes of the will as to a convalescent hospital.

MORTALITY OF LIVERPOOL.—The annual report of the medical officers of this borough states that during the past year the deaths registered in the borough amounted to 15,266—a number greater than in any year since 1858, and 524 above the corrected average of the last decennium.

DEATH FROM THE IMPROPER USE OF MERCURIAL OINTMENT.—On Monday last, an inquest was held at Kilkenny before John Jellet, Esq., on view of the body of a girl aged thirteen years, named Martha Hoy. Some cutaneous affections having appeared on the deceased's head, her mother procured a quantity of strong mercurial ointment, which was injudiciously applied to the parts affected. Violent salivation and inflammation of the mouth ensued. Her throat became swollen to such a degree that no food could pass it, and she consequently died of starvation. Dr. Hackett gave evidence as to the cause of her death, and the jury returned a verdict in accordance with the facts.—'Kilkenomena Observer.'

ROBBING AN INFIRMARY.—One of the female patients of the Aldershott Infirmary, who had secretly left that institution without giving notice, taking with her the Infirmary clothing, she then wore, has been found guilty of the robbery at the Odiham Petty Sessions, and imprisoned for the offence.

VARICOSE VEINS; DIACHYLON AND LYCOPODIUM POWDER.—The 'Journal de Chimie Médicale' informs us that Professor Piorry, having derived benefit from the application of diachylon and lycopodium in various cases of inflammation and excoriation of the skin, has resorted to this remedy as a palliative in varicose enlargement of the veins. He spreads over the affected leg a thick layer of diachylon plaster, dusted with lycopodium powder, and in mild cases he has found that, although the patients do not refrain from exercise, all pain is relieved, and ulceration prevented.—'Journal of Practical Medicine and Surgery.'

A POOR-LAW SURGEONS' WIDOWS' FUND.—Dr. Phelan has ably advocated in a Dublin contemporary the necessity of providing some fund for the widows and children of medical practitioners when left, as is too frequently the case, unprovided for. He states that there are in Ireland 781 dispensary medical officers whose average salary is only 86*l.* per annum. Many of them being under 70*l.* He advocates the sanction of Parliament, which in the coming session will have to pass an act to continue the power of the Poor-Law Commissioners, to a scheme for appropriating 5 per cent. of their salaries to the formation of such fund. This he calculates will produce about 4,000*l.* per annum, not to mention additions which he thinks might reasonably be expected. He anticipates that this appropriation will meet with the hearty concurrence of the profession, an expectation which is strongly confirmed by the experience of the Indian Medical Service, in which a similar provision was formerly made on an extensive scale, but, on the abolition of the East India Company's rule, was discontinued, though much against the wishes of the *employés* of the government there. The inadequacy of the means of the Royal Medical Benevolent Fund to meet even a moiety of the cases requiring its aid is severely felt.

LACERATED WOUNDS INFLICTED BY LIONS.—On Thursday forenoon, about half-past ten o'clock, loud screams were heard at the Agricultural hall, Islington, proceeding from the direction in which the lions are kept in their caravan during the intervals of the performances. An impression at first prevailed that some of the animals had escaped, and were making an attack upon those who happened to be in their way. The truth, however, was at once made manifest, by seeing the body of an unfortunate man, named Thomas Greaves, who has within the last two or three days commenced his duties as keeper and feeder of the animals, drawn up close to the cage, and hearing from him the piteous cries and screams referred to. Some of the men immediately seized the long iron rods with a species of hoe at the end, by which the cage is cleansed, and rushed to the spot. It was then discovered that one of the larger lions had the unfortunate man Greaves's right hand in his mouth, while another had seized him by the thick part of the fore-arm, and had dragged the limb through the bars of the cage nearly up to the armpit. Having hot irons, the men at once set to work belabouring the lions over the heads and eyes, in order to make them loose their hold. This at the outset only tended to increase the ferocity of the animals, which, with loud yells, commenced tearing the flesh from their poor victim's arm and hand with their claws. It was not until the brutes were nearly blinded with the blows inflicted upon their eyes that they were induced to relinquish their gripe, when poor Greaves was drawn away with his mangled limb through the bars, and fell fainting into the arms of those who had rescued him from his horrible position. He was at once conveyed to the secretary's offices in Barford street, insensible and deluged with blood. It was then discovered that the hand was bitten completely through, and the flesh was torn off the arm in most parts to the bare bone, very nearly from the shoulder to the wrist. The poor fellow was placed in a cab, and accompanied to St. Bartholomew's Hospital, where, on examination by the surgeons of that institution, and after a conference, it was understood that, in consequence of the frightfully mutilated state of the arm and hand, amputation would be absolutely necessary, and it was to take place as soon as the sufferer should have sufficiently rallied from the first shock to the system.

SMALL-POX IN WASHINGTON.—Small-pox is becoming so prevalent in Washington that the House of Representatives have adopted a resolution recommending the municipal authorities of that city and Georgetown to take measures to ensure the vaccination of the citizens to prevent the further spread of the disease.

INSANE PAUPERS.—From a return just published, it appears that on the 1st of January, 1863, there were in England and Wales, 1,142,624 persons receiving relief, of whom 36,158 were insane; 23,032 being lunatics, and 13,126 idiots. Thus 3·17 per cent of pauperism is ascribable to insanity. Of these 15,790 were males, and 20,368 females.

THE SWINEY BEQUEST.—A meeting of the judges appointed under the will of the late Dr. Swiney to award, in concert with the Royal College of Physicians, on every fifth anniversary of Dr. Swiney's death, "a silver goblet of the value of 100*l.*, with gold coin to the same amount, took place on the 20th inst., at the house of the Society of Arts. The award was adjudged to Henry Summer Maine, Esq., D.C.L., for his work "On Ancient Law." The cup was executed by Messrs. Garrard and Co., from a design by Maclise, R.A.

A TESTIMONY TO OUR CLIMATE.—The 'Times' of the 20th ult. chronicles the death of eight persons between 70 and 80, of five between 80 and 90, and of four over 90; the united ages of these 17 persons giving an average of 82 years for each. On the 21st we read of 15 dying between 70 and 80, of eight between 80 and 90, and one over 90; the average of these 24 being very nearly 76 years a piece. On the 22nd there appeared two over 90, six between 80 and 90, and ten between 70 and 80; the average here being nearly 79. On the 23rd, 13 between 70 and 80, seven between 80 and 90, and one over 90, making an average of 79½ each. We suppose our American cousins would say, if these 80 individuals, whose longevity we have noticed, had lived anywhere else but in our own land of fogs and changeable weather, they would never have died at all.—'Notes and Queries.'

A DOCTOR OF MEDICINE AND HIS SUCCESSOR.—The Lord Chancellor of Ireland has appointed Mr. James Prendergast, his lordship's butler, to the post of train-bearer, vacant by the death of Thomas Sinton, M.D.

THE LATE PROFESSOR OSBORNE.—The following members of the medical profession attended the funeral of this lamented gentleman on the 26th ult:—Professors Law, Smith, and Stokes; Drs. Wilme, Duncan, Kennedy, Croker, Bevan, and Corrigan.

ALLEGED ATTEMPT OF A SURGEON TO POISON HIS BROTHER.—Mr. Richard Oke Millet, of Penpol, Cornwall, was charged on Saturday the 23rd ult. before the magistrates of Hayle, with having poisoned his brother some months since. Some circumstances having caused suspicion, the body was exhumed, and on examination it was thought that traces of poison existed. At present, however, nothing definite has been made public.

BEQUESTS.—The late Thomas Brown Young, Esq., whose personalty was sworn under 20,000*l.*, has left the bulk of it to charitable institutions, on the death of certain legatees. The charities named are—the Infirmary for Children (Waterloo road), the *Dreadnought*, Cancer Hospital, Infirmary for Asthma and Consumption (City road), Royal Free Hospital, East London Hospital (Victoria park), the Surrey Dispensary, and the Middlesex Hospital. Each bequest amounts to from 2,000*l.* to 4,000*l.*

MR. HOLMES COOTE has been elected corresponding member of the Society of Surgery of Paris.

NETLEY HOSPITAL RAILWAY.—The formation of a railway between Netley Hospital and Southampton will be immediately commenced.

ST. MARY'S HOSPITAL, MANCHESTER, which has hitherto been exclusively devoted to the treatment of diseases peculiar to females, has extended its field of operations by the addition of cancer wards.

MEDICAL MAGISTRATE.—Dr. Henry Hurry Goodeve, of Bristol, formerly one of the Professors of the Calcutta Medical College, has been appointed Magistrate for the County of Gloucester.

TYPHUS FEVER IN WHITEHAVEN.—The report of the Whitehaven Infirmary, just published, speaks favourably of the health of the town on the subsidence of the late attack of fever. The first four cases were admitted in January from various parts of the town. From March the fever continued to increase slowly, principally in the crowded and ill-ventilated houses of the poor. About the end of July it rapidly assumed the form of a wide-spread epidemic. It then gradually diminished in intensity, and there are now but few fever cases reported.

THE PHILOSOPHY OF TRAINING.—It is of paramount importance that we should bear in mind what are the whole results of training. That in one special direction great vigour is achieved, is true: and we, admiring this result, are too apt to generalize from it, and infer that in all directions the success has been equal. But it is not so. The muscular system has been forced into undue development, and this development has been at the expense of the general vitality. All forcing is injurions, except for the special object which is sought. The fighter has his muscular system in splendid condition; but his other systems are robbed to enrich that one; just as the nervous system of the student is in a state of intense activity at the expense of his muscles or glands. Nay,—and the fact is worth emphasis,—the powerful athlete is less able than the feeble student to stand the wear and tear of life. It was noted in Rome that the athlete were short-lived, liable as Sinclair admits, "to rupture of blood-vessels, to apoplexy, and lethargic complaints." and it has since been observed that not only do prize-fighters rapidly become aged and very rarely live long, but even the famous oarsmen of the Universities show a surprising mortality. It has been urged that the athletes and fighters are carried off by dissipation. Without claiming for such men any peculiar moderation, we must still claim for them that they are not more dissolute than their companions, who ought to succumb more easily to excesses if the popular notions about strength were accurate. But the truth is that the strength of a prize-fighter is to a great extent an abnormal condition, produced at the expense of the general system. The amount of vital energy which should be distributed among several organs has been so unequally apportioned that some are starved while others are overfed. It was known of old that for certain functions the athletes were almost totally incapacitated. That they have always been unfit for intellectual and moral activities is equally notorious. A man may have inherited a powerful brain with a powerful muscular system. The union is rare, but there is no physiological reason against it; there is, however, no possibility of even this man's preserving his intellectual vigour during a course of overstimulation of his muscles, all excess in one direction being compensated by a deficiency in the other. For perfect health both should be kept active, neither stimulated to excess. In the case of training, where, as we said, the object is to work up the muscular system to its highest pitch, the man may be magnificent to look upon and formidable to contend against, but he has been unfitted for the work of life, and is doomed to wither early. The training system is a forcing system; were it continued long it would kill; even for a brief space it is injurious. It is an exceptional process for an exceptional result, not the normal process for a healthy organism.—'Cornhill Magazine'.

BIRMINGHAM CHILDREN'S HOSPITAL.—The committee of this institution have placed some restriction on the admission of children. It is now required that the parents, previous to sending a child, shall make a statement as to the total earnings of the family, the number of children, &c.; and upon these data the admission of the child is made to depend. Since these regulations have been adopted a marked diminution in the number of applicants has taken place.

PROFESSIONAL DIGNITY IN FRANCE.—Our readers have not forgotten how certain parties have of late been summarily dealt with by the Medical Council and the College of Surgeons for unworthy conduct. A measure of the same kind has lately been adopted by the Academy of Medicine of Paris respecting a Medical man named Priou, practising at Nantes. This individual was a Correspondent of the Academy, and had lately, at the Medical Congress of Rouen, bills posted all over the town with advertisements of the most reprehensible kind. The members of the Congress protested very energetically, and the Academy has at last taken up the matter. It has been decided that Priou, for this forgetfulness of professional dignity, should be erased from the list of correspondents.

ODONTOLOGICAL SOCIETY.—At the annual general meeting held on the 4th ult., the following gentlemen were elected officers for the present year:—Edwin Saunders, Esq., President; Arnold Rogers, Esq., Treasurer; J. B. Fletcher, Esq., Librarian; Alfred Coleman, Esq., and Charles Vasey, Esq., Honorary Secretaries The President in his address congratulated the members on the present satisfactory condition of the Society, evinced by its numerical strength of 319 members, and the balance of 546*l.* 8s. 8d. in the hands of the Treasurer at the end of the last session.

EFFICACY OF THE SOLUTION OF ATROPIA IN SUPERFICIAL NEURALGIA.—The 'Bulletin de Thérapeutique' records a few interesting remarks of Professor Trousseau, on *Neuralgia*, in an extract of an unpublished chapter of the second edition of his 'Clinique Médicale.' We select a passage on the treatment of superficial neuralgia, in which the author recommends the solution of atropia as an external application; this preparation does not soil the skin or clothing like the extract of belladonna, and is prescribed as follows:—

℞ Atropiæ sulphatis, gr. iv.
Aq., destillatæ, ℥iijss.

Compresses impregnated with this fluid are applied to the seat of pain, covered with a piece of oiled sik, and secured with a ribbon or handkerchief. The aplication may be repeated several times in the course of the day, and on each occasion should be persevered in for an hour at least. If the pain be not relieved, the strength of the solution should be increased. When the neuralgia is fixed in one spot M. Trousseau advises the application with the tip of the finger several times in the space of an hour, of the following sedative:

℞ Atropiæ sulphatis, gr. iij.;
Aquæ destil, ℥ij.;
Alcohol rectif, ♏ xij.

When the neuralgia is situated in the scalp, along the course of the occipital nerves, for instance, the skin and roots of the hair should be moistened before the solution is used, a precaution which considerably facilitates its absorption.—'Journal of Practical Medicine and Surgery.'

THE COLNEY HATCH CHRISTMAS PARTY.—On Thursday week the managers of the Colney Hatch Asylum gave their annual treat to the inmates of that institution. Of the 1900 inmates, about 600, male and female, took part in the festivities. A great variety of entertainments were provided, and the complete success of the party was proved by the happiness it afforded to the patients.

MEDICAL OFFICER OF HEALTH FOR BIRKENHEAD.—At the last monthly meeting of the Birkenhead Commissioners, Dr. Charles Oliver Baylis was appointed Medical Officer of Health for the township. There were forty-six candidates for the office, of whom few possessed practical experience in sanitary improvements. Dr. Baylis, however, from his long residence in the borough, during which time he had taken an earnest and very active interest in the sanitary condition of the place, was unanimously chosen as especially qualified for the appointment.

GERMAN LADY-SURGEONS.—Frau Josepha Fey has just received a license to practise "lesser Surgery" in the Cologne district, on the condition that she should always act under the direction of a received Practitioner. This is the first example of such a concession being made to a woman in Germany.

ON PROTRACTED GESTATION.—Dr. Montgomery, in his work on "Signs and Symptoms of Pregnancy," records the case of a patient who had borne thirteen children, with

the last four or five of which she had exceeded her time by four to six weeks—that is, counting from the cessation of the menses: another of 291 days, and a third of 292 days. Harvey mentions an instance, where the woman carried the child for more than sixteen months, during ten of which the child was felt to move by herself and others, and at last she was delivered of a living child. Dr. William Hunter knew a woman who went fourteen days beyond the nine calendar months; Desormeaux relates a similar instance. Velpeau had a case of 310 days duration; Dewes of ten months; Burns of ten calendar months and ten days; Dr. Reid had two cases, one of 287 days, the other of 291 or 293. In the Gardner Peerage case gestation was prolonged to 44 weeks. Montgomery, in the work above quoted, notes two instances in which delivery took place in the 43rd week of pregnancy. Tessier and Lord Spencer have shown, that in the lower animals the period of gestation may be extended even to thirty or thirty-five days over the natural term. In Tucker's "Elements of Midwifery" it is recorded that 313 days was not an impossible period in the human female. Simpson mentions one of 314, or at the very least, of 290 days. Meigs had a case of fourteen months, or 420 days' duration,—see Simpson's Obstetric works, vol. I., page 340. Atlee gives a case in which the catamenia ceased on March 22, 1833; quickening took place on August 5, and delivery by the forceps was effected on March 22nd of the following year. It was a fourth pregnancy. Another, in which catamenia ceased August 6, 1832, quickening occurred on December 25, and delivery on August 13, 1833. Dr. Murphy met with a case where pregnancy had existed on two former occasions, and had been accomplished at the full time; however, the third time that the woman became enceinte, the menses ceased on February 10, 1861, quickening was noticed between the 10th and 20th of July; in November true labour-pains began, but were put back by a shock the patient received; on the 22nd of March, 1862, the child was born, "feeble and diminutive." The mother had been the subject of great anxiety while carrying the child. The same author mentions cases in which the gestation was prolonged to a term of 314 to 342, and of 324 to 352 days. The difference in the dates is caused by deducting a certain number of days, so as to allow for the uncertainty of the catamenial cessation.

DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.—Dr. Alexander Bryson, F.R.S., inspector-general of hospitals and fleets, has been appointed by the First Lord of the Admiralty to be director-general of the Medical department of the navy, vice Sir John Liddell, C.B., M.D., retired. Dr. Bryson became a surgeon in the Royal Navy Sept. 17, 1836, and an M.D. of Glasgow, 1837. He was surgeon of the 'Salamander,' 4, employed on particular service from 1837 to 1840; of the 'Madagascar,' 44, on the Coast of Africa, from August, 1841, to June, 1843; of the William and Mary, yacht, at Woolwich, from January, 1845, to the spring of 1847, and of the 'Fisgard,' 42, at Woolwich, from October, 1847, until promoted to deputy Medical inspector of hospitals and fleets, March, 1851. He was promoted to inspector general of hospitals and fleets, June 30, 1855. He is a corresponding member of the Academia Qurijica of Madrid, and author of a work "On the Climate and Diseases of the African Station," "Epidemics of Sierra Leone," "Statistical Reports on the Health of the Navy," an article "On Medicine and Medical Statistics," in the *Admiralty Manual of Scientific Enquiry*, &c. He has been borne on the books of the 'Fisgard' since October 24, 1847.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 3. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Garrod: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease;" Obstetrical Society of London, 8 p.m.—Mr. Baker Brown, "On Fibrous Tumours of the Uterus treated by Surgical Means."—Mr. Bryant, "On Ten Cases of Ovariotomy; with Remarks."—Dr. Tyler Smith's "Additional Cases of Ovariotomy."

THURSDAY, FEB. 4. — *Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Experimental Optics," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia;" Chemical Society, 8 p.m.—Dr. How, "On Mordenite;" Harveian Society, 8 p.m.—Mr. W. Adams, "On the Pathology and Treatment of Fracture of the Patella."

FRIDAY, FEB. 5. — *Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Dr. Garrod: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease;" Royal Institution, 8 p.m.—Mr. J. A. Froude, "On the Science of History;" Western Medical and Surgical Society of London, 8 p.m.—Mr. J. R. Lane, "Sequel of a Case of Vesico-Uterine Fistula, in which Pregnancy occurred after Closure of the Os Uteri by Operation."

SATURDAY, FEB. 6. — *Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, Mr. John Lubbock, "On the Antiquity of Man," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, FEB. 8. — *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 9. — *Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Three Hundred Consultations in Midwifery. By Dr. R. Lee. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

THE GENERAL COUNCIL OF MEDICAL EDUCATION.—The paper has been received.

THE HARVEIAN SOCIETY.—The notice has been received.

THE OBSTETRICAL SOCIETY.—The notice has been received.

Mr. J. J. SKEGG.—The notice is inserted.

Mr. T. W. NUNN's paper has been received, and will be inserted in our next number.

Dr. G.—We regret that we are unable, from want of space, to insert the Report sent us of the eloquent address lately delivered in Dublin, by Dr. Stokes, in memory of the late lamented Mr. Smyly.

A STUDENT OF GUY'S—The necessary information may be obtained by application to the Secretary of the College.

X. Y.—We do not know the present address of the individual referred to.

FIRST YEAR'S MAN.—The effect of the Calabar bean on the pupil is exactly the reverse of that produced by atropia.

PARENS.—Five years; but this may include the whole term of professional education.

E. S.—The person first described would, we believe, be capable of holding the appointment; but whether he would have the preference to the other we cannot determine.

THE Clinical Report from the Royal Infirmary, Edinburgh, shall apper next week.

Dr. JOHN THOROWGOOD'S case shall appear next week.

C. S.—The P.O. orders are to be made payable to Mr. Thomas Rolfe, at the Charing cross Post office.

THE Report of the Meeting of the Harveian Society is unavoidably postponed.

Dr. KIDD'S paper on "Chloroform" shall appear shortly.

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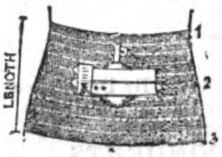
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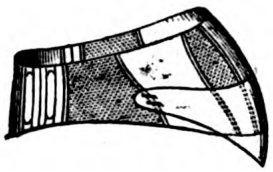
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the Profession, by Mr. JEFFREYS, on this his latest improvement the RESPIRATOR, and proposing another climate instrument, the PNEUMOTHALP.—Through a typographical omission, the above letter was printed without its Author's address—"Belvidere road, Upper Norwood, Surrey, S."

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The Medical Circular.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

A CASE OF UMBILICAL HERNIA OF LARGE SIZE.

(Under the Care of T. W. NUNN, Esq., Surgeon to the Hospital, with Clinical Remarks. Notes by Mr. Alfred Jones, Dresser.

May 5th, 1863.—M. B., mother of several children, a very stout woman, æt. fifty-seven, troubled with chronic cough. Admitted under Mr. Nunn's care, with a strangulated umbilical hernia, having a circumference of 21 inches; longest diameter, 14 inches; shortest diameter, 10 inches. Has worn a truss for thirty years. Awoke with pain on the night of the 3rd, found the hernia greatly distended, took much purgative medicine; application was made at the hospital late in the evening; at 10.45 p.m. Mr. Nunn operated (chloroform), the intense pain and other symptoms of strangulation rendering immediate interference requisite. The stricture was relieved by an incision being made through linea alba above the tumour, and then by dividing the constricting tissues by means of scissors, cutting down from the outside towards the tip of the finger introduced under the edge of the ring, through the opening in the linea alba, so as to avoid wounding the peritoneum of the hernial sac. On the following day cough was much complained of, the pulse 88. On the night of the 7th, the bowels were freely moved. Much of the hernial contents could not be returned, it ought to be stated, and though strangulation was removed by the operation, it was obvious from the size of the tumour that remained after, that much omentum and some bowel were adherent to the sac.

8th.—Much difficulty of breathing of an asthmatic nature coupled with some bronchitis, but with a feverishness disproportionate, in excess, beyond what these would account for. Pulse 120.

This fever was caused by the commencement of inflammation of the integuments over the hernia, which rapidly went on to gangrenous sloughing, but by the 19th, the notes say: The parts are looking much cleaner and patient sleeps pretty well. The greater part of the skin covering the hernia having sloughed away; cicatrization gradually progressed and materially contracted the tumour. At one or two points, the surface of the sore remaining, did not look quite satisfactory. However, one month after the operation, the notes say, the sore is healing, the cough is still very troublesome, and June the 7th the patient was sufficiently well to get out of bed, rather prematurely perhaps, as on the 8th, not so well; no appetite. 16th, Sick and restless. 19th, Better. 23rd, Much better, but the cough is very troublesome at night. 30th, Very much better. July 2nd, Feels much pain about the epigastrium and borders of the lower ribs. July 3rd, The legs are swollen, the wound made in the median line at the operation opened and much blood flowed. It is now over eight weeks since admission. Urine—scanty, turbid, sp. gr., 1030, no precipitate by heat and nitric acid. 5th, Fæcal matter escapes by two small openings on the surface of the tumour, at the point before referred to as looking less healthy than the rest of the granulating area. Patient only semi-conscious. 9th, The power over the right side is lost. 10th. Died at 8.45 p.m., sixty days after operation.

Post-mortem revealed tubercular peritonitis, general; liver fatty, weight 4lb. 5¼ oz., a yellow tubercular mass at the right extremity of the transverse fissure. The hernial sac contained chiefly fat derived from omentum, with a small portion of colon (whence the escape of fæcal matter). A transverse section of hernial contents on the right side presented some softened tubercular (?) yellow deposits. Kidneys, cystic to an extensive degree, right, 8¼ oz., left, 7 oz. Spleen, mottled on surface, deliquescent. Heart, flaccid, fatty, vegetations on the mitral valves towards their bases.

Remarks.—Recovery after operation for strangulated umbilical hernia is quite the exception. The probable explanation of this circumstance lies in the fact, that the subjects of umbilical hernia are generally very fat, speaking of those that present themselves at hospitals with their hernia strangulated; and are females past the prime of life. The above case is one of this kind, the heart was fatty and otherwise structurally altered, the liver was in a similar pathological state, and I may here mention that, in severe operations, involving the peritoneum; such as for example ovariotomy, a fatty condition of the liver is too likely to lead to a fatal result. Looking at the amount of visceral disease of a chronic nature, it is almost to be wondered at, that this patient was able to not only survive the severe tax on constitutional powers involved in the sloughing of the integument of the sac, but to supply the vital energy required for the almost complete cicatrization of the extensive sore produced. It is difficult to understand how such intense inflammation could have existed in the integument of the sac, without lighting up acute peritonitis. It is equally difficult to explain how the peritonitis that did exist was so modified as to be of the tubercular form. There can be little doubt that there was peritoneal inflammation of this subacute character going on, even when matters looked most hopeful, when one almost made sure of a recovery. The great trouble all through the case was the cough. It is useless to occupy space with details of treatment that was useless, suffice it to say that all that others who saw the patient could suggest was tried without any obvious effect on the cough, which possibly might after all have been due to reflex irritation.

ECCENTRIC EPILEPSY,

(Under the care of DR. GOODFELLOW.)

(Reported by C. W. PITT, Senior Resident Clinical Assistant.)

Henry W——, admitted into Founder Ward, Jan. 13th, 1863, a pale, thin, weakly boy, naturally irritable and excitable. He never had fits before admission; has been subject to worms. A brother of the patient had fits during dentition, and an uncle had also suffered from them. After partaking largely of herring at breakfast, he began to feel sick, and was indisposed all the day until five p.m., when, leaning out of window, he had a sudden attack of nausea, followed by a headache, then became insensible, and in a few minutes had a series of convulsive fits, which continued until he was brought to the hospital.

State on Admission.—Strongly convulsed; frequent jactitations of arms and legs; often striking his chest with clenched hands; features distorted; slight foaming at the mouth; pupils dilated, and do not answer to light; skin warm and perspir ng; pulse 108, full, and not very compressible; no involuntary discharge of fæces. In a short time these convulsions ceased; he then lay totally insensible, and had occasional twitchings. Ordered:

Enema oleosum, statim.

14th. Ten. a.m. Between four and five, a.m. he became sensible; still with some clenching of fingers and carpho-

logy; complains of some frontal headache; pupils somewhat dilated; surface of the body warm and dry; face flushed; lips dry; tongue moist and coated, with an unpleasant taste in the mouth; some appetite, no thirst; pulse 94, soft and compressible; respiration 24, tranquil, chiefly thoracic. This morning he had a small bilious motion, containing scybala. Urine pale, turbid, sp. gr. 1005, acid no albumen, contains some phosphates.

Pulv. jalap co., ℈j., statim.
Lot. spirituosa capiti.

15th. Lies quite composed; slight twitchings of the extremities still present; no headache; pulse 80, moderately full, and compressible. Bowels moved once since the powder.

16th. Continues to improve; only slight twitchings.

20th. Discharged well.

UNIVERSITY COLLEGE.

(Cases in the Wards under the care of Mr. ERICHSEN.)

The child, on whom Mr. Erichsen operated for stone a little time since, is now quite out of the hands of the surgeon, the wound being completely united, at least so much so that there is no escape of urine through it, that fluid being for some days past, expelled per urethram.

The first case, which Mr. Erichsen visited was that of a man, who, sometime previously had received a comminuted fracture of the leg; great ecchymosis had resulted from the violence whereby the fracture had been produced, and the leg presented these conditions when the patient was admitted into the hospital.

Bullæ subsequently had formed in various places upon the leg, and were probably the sequence of the great distension, which was occasioned, no doubt, by the extravasation of blood into the subcutaneous tissues. These bullæ were punctured, and an exit afforded to their liquid contents; at the site of one of them, however, the integuments beneath it had given way, and the *simple* comminuted was thus converted into a *compound* comminuted fracture. The cause of the integumentary death was found to be the same as had given rise to the formation of the bullæ, namely, the extravasation of blood, great consequent distension of the skin, a lessening of its vitality, and finally its death.

The fracture had been put up in perfect apposition, and the several fragments had been similarly maintained, so that no harm had been done to the tissues by any projecting or misplaced bones or fragments of bone.

After the wound in the soft parts had been effected in the manner above described, a light linseed poultice had been placed over the leg as it rested in the fracture box; this plan of treatment was adopted because of the swollen state of the limb from the effused blood and because of the suppurative tendency of the wound; its objects being fulfilled, it was then laid aside, and warm lead lotion was used in its stead, lint dipped in the lotion being applied, and then covered with some oiled silk, in order to prevent evaporation, and so to keep the injured parts in a kind of constant vapour bath.

Reduction of the great swelling, and tension and closure of the wound are being thus effected, while at the same time, the broken bone is becoming united.

To use the words of Mr. Erichsen, "this injury is not only far more tedious in its cure than simple fracture, but infinitely more dangerous. The tediousness depends upon the communication of the fracture with the external air, causing it to unite by a slow process of granulation, instead of by the more speedy adhesive action that occurs in the simple form of injury. The danger is likewise partly due to the same cause; the process of suppuration and granulation being often attended by such profuse discharge of pus from abscess or long continued exfoliation of bone, or by the supervention of secondary disease, such as, hectic, phlebitis, pneumonia, or erysipelas, as to lead to the eventual loss of limb or life. Besides these dangers, which may be looked upon as a remote kind, the violence that occasions a compound fracture, often shatters the limb to such an extent, as to lead to the immediate supervention of traumatic gangrene, to the loss of life by hæmorrhage or, to the certain and speedy disorganisation of the limb as the consequence of the re-actionary inflammation."

The favourable points in this man's case are: first (though the tissues are infiltrated with blood, and this infiltration is the result of the violence, which occasioned the fracture), the wound is not very large, nor has it been primary, that is, produced at the time of the accident moreover, the broken bones have been throughout kept in their proper position, and there has been no large vessel wounded—no nerve injured.

In the next bed was a middle-aged man, the subject of iliac abscess. The peculiar feature of this case was that the man on presenting himself for admission was bent, or doubled up, but in such a manner as to leave it doubtful whether the body were curved downwards and forwards, or the thigh and leg upwards and forwards.

He was put under the influence of chloroform, the limb was stretched, and an abscess detected deep in the iliac fossa; as soon as this pointed, which it did a few days after he had been in the house, an opening was made into it. The pointing took place a little below Poupart's ligament.

Abscess in the groin, says Mr. Erichsen "may arise from the following causes:—first, from large lymphatic collections in the subcutaneous or inter-muscular planes of cellular tissue; secondly, from disease of the cellular tissue around the kidneys; thirdly, from pericæcal abscess on the right side only; fourthly, from iliac abscess, whether forming merely in the iliac fascia, or dependent on disease of the pelvic bones; fifthly, from hip-joint disease, the abscess being pelvic; sixthly, large buboes, or glandular abscesses; seventhly, from an empyema, perforating the pleura, and finding its way down behind the diaphragm."

We should be careful to diagnose the iliac from the psoas abscess. The points of diagnosis are these:—In the latter there will be pain experienced in the dorsal region of the spinal column, either on pressure or the mere motion of the body; the spinal column will be found in many—not all, cases, more or less curved; the affection exists usually in childhood and youth; there will be manifestations of muscular irritation, and sometimes a spastic rigidity of the limb; the site of pointing is most frequently below Poupart's ligament; the abscess very often presents itself quite suddenly.

The iliac abscess most commonly exists in adults, or those who have passed the meridian of life, is occasioned by blows, strains, cold, or constitutional delicacy; in women by parturition; or by disease of the corresponding innominatum; it comes on gradually, and points not in the upper part of the thigh, as is the case in psoas abscess, above Poupart's ligament; nor does it point so definitely being diffused and less circumscribed.

There is a difference also in the pathological conditions the psoas abscess, besides being connected with disease of the spine, is to be found in the sheath of the psoas muscle, whereas the iliac, connected with disease of the bone, clothed by the iliacus muscle, is situated between the peritoneum and the iliac fascia, or the fascia and the muscle.

The psoas abscess may likewise be felt, especially if the person be emaciated and the abdominal walls be flaccid, along the course of the psoas muscles; as the iliac abscess may be detected in the iliac fossa, unless, indeed, it should have made its way into the sheath of the psoas muscle, which so complicated very much the diagnosis.

There is a form of paralysis attendant upon the angular or Pott's curvature of the spine—a disease which is the most common cause of psoas abscess—that is termed spinal, because the muscles are contracted in such a manner

as to flex the leg upon the thigh, and the thigh upon the pelvis.

This palsy is rather from irritation than from pressure, as is evinced by the character it assumes, as well as by its being removed or diminished on the formation of abscesses.

In perinephritic abscess, that is, abscess occurring in the fatty renal capsule of Cruveilhier, there will be, of course, symptoms indicative of renal affection; while in the perityphlitic, there will be more or less intestinal irritation and great fetor of the purulent discharge. Abscess from hip-joint disease will be readily diagnosed by the condition of the parts, which are the fons mali. Empyema is known from the stethoscopic symptoms that will be present.

In another bed was a young child also labouring under iliac abscess, which had, however, opened above Poupart's ligament, and which was being emptied gradually by means of a drainage tube. In this latter case, there was no doubt as to the nature of the disease, inasmuch as all the characteristic features were well marked.

Passing on we came to a patient, whose leg, a little below the knee-joint, had been removed for gangrena senilis, and who is doing remarkably well, not a single untoward symptom having arisen since the operation, which had been performed some weeks since. The wound is perfectly healthy, and healed almost throughout.

"The broad question of amputation in cases of gangrene, turns upon the fact of the mortification being local or constitutional in its origin. When the constitutional disease is the primary affection, and when the gangrene is consecutive to, and dependent upon this, it would clearly be useless to cut off the mortified part, as the same morbid action might and would be set up in the stump or elsewhere."

We should bear in mind, in these cases, never to operate till the line of demarcation have been well established and have existed for some days; otherwise we shall have a renewal of the disease in our incision. The cause of this recurrence is to be found in the very low vitality, not of the limb alone, but of the constitution generally, and which is unable to create a healthy inflammation or to sustain healthily the reactionary condition, induced in the affected parts, by the operation.

During the formation of this line of demarcation, and while the process of separation by ulceration is going on between the healthy and unhealthy structures, we must give our patient every support in our power, so as to enable Nature to complete the efforts for cure, which she has begun; then when we have satisfied ourselves that we have given to the system a certain degree of tone and vigour, that amount, necessary for the throwing off the diseased parts and the establishing of healthy action in the stump, and when "all the soft parts, except the ligaments, have been ulcerated through, the mortified parts should be separated by cutting through the remaining osseous, ligamentous or cartilaginous structures, and then means should be taken to fashion the stump that has been formed by Nature. In some cases this will be sufficiently regular to serve every useful purpose after it has cicatrised; in most instances, however, it will be found that the bones protrude to such an extent, or that the ulceration has affected the soft parts so irregularly that it will be necessary, in order to give the patient a useful limb, to amputate through the face of the stump, or higher up; all this, however, must be left to the discretion of the surgeon."

Some surgeons advise to leave the entire amputation to Nature, and that, even if the dead parts were hanging on merely by a few shreds of tissue, these shreds had *better not* be touched, lest the gangrene be lighted up afresh.

There is a case noted by Sir Astley Cooper, in which the process of spontaneous separation was proceeding most favourably; the bones, however, were projecting and preventing the healing of the wound; they were accordingly worn off, some small vessels in the granulations were wounded, hæmorrhage resulted, and ultimately proved fatal.

Mr. James, of Exeter, and Mr. Garlike have successfully removed the diseased parts, by operation practised high up in the thigh; but the health must be good, the constitution not tainted, and the affection purely local, dependent upon obstruction of the arteries, rather than the local development of a constitutional disease.

In another patient there had been deep-seated abscess in the adductor muscles, which was opened—first, by making an incision into the integuments, and then by passing a probe through the muscles into the abscess; in this way a channel was made for the matter to pour out, and the man did very well for ten days or a fortnight, when suddenly, at the end of that time, blood flowed freely from the wound, and had to be checked by plugging, combined with pressure. Since then the patient has been doing very well.

The next was a man, who ten years since had met with a fall upon the hand, which occasioned him very severe pain, but at the time had not resulted in anything more serious. He was now, however, suffering from a very rare form of disease—namely, abscess in, and disease of, the bones at the sterno-clavicular articulation. The health enjoyed by the patient was most excellent, despite the existing affection.

On firmly grasping and then moving the shoulder, a very distinct crepitus could be detected, referrible to the sterno-clavicular articulation, and on probing the wound, the bones were found to be bared of their periosteum, and to be rough and rugged. This case Mr. Erichsen pointed out to be of special interest; first, because of the rarity of the disease in any condition of the constitution; and, secondly, because of its occurrence in a man otherwise perfectly healthy.

The treatment adopted is that of bandaging the arm to the side, with the view of procuring anchylosis, so effecting consolidation of the joint, and giving to the man a comparatively useful limb.

Mr. Erichsen teaches that there are two kinds of anchylosis: the incomplete, or fibro-cellular; and the complete, or osseous.

THE ROYAL ORTHOPÆDIC HOSPITAL.

Mr. Brodhurst divided the flexor tendon of the ring finger of the right hand in a woman, who about a month since had stuck a pin into the top of the finger. The accident was followed by the formation of matter and subsequent contraction of the finger.

Passing the tenotome from his right to his left hand and *underneath* the contracted tendon, as it ran along the palmar surface of the proximal phalanx, he proceeded to divide it by turning the edge of the instrument to the tendon, and by then using a very gentle sawing motion.

The knife, which is long, fine and narrow-bladed, must be introduced horizontally—that is, its flat surfaces must look one towards the bone, the other towards the integument of the phalanx which corresponds to the site of division, and having been then made to dip beneath the tendon the edge is turned upon the latter, which is then rendered completly tense by traction on the incurvated finger, and in this manner division is effected.

A piece of lint is placed upon the wound and made fast by means of a strip of adhesive plaster, the finger is allowed to remain bent as before the operation, and the entire hand is then enveloped in a bandage, the thumb being allowed to be free.

The straightening of the finger is a future step of the proceeding, and must be accomplished gradually.

Mr. Adams then divided the tendo achillis in a boy of about seven years of age, who *now* had talipes equinus. Upon a former occasion the same gentleman had operated on the patient for talipes varus, which he had, in fact, converted into the deformity that now presented.

He stated that there are two stages in the operation for varus; in the first the tibialis anticus and posticus tendons, as well as the long flexors, must be divided, and the foot inclined outwards by means of a straight splint running along the outer aspect of the leg. In the second step the remaining deformity, namely, the talipes equinus, is removed by division of the tendo achillis and by the use of Scarpa's shoe after the lapse of two or three days.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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Before commencing a systematic and detailed review of the novelties and alterations which have been introduced into the British Pharmacopœia, we think it advisable to take a rapid glance at the more prominent changes which have been made in those preparations which are most frequently prescribed by the Medical practitioner. In this list we may class the dilute mineral acids, decoctions, extracts, infusions, and tinctures.

Turning, then, to the dilute mineral acids, we find that the strengths of all these have been more or less changed. They are now, indeed, in one respect, of an uniform strength —that is, six fluid drachms of these dilute acids now contain one equivalent of the acid. This change, regarded from a chemical point of view, may appear to offer some advantages; but as doses are not regulated by chemical equivalents, they may at first rather confuse the prescriber. The alterations in the strength, however, are not great, and the practitioner will hardly find it necessary to make much change in the doses. The strengths of the dilute acids will be best shown by a tabular statement of the specific gravities of the old and new preparations.

	Specific Gravity.	
	Old.	New.
Acidum Hydrochloricum dilutum	1·043	1·050
„ Nitricum „	1·082	1·101
„ Sulphuricum „	1·103	1·087

By the above table it will be seen that the dilute hydrochloric and nitric acids have been a little increased in strength, while that of the dilute sulphuric acid has been slightly diminished. In the case of dilute nitric acid, the proportion of acid and water given would, at first sight, seem to indicate a reduction of strength; but it must be remembered that the density of strong nitric acid in the British Pharmacopœia is 1·5 instead of 1·42 as in the London. The greatest change has been made in the use of dilute sulphuric acid, the strength of which has been reduced, but not so far, perhaps, as to necessitate any increase in the dose. It will be well to mention at once that the strength of acid. hydrocyan. dil. remains unaltered.

Passing rapidly on we come to the decoctions, the first of which, Decoctum Aloes Compositum, shows a considerable alteration. In the decoction of the London College ninety grains of aloes were contained in twenty-seven fluid ounces of the finished preparation. In the British Pharmacopœia the same quantity of aloes is ordered in sixteen ounces of the compound decoction; the strength of this preparation, therefore, has been nearly doubled. The remaining decoctions call for no remark.

In the extracts, several changes have been made in the mode of preparation, and most of them may be regarded as decided improvements. The extracts of Aconite, Belladonna, Conium, and Hyoscyamus, are now directed to be prepared by a process which has long been recommended and, indeed, followed by some of the best makers of this class of preparations; and the result will be extracts of improved appearance, that will keep much better than those which were prepared strictly according to the old directions. Some liquid extracts have been, and more might have been, added, with advantage. Among liquid extracts we might class the preserved juices which now find their place in the Pharmacopœia. Those introduced—namely, of Conium, Scoparius, and Taroxacum, have long been in use, and are largely prescribed, and it is well to have authoritative directions for their preparation.

Among the infusions we notice many changes, but miss some things which were expected, and are certainly required. We allude to formulæ for concentrated infusions. These articles are largely used, and may be said to be necessities with the general practitioner; and although the makers of these preparations may, no doubt, be relied on to furnish articles which, when diluted, will fairly represent the infusions desired, it would have been better to have had authorised formulæ.

The compilers of the Pharmacopœia may regard such infusions as uncertain in their strength, but the Profession have long been accustomed to these inconvenient preparations, and therefore it would have been well to have adopted them, and to have given directions which would have ensured uniformity of composition and appearance.

Some changes in the mode of preparing infusions are decided improvements. In the infusion of calumba, the Dublin mode of making it with cold water has been adopted. The infusions of gentian and quassia are also made with cold water, and the strength of the latter greatly increased, or perhaps it would be more correct to say, that the amount of quassia ordered is much larger.

Among the Pilulæ we do not find much for comment. English prescribers must now remember that there is both an Extractum Colocynthidis Compositum, and a Pilula Colocynthidis Composita, differing considerably in composition. The present extract will be much the same preparation as that called Pilula Colocynthidis co. in the London Pharmacopœia, while the Pilula Coloc. co. of the British Pharmacopœia is the preparation of the Edinburgh College. These articles will, perhaps, serve as good examples of the compromises which the compilation of a Pharmacopœia for the three kingdoms has necessitated.

In the preparation of the tinctures an important change is introduced, at least, as far as English Pharmaceutists are concerned. By the adoption of the process of percolation or displacement, a step no doubt has been taken in the right direction. Only comparatively a few tinctures

in future, to be prepared by simple maceration; in fact, only those to which, from the resinous and soluble nature of the ingredients, the method of percolation would be inapplicable.

That great uncertainty and inconvenience have resulted from the process hitherto ordered, there can be no question; although, when conscientiously performed, an unexceptionable result was obtained. The necessity for waiting seven days was in itself an evil. A dispenser who had run out of a certain tincture which he required, and of which, perhaps, a fresh batch had only been put on a day or two before, was sorely tempted to draw upon it before the expiration of the prescribed time; while, on the other hand, it probably frequently happened that, as the tincture was not wanted, it remained macerating for a week or a fortnight longer than it should have done, the Pharmaceutist consoling himself by the reflection that the extra time would make up for the total want of shaking it had experienced.

Of those tinctures which are still to be made by maceration, there is one point worthy of note. The instructions are to "macerate for seven days, strain, express, filter, and add sufficient spirit to make one pint." The latter direction is new, and appears likely to cause discrepancy. A tincture made in small quantity, and of which a good deal has been lost in pressing and filtering, may, when made up to the required bulk differ in strength from one made in large quantity with little loss.

In performing the process of displacement, we are ordered to macerate the ingredients "for forty-eight hours, with fifteen ounces of the spirit, in a close vessel, agitating occasionally, then to transfer to a percolator, and when the fluid ceases to pass, to pour into the percolator the remaining five ounces of the spirit. As soon as the percolation is completed, subject the contents of the percolator to pressure, filter the product, mix the two liquids, and add sufficient proof spirit to make one pint." While we commend the introduction of the principle of percolation, we cannot entirely approve of the manner in which the process is to be conducted. The preliminary maceration for forty-eight hours is certainly not necessary in a large number of cases, and it will cause a considerable amount of trouble. For instance, no one, we should think, would deem it necessary to macerate ginger, when such perfect exhaustion may be obtained by putting the dry powder into the percolator. The British Pharmacopœia includes eleven tinctures which are new to English pharmacy, namely, the Tincturæ Arnicæ, Bucco, Cannabis Indicæ, Chiratæ, Cocci, Croci, Krameriæ, Nucis Vomicæ, Sabinæ, Senegæ, and Stramonii. Of these, four are new to all three colleges,—the Tincturæ Arnicæ, Sabinæ, Senegæ, and Nucis Vomicæ.

The most notable changes in strength occur in Tinctura Aconiti and Tinctura Belladonnæ. The former is one-third the strength of the old Tincture, and the latter one-half.

An important alteration is also made in Tinctura Ergotæ, which is now prepared with proof spirit instead of ether, as formerly.

Many slight alterations in the proportions of constituents have apparently been rendered necessary by the change in the system of weights.

This is illustrated in the case of tincture of opium which, though apparently retained unaltered is really weaker. The London College ordered three ounces of opium to two pints of spirit. The New Pharmacopœia orders one ounce and a-half to one pint. But the new ounce contains 42.5 grains less than the old, consequently there is about a drachm less opium in the pint of new tincture. The same cause operates to a greater degree in the case of Tinctura Colchici.

Such is a brief review of the changes made in the most commonly prescribed medicines. In future articles on the Pharmacopœia, we propose to give extended critical notices of the various processes by which the several preparations are obtained, and of the methods employed for ascertaining their strength and purity.

A NEEDLE SWALLOWED, AND MAKING ITS WAY THROUGH THE WALLS OF THE ABDOMEN.

Dr. Frederick D. Lente relates the following case in the 'American Medical Times':

"I was called to a little girl, about seven years of age, a few days ago, under the following circumstances: Five months ago, during the month of July, she said to her mother that she had swallowed a pin; but, as no unpleasant symptoms supervened, the occurrence was soon forgotten, and nothing more was heard of the pin until a few days ago, when she complained that, on stooping down, something pricked her in the belly; and upon feeling with her fingers she discovered what she supposed to be the forgotten pin: upon examining the spot, which was a few inches below the umbilicus, after some manipulation I managed to get the two ends of the substance between two fingers, and, on pressing one end outwards forcibly, the point of what proved to be a needle an inch and a half in length projected through the skin, and was drawn out by a pair of forceps. It was blackened and very brittle. No unpleasant consequences have resulted. In connexion with this case I would call attention to No. 67 of the Pathological Museum of the New York Hospital; a boy's heart, *the septum ventriculorum* of which is transfixed by a needle. It appears not to have produced any serious consequences. The boy died of a wound of the subclavian artery. I knew an old gentleman some years ago, who was engaged in a large mercantile business. He suffered for twenty or thirty years with "neuralgic pains," so they were called, in different parts of the body, for which but little relief was obtained, and from which his constitution suffered very much. One day, while writing in a private room of his establishment, and rubbing his knee, which was, at the time, the seat of one of his neuralgic attacks, suddenly, to his great surprise, the point of a needle popped out of the skin. Before endeavouring to pull it out, he called in some of his clerks to witness the phenomenon. He never afterwards suffered from any of his former attacks; and, at the time I saw him, enjoyed good health."

Dr. TURNBULL.—Surgeon Turnbull, of the 6th Dragoons, has been tried by Court Martial since the Crawley case, and, like his chief, has been "honourably acquitted."

LEEDS INFIRMARY.—The foundation stone of this edifice is to be laid on Easter Tuesday, March 29th, by Mr. Kitson, Chairman of the Building Committee.

NOTICE.

As soon as the British Pharmacopœia saw the light, we made our readers acquainted with the general nature of its contents, and we have, from week to week, continued to impart information as to the changes which have been made in the new volume as compared with the former Pharmacopœias. As the whole aspect of Pharmacy is modified, however, by the recent alterations, and as it is incumbent on all the members of the Profession, as well as on all persons practising Pharmacy, to be made thoroughly acquainted with the contents of the British Pharmacopœia, we have determined to publish a series of original articles upon the drugs introduced, and on the processes for preparing them, together with their uses in Medicine, and their doses. In order to give to these articles the highest scientific value, we have placed the whole of the chemical details which are involved, under the superintendence of Dr. HENRY LETHEBY, who, in conjunction with the Editorial Department of this Journal, and with experienced assistants in chemical and pharmaceutical processes, will conduct the publication of the series. In thus announcing the name of the gentleman who will institute these investigations, we offer the best guarantee, not only for the scientific value of the articles, but for the fairness and impartiality which will be shown to the pharmaceutical body. No attempt will be made to bring into undue notice the preparations of any particular pharmaceutist, but we shall be happy to receive information from any of the members of that body who may wish to make known any particulars as to the processes they employ, or the improvements they may have introduced into practical pharmacy; and we shall also be open to receive practical opinions upon the merits or demerits of the processes recommended in the new volume now offered by the Medical Council to the Medical Profession and to the practitioners of Pharmacy throughout the British Empire.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 10, 1864.

THE BRITISH PHARMACOPŒIA.

As the Profession will no doubt be anxious to receive the earliest information as to the points on which the British Pharmacopœia differs from the Pharmacopœias hitherto in use, and as to the new remedies now introduced into one or other part of the British Empire, or presented for the first time in Medical practice, we hasten to give a condensed view of the remarks just made by Dr. Garrod, in his lectures delivered during the last week at the London College of Physicians. We have previously observed that many apparent novelties are not really such, but that the introduction of some drugs hitherto recognised only by the Dublin and Edinburgh Colleges, gives an air of strangeness to some of the articles in the British Pharmacopœia. Many of the substances thus introduced are of very questionable, or more than questionable value.

The oxide of silver, which it may be recollected was very much extolled in certain gastric affections by the late Sir James Eyre, finds a place in the new volume. It appears to be useful in some forms of gastric disturbance, and perhaps in some convulsive diseases, in the dose of gr. ¼ to gr. ½, or gr. j., but its superiority over the nitrate is not very manifest, and there seems to be no reason for believing that its long-continued use would be less liable than that of the salt just named, to cause discoloration of the skin.

Bela is the name given for the substance called Bael, obobtained from the Ægle Marmelos, a plant of the natural order of Aurantiaceæ. It is very much employed in India, and is considered in that country as almost a specific in diarrhœa and dysentery. It appears to contain some tannic acid, and is therefore astringent, but Dr. Garrod has not found it superior to other astringents used in this country, and, indeed, it has failed in cases where other similar remedies have succeeded. It is used in the form of an extract.

Belladonna, although long known and valued as an article of the Materia Medica, appears in a new form, and Sulphate of Atropia is omitted. The Extract of Belladonna is an awkward form for external use, and the Sulphate of Atropia is very dear, but the Tincture of Belladonna is now introduced as a clean and efficient application, and a liniment, prepared from the root, may be employed as a local anodyne.

Chirata is the name given to the Chiretta, a plant belonging to the natural order of Gentianaceæ, and endowed with properties analogous to those of gentian, to which it does not appear to be in any way superior.

The Cocculus Indicus has been, as we remarked last week, a most injudicious and useless intrusion, and Dr. Garrod made the same remarks upon it as we used ourselves. It is a poisonous plant, owing its properties to the presence of a powerful alkaloid called *picrotoxia*, and appears to act upon the medulla oblongata. It is supposed to be used in the adulteration of beer, or if it is not so used it is difficult to understand why so much is imported into this country. Its presence in the British Pharmacopœia is perfectly inexplicable, as its only known use is to destroy lice, and the very fact of its being supposed to be employed in medicine must lend a kind of colourable pretext for the sale of a most noxious drug.

The Cannabis Indica has better claims to notice, as the

alcoholic extract and the tincture are possessed of well-marked, and to a certain extent, valuable properties, although the chemical composition of the plant is not well-known, the active principle (if there be any) has never been discovered, and the effects are somewhat uncertain. In India a large quantity of this plant is used in order to produce a species of intoxication, and the substance so used is the *haschisch*. In this country the chief employment of the Indian hemp is in the treatment of neuralgia, in which disease it appears to act as a sedative. It is not, properly speaking, narcotic, and causes sleep only indirectly by allaying nervous pain. The dose is from ¼ gr. to 1 gr. of the extract, and ℥v. to ℥xx. of the tincture.

Digitalin is another introduction of doubtful value. This substance is the active principle of digitalis, and possesses, although in a far more concentrated degree, the properties of that plant. It is now known that digitalis may be given in much larger doses than was at one time thought to be safe, and therefore digitalin may not be so dangerous as might at first be supposed, but it possesses no advantages whatever over digitalis itself, and is moreover very likely to be adulterated, owing to its scarcity and its high price. *Digitalin is* a powder, and the dose is the one-fiftieth of a grain.

Iron is of course well-known in medicine, but several forms of it appear as novelties in the Pharmacopœia. In the first place the metal itself is introduced as Ferrum Redactum, the metal being reduced from the oxide by the aid of hydrogen gas. Dr. Garrod thinks very highly of the metal employed in this state, as it is the most powerful of all the ferruginous preparations, is easily dissolved in the acids of the stomach with the evolution of hydrogen gas, and is not very astringent. The dose of one grain is equivalent to five grains of the citrate of iron and quinine. The magnetic oxide of iron is not so valuable, as its efficacy is doubtful; the dose is from two to five grains. The hydrated peroxide of iron is used solely as an antidote, or supposed antidote, in cases of poisoning by arsenic. The phosphate of iron may be efficacious as combining the beneficial effects of the metal with those of phosphoric acid, and the more so as phosphate of iron exists in the human system. In connection with iron, Dr. Garrod made some remarks on Manganese, a metal very analogous to it in its chemical relations, and which has been supposed to possess similar therapeutic properties; but it has not been introduced into the new Pharmacopœia, and Dr. Garrod thinks that it is not superior to iron, and, indeed, that it is less efficacious as a tonic.

Glycerine is a very useful substance as an external application, and as an excipient for more active drugs. From its sweet taste it may be used to sweeten articles in cases where sugar disagrees, or where its use is objectionable, and it has sometimes been proposed as a substitute for cod-liver oil. But Dr. Garrod has determined, by experimental investigations, that it does not possess the remedial power of the oil in those cases in which the latter is most efficacious.

Fel Bovinum, or Ox Gall, is recommended as an internal remedy in some cases where the secretion of bile is deficient. It is obtained from the bile of the ox, and exists in the form of a powder, the dose being from three to five grains. Dr. Garrod does not commend this article as a medicine, or indeed any other secretion obtained from a brute, and he therefore approves the omission of pepsine from the Pharmacopœia He doubts whether such articles really supply the want of the natural human secretions.

Podophyllin is the resin obtained from the Podophyllum peltatum, a plant of the natural order of Ranunculaceæ, and is presented to us under the name of Podophylli Resina. This is really an active and useful medicine, being a brisk purgative and causing a copious discharge of bile. It appears, however, that it does not act by increasing the secretion of bile, but merely by emptying the gall-bladder. Its inconveniences are that it often causes griping, followed by great depression, and it is best to combine it with other purgatives, and with some sedative, as belladonna or henbane. The dose is from gr. ¼ to gr. ½ up to gr. ij, and it may often be used in place of mercury.

Among the spirituous preparations, the Spiritus Ætheris Compositus, or Hofmann's Anodyne has disappeared to make way for the Spiritus Ætheris. The difference consists in the omission of the ethereal oil, which is dear, liable to decomposition, often adulterated, and not *proved* to possess any antispasmodic properties. The spiritus Chloroformi is the same preparation as that which has hitherto erroneously passed under the name of Chloric Ether, which latter is of very variable composition in different establishments. The Spiritus Chloroformi has a definite composition of one part of chloroform to nineteen of spirit. The Spiritus Ætheris Nitrosi is now for the first time a definite compound of nitrous ether and spirit, instead of being, as heretofore, an indefinite mixture of spirit, nitrous ether, aldehyde, and acetic acid. It is directed to be prepared from the nitrite of soda. Pyroxylic spirit or the hydrated oxide of methyle is an introduction of a very questionable character, as methylated spirit (under which name is understood spirit of wine spoiled by admixture with wood spirit) is already largely used for purposes of adulteration. Pyroxylic spirit has been supposed to be useful as a sedative in allaying cough, but Dr. Garrod thinks that any efficacy it may possess is in reality due to the creasote compounds which it may accidentally contain, and that on the whole it ought not to have been introduced into the Materia Medica.

The class of Anthelmintics comprises four substances more or less new—namely, the liquid extract or oil of male fern, the Kamela, obtained from the Rottlera tinctoria, an Enphorbiaceous plant, the Cusso, or Kousso, obtained from the Brayera anthelmintica, and Santonine, obtained from the flowers of a species of Artemisia. All these substances have, however, been long used, although not in Great Britain. The flowers of Santonica have been employed under the name of *semen contra*, but they are too bulky, and the active principle or santonine is an excellent substitute in the dose of five or six grains.

The lauro-cerasus, or cherry-laurel, is a poisonous plant, so far as the leaves and kernels are concerned, and ought not to have found a place in the Pharmacopœia, for cherry-laurel water is an uncertain compound, containing variable proportions of prussic acid, and is altogether unnecessary, as its efficacy depends solely upon the presence of this acid, for which a definite formula is elsewhere given. In reference to this acid, it may be well to remark that the dilute hydrocyanic acid is now of uniform strength throughout Great Britain, and that this preparation should be henceforth exclusively employed in practice.

SUMMARY OF THE WEEK.

MEDICAL EXAMINATIONS IN THE UNIVERSITY OF EDINBURGH.

We have already commented upon the extreme absurdity of some of Mr. Syme's views on the subject of Medical education, and we now find that he has had influence enough with the Senatus Academicus of the University of Edinburgh to propose an alteration, of a most questionable character, in the mode of teaching and examining students in that institution. One very objectionable feature which already distinguishes the examinations for the Medical degree at that University is the fact that the Examiners and the Professors are the same persons, and although we do not, by any means, assert that in this case any injustice is done, yet, if the principle were generally adopted elsewhere, it is quite evident that Medical examinations would become a mere farce. Professors and teachers are, of course, liable to the weaknesses of humanity, and if the teachers of every school were to be the judges of the proficiency of their own pupils, and were to possess the power of granting or withholding licences and diplomas, it is quite obvious that such a plan must be an utter failure. Now, however, it is proposed not only that the Professors of the University of Edinburgh shall continue to exercise the power, in their corporate capacity, of granting degrees to their own alumni, but that each separate Professor shall determine by means of periodical class-examinations of his own pupils, whether the latter are competently instructed in the subject which he teaches. It is true that it is proposed to associate Assessors with the Professors in these examinations, but the scheme is altogether a bad one, and we hope that it will not be adopted, inasmuch as an example would thus be set to other and inferior institutions, and a most disastrous lowering of the whole status of the Profession must inevitably ensue.

THE LONDON COLLEGE OF PHYSICIANS AND THE GRADUS AD PARNASSUM.

We are sorry to have to repeat our accusation against the College of Physicians of dealing in false quantities. The lecturer on the Pharmacopœia, while giving very accurately the atomic numbers of the chemical compounds, is by no means equally accurate in the metrical numbers necessary to be observed in poetic rhythm. He calls lauro-cerăsus lauro-cerāsus, in defiance of Virgil, who thus writes (aptly enough, when the subject is lauro-cerasus, and the Gradus ad Parnassum) in the Second Georgic:—

"Ut *cerăsis*, ulmisque; etram *Parnassia laurus*," &c.

Truly the Parnassian laurel cannot be awarded to the College of Physicians if they go on at this rate, defying the authority of Apollo and the Muses.

A FEVER EPIDEMIC AT FESTINIOG.

An epidemic fever occurring in the village of Festiniog, in Merionethshire and the adjacent hamlets, has attracted the attention of the Medical Department of the Privy Council, and Dr. George Buchanan has been sent to the spot to inquire into the nature and causes of the disease Although the Report drawn up by Dr. Buchanan is not yet printed, the subject has been prominently noticed in the columns of the 'Times,' which represents the case as one wholly devoid of mystery. Such, however, is not exactly the fact, at least in a Medical point of view, for the particulars disclose circumstances in connection with this outbreak of fever which are at variance with the views generally entertained in the present day. It seems that Festiniog is not an unhealthy place, and for twenty years no epidemic of fever has been noticed; the air is pure, and the natural drainage is good, and there is neither general destitution nor intemperance among the population. Th sole cause of the fever, so far as it can be ascertained, i the crowded condition of the houses, which are occupied a lodgings by the slate quarriers, who have increased i number while the number of houses themselves has re mained stationary. The consequences are that the dwelling are overcrowded, and the rooms are occupied by a doubl set of tenants, those who go away to their work bein immediately replaced by those who have just left off. Tl curious and interesting points in the history of this fev in a Medical point of view are that the fever is not typh but typhoid, which has hitherto been considered as du not to overcrowding, as at Festiniog, but to some speci miasm which, in the present instance, has not been foun to exist. The fever is also contagious, although typho fever is generally considered to be non-contagious. these particulars had been recorded by any other author than that of Dr. Buchanan we might perhaps doubt th accuracy, but as it is they appear to throw a new li upon the nature of these fevers, and to show that ty and typhoid fevers are not marked by such prominen distinctive characters as is generally supposed.

THE CASE OF CANDLER *v.* PEAT.

The Medical Profession in Colchester and its neighb hood have not been remiss either in the demonstratio their sympathy for Mr. Peat, or in their determina thoroughly to sift the medico-ethical bearings of the w case. It appears that very soon after the trial, and v the costs were payable, the plaintiff became a bankr thus leaving Mr. Peat to pay expenses for his own def to the amount of 150*l.* or 160*l.* A very general and very

per feeling arose among the Medical men of the district that they ought to show their sense of the injustice of the action by uniting to raise a sum sufficient to bear Mr. Peat harmless of the costs of the trial. A meeting was accordingly held at the house of Dr. Bree, in Colchester, on the 26th ult., when it was resolved that a subscription should be commenced to defray Mr. Peat's expenses, and a committee was formed to carry out this object. Moreover, Mr. Peat has brought the subject before the Colchester Medical Society, with a view of allowing Mr. Smith, of Manningtree, an opportunity of explaining the part (if any) which he took in the transaction. An extraordinary meeting of the Society was accordingly to be held yesterday, Feb. 9, at Colchester, when the charges made by Mr. Peat, and the explanations offered by Mr. Smith, were to be taken into consideration. Mr. Smith, it will be recollected, denies (in a letter inserted in our columns of Jan. 20) any participation in the getting up of the action, and we shall rejoice to find that his explanations are satisfactory to his Medical brethren. In justice to ourselves, also, we beg it may be recollected that we have charged Mr. Smith with nothing, but we join in requesting him to explain certain matters connected with the late trial.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

MR. CRITCHETT concludes his lectures on the "Diseases of the Lachrymal Apparatus," and he now describes in detail the modern treatment of those morbid conditions of the canaliculi and the nasal duct, which in their worst and most advanced form, have been known under the term *fistula lachrymalis*. This part of ophthalmic surgery has been improved by Mr. Bowman, who has adopted a kind of proceeding analogous to that employed in the cure of stricture of the urethra, although the minuteness of the structures concerned in the lachrymal apparatus render the operation somewhat delicate, and consequently difficult. The plan consists in introducing the blade of a fine pair of scissors into the punctum, and passing it along the canaliculus as far as the caruncle, and then laying open the canaliculus. The next part of the proceeding is to pass a probe down the nasal duct, but this requires considerable care and management. The cure is eventually accomplished by passing small bougies down the duct, and the material which Mr. Critchett recommends is the stem of the sea-tangle, or *Laminaria digitata*, which, from its elasticity and its expansion under exposure to moisture, is exceedingly well adapted for the purpose. DR. EDWARD SMITH commences a series of papers entitled, "Dietary in Disease," and the first disease chosen for illustration is diabetes. As this disease is essentially characterised by wasting of fluid, sugar, urea, the chlorides, and fat, it is necessary to restore these substances to the system by means of a limited supply of fluid, and of highly nitrogenized food, and of oil. The administration of sugar itself in this disease, is neither beneficial nor injurious, it is merely useless; but starchy food should be avoided, as it is converted into sugar. The following is a summary of the diet to be adopted in diabetes, in Dr. Smith's own words.

1. *Fluids.*—To be limited by degrees daily until they shall not exceed five pounds and a half in both fluid and solid food. Of this quantity two or three pints should consist of new or skimmed milk, and one pint, or less, of tea. In the cold season and at night they should always be given when hot. Of all alcohols brandy is the best, and may be given with water only, or added to milk, or beat up with egg and milk, and given several times daily. No fluid should be given in greater quantity than half a pint at a time, and when milk is reduced in volume by cooking, the daily quantity of fluid must be made up by an additional supply of the same or other fluid.

2. *Solids.*—Dr. Prout's combination of eggs and milk (with sharps substituted for bran) is excellent. Four ounces of sharps (the inner husk of wheat) and 4 oz. of peas, beans, or lentils may be made into bread or pudding, with milk, or into omelettes with eggs and herbs. Eggs and gelatin may be given when starchy food cannot be altogether intermitted. Eggs, gelatin, cheese, gluten bread, meat, fat, and oils may be given as largely as they can be digested. The free use of salad oil should be urged, whether in the cooking of fish or flesh, or in the use of water-cress as a salad, or drunk alone, so that several ounces may, if possible, be consumed daily; but as there are in all persons preferences and dislikes in reference to particular fats, that kind—whether butter, suet, oil, or fat of meat—should be allowed which is the most agreeable. Four oz. of sharps, 3 oz. of wheaten flour, 5 oz. of peas, 1 lb. of meat, 2 oz. of cheese, 2 pints of milk, and 3 eggs, will afford more than about 13 oz. of carbon and 1 oz. of nitrogen daily.

MR. JAMES R. LANE contributes a paper on "Recto-Vesical Lithotomy," and describes a "Recto-Urethral Fistula" following that method, cured by plastic operation. The paper is suggested by the recommendation made by Dr. Marion Sims to perform lithotomy in women by vaginal incision, and in men by an incision through the rectum. With the former recommendation Mr. Lane concurs, but not with the latter. Recto-vesical lithotomy has been almost entirely abandoned in consequence of the great danger of the operation, but it was adopted by the late Mr. Lloyd, in one case which came subsequently under the notice of Mr. Lane, and in which a recto-urethral fistula had been produced. Mr. Lane denuded the edges of the fistula, and brought them together by silver wire sutures, and the ends of the sutures brought through the apertures in a narrow leaden plate. The latter and the sutures were removed eight days after the operation, and a perfect recovery was the result.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. SIMPSON continues his very able, learned, and practical remarks on "Acupressure," as a portion of his "Clinical Lectures on the Diseases of Women." He maintains that acupressure is a much safer method of arresting hæmorrhage than the ligature, and he even attributes in some measure the high mortality of surgical operations to the effects of the ligature of the arteries, which proceeding tends to cause sloughing and suppuration, and the absorption of morbid matter into the system, causing pyæmia, low fever, and death. He argues that if the ligature is made of organic matter, it imbibes animal fluids which speedily decompose and become sources of irritation, while

no such danger is to be feared from the presence of metallic needles or threads which are incapable of imbibition. Dr. Simpson concludes his lecture by a tabular statement drawn up in parallel columns showing the comparative merits of the ligature and acupressure. DR. GARROD continues his "Lectures on the British Pharmacopœia," and commences by describing some of the changes of nomenclature which have been introduced. He then treats of aconite and its active principle, now called aconitia; of aloes, of which the Socotrine and Barbadoes varieties only are now retained, the Hepatic being discarded. In speaking of the salts of ammonia it is noticed that the solution of the acetate of ammonia is five times stronger than the compound of the same name in the London Pharmacopœia, a circumstance which should be carefully kept in mind by prescribers. Benzoate and phosphate of ammonia are new introductions, the former being a diuretic, and serviceable in cases where there is a tendency to phosphatic deposits, the latter being apparently useful in the treatment of some chronic cases of gout. MR. JOHN K. SPENDER communicates a paper on "Some Points in the Medicinal Treatment of Chronic Pulmonary Consumption," and he recommends a mode of treatment consisting of the administration of alkalies, especially potash and lime, of iron, especially in the form of the potassio-tartrate, of cod-liver oil, and of good diet and wine. DR. S. J. GEE relates a "Case of Unilateral Palatine Paralysis and Anæsthesia after Diphtheria. The patient was a lady, in whom, after an attack of diphtheria, the left half of the soft palate was motionless and incapable of being excited by irritation such as scratching or tickling, while the right half was in all respects normal. This state lasted for about thirty-three days, and then ceased rather suddenly.

GENERAL CORRESPONDENCE.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

SIR,—In Dr. Drysdale's work on "The Treatment of Syphilis, &c., without Mercury," page 16, I find this extract from Mr. J. S. Mill's "Logic." "Recovery from a disease is an event to which in *every instance* many influences must concur. Mercury may be one such influence; but from the very fact that there are many other such, it will necessarily happen that, although mercury is administered, the patient, for want of other concurring influences, will often not recover."

The want of other concurring influences conducive to recovery, so general amongst the poor, renders it anything but singular that their children die in spite of every treatment. The only remarkable circumstance is that, amidst filth and foul air, with food bad in kind, and imperfect in quantity, so many arrive at maturity.

Such reasoning, however, and such death-producing causes, Dr. Drysdale entirely passes by and endeavours to support his leading case against the use of this drug, by the expression of a mere opinion, viz., that the death of the child in question (see MEDICAL CIRCULAR, Jan. 6 and 27) was caused by the mercurial ointment which he (Dr. Drysdale) administered on the flannel band. If so, he drives me to the conclusion, either that the dose so administered was excessive, or that the case was unsuited for mercurial treatment, for it is evident that Dr. Drysdale is not conversant with, since in his writings he entirely ignores, the practice of those who give mercury only in carefully selected cases, and in these with extreme caution. Given in this way, however, prejudice alone could attribute any death to such a cause.

That success attends the anti-mercurial treatment of syphilis under the able hands of Dr. Drysdale, I have no doubt; but universal success is unattainable by any treatment, and belief in such reminds one of that of former days in the immortalizing powers of cinnamon water,

"Cur moriatur homo
Qui bibit de cinnamomo."

In Dr. Drysdale's reply to my letter (MEDICAL CIRCULAR, Jan. 6th), I am astonished to find him calling attention to the debate on Mercury in Syphilis, before the Harveian Society, Nov. 19th, and Dec. 10; for on consulting MEDICAL CIRCULAR, Dec. 2nd, and 16th, 1863, it will be found that the whole weight of evidence was decidedly against the anti-mercurialists. I am, &c.,

RICHARD S. SISSON, M.D.

Maida Vale, February 1, 1864.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY, JANUARY 21.

PRESIDENT, WM. ADAMS ESQ., in the Chair.

MR. DE MERIC read a paper

ON INDURATED CHANCRE IN THE FEMALE,

in which he related three cases of infecting chancre in the female; viz., of the cervix uteri, the labium, and fourchette respectively. He was anxious to bring the cases forward as the percentage of indurated chancre in the female was small, and chancre of the cervix was rarely met with. He had, moreover, had the opportunity, in the two other cases, not only to watch the sores from the beginning, but to examine the men from whom these chancres had been taken. The sore of the cervix was of the hard glazed kind, and had seemingly been taken from a gentleman with blotches on the face, and a sound penis. The lady made a good recovery after a sufficiently prolonged mercurial course. The chancre of the labium was also derived from a gentleman labouring under secondary syphilis; but with sound organs of generation; whilst the chancre near the fourchette was taken from a gentleman affected with a chancrous erosion seated on a very large indurated base. Mr. de Méric alluded to such cases of chancre of the cervix which had been quoted by authors, and concluded by some remarks on the occasional transformation of indurated chancre into a mucous tubercle.

MR. CURGENVEN did not quite agree with the common doctrine, that syphilis was always inoculated by the *contact* of infected persons. He had seen several cases to prove the contrary. He related a case where a sailor had been for many weeks away from land before he perceived himself to be affected with an ulcer of the penis. With regard to the natural history of syphilis, when untreated by mercury, he had related two cases of severe symptoms having arisen, in the debate on Dr. Drysdale's paper, and would now add a third. A man he had recently seen had had chancres, which were treated without any mercury, and healed by external applications. He continued well for about six years, and then his health suddenly broke down. Among other symptom he was troubled by frequent emissions of seminal fluid especially in the presence of females; these left off, and h became quite impotent.

DR. DRYSDALE said he believed that indurated chancr was of very rare occurrence in the female. M. Cazenav indeed, had recently asserted that secondary symptoms i women arise in nineteen-twentieth of cases without an ulcer, but simply after discharges. As to the inoculatio of secondary symptoms, experiments by Ricord, &c., showe this to be very rare. He begged, in answer to Mr. de Méric allusion to his views, to state, that he had as high a respec for all attempts to ascertain the diagnosis, or sequence c

events, in syphilis, as in all other diseases. It was always one point gained. But it by no means followed, even if we admitted the description of events given by Ricord &c., that we should grant that the disease should be treated by such an agent as mercury. For the experience of Fricke, Desruelles, John Thompson, Syme, Hughes Bennett, &c., had shown that mercury always made the disease a thousand times worse, and that it was *in the immense majority* of cases a very mild affair, when treated with hygiene and external applications. As to secondaries, Professor Boekh had recently shown by large comparative experiments, that they occurred nearly twice as often when ulcers were treated with mercury, and the time required for treatment was nearly double. Dr. Diday, formerly a mercurialist, shows now the miseries which result from M. Ricord's six-months' course of mercury, and Cullerier, Fournier, &c., in Paris, give none in primary sores. Infantile syphilis was comparatively speaking rare—one in a hundred of out patients at the Childrens' Hospital—and it did much better without mercury than with it. Dr. Diday had shown that cases of secondary symptoms, treated by him without mercury, had been free from relapses for periods varying from four up to sixteen years.

DR. G. DE GORREQUER GRIFFITH said, you will, sir, pardon my rising to take part in this discussion, when I state that my object is to lay before the Society some interesting facts in connection with the natural history of the disease now under consideration. At the recent debate in this room upon the same subject as engages our attention to night, I advanced the fact that, while in China, I had many opportunities of seeing those bad forms of the disease usually ascribed to be the consequences of an amalgam poison, that is, the poison generated by the introduction of mercury into a syphilitic constitution; that I had carefully examined into the histories of such cases, and had been able distinctly to trace the existence of only one poison in the system, that poison being the syphilitic. In the instances to which I refer, no mercury had been at all, at any time, or in any quantities, administered, and yet the patients had flattened noses from the removal *by the syphilitic disease* of the nasal bones, and there had developed themselves in various sites of the body, nodes, caries, necrosis, rupia, ecthyma, &c.

Since my return home, I have devoted some attention to the study of the disease, as it occurs in these countries, especially to the occurrence of these so-called *mercurio-syphilitic* sequelæ, and am glad to find that the statement which I adduced in the course of the discussion upon Dr. Drysdale's paper—namely, that though they sometimes may be the results of the amalgam poison, yet they are at others *solely* dependent upon the syphilitic virus,—corroborated by Dr. Daniell in his work upon 'African Diseases,' and by the words of Mr. Erichsen, whom, upon a recent occasion, I heard say in the theatre of University College Hospital, that he had in a number of instances observed the same sequelæ as I have mentioned, in patients, who had never taken any of the mineral; also by a case which he at the time brought forward as confirmatory of his remarks. It was that of an army hospital mate, who had contracted chancre some years before, had never taken for it an atom of mercury, yet who *now* was the subject of necrosis and of caries (on account of which Mr. Erichsen had to operate), having, I believe, previously had rupia and ecthyma. I would mention another case bearing upon the same point, and which has come under my own notice; the patient is at present in the Lock Hospital. His history is as follows:—some years since, after entering the marines, he got hard chancre; this was cured by the simple plan of treatment and for two years there were no manifestations of the affection; at the end of this period the man fell into bad health, and then his body became covered with ecthymatous and rupial patches, which again, under simple treatment, and as the health was restored, totally disappeared, leaving only their cicatrices. The cause of the deterioration of health was a hard bout of drinking, immediately after which the patches had declared themselves.

Again, owing to family distress, his health broke down, and at the same time the former eruption returned. The face, neck, trunk, and limbs, have been, and some of these still are, covered with the crusts, or the cicatrices or suppurating sores of ecthyma. Another case also occurs to my memory; it was mentioned to me by Mr. Shillitoe, and inasmuch as the patient moves in the higher circles of society, his statement must be accredited.

He contracted chancre, for which he was treated without any mercury, the sore healed, and the disease seemed to have been entirely eradicated; yet, after the lapse of a long time, it manifested itself in those untoward symptoms which are accustomed to be considered as following only the mercurio-syphilitic taint—I allude to bad forms of tertiaries.

These, sir, I contend to be links in a great chain of facts, and are weighty in that they should influence us in our treatment, and guide us in the selection of remedies for the eradication of this terrible disease.

MR. BERKELEY HILL remarked that he had been informed by the Surgeon of the St. Lazare Hospital at Paris, that the cases of indurated chancre in the female did not exceed 16 per cent.

DR. CHOWNE gave an eulogium on the rigid accuracy shown by Mr. de Méric in the observation of his cases. The subject treated of was one in which society, as well as medical men, was deeply interested. With regard to the mechanism of infection, it was, he thought, often a matter of great difficulty to say what part was the infecting one, since in females the discharge was sometimes so profuse, as to make all attempts at diagnosis extremely difficult. With regard to mercury, he had been in practice for nearly fifty years, and had heard the observations of Guthrie, Rose, &c.; but he could only say with regard to that drug, that he looked upon it as the great agent to which he felt inclined to apply in all diseases, when other means proved inefficacious.

MR. DE MERIC, in reply, said, that the cases cited by Mr. Curgenven were interesting. He was, however, very strict towards his own, and would, therefore, remind Mr. Curgenven that his cases, if proved, would amount to causing a revolution in the literature of syphilis, since he had mentioned a case where a man was cured of chancre and remained without any symptoms for six years, and then the disease reappeared; a sequence not admitted by writers on the disease. We could not tell what he had been doing between these dates. Dr. Griffith's cases were less liable to adverse criticism; but even they might be taken exception to. He had not that evening intended alluding to the question of mercury in syphilis, but had merely intended to pay a passing compliment to the zeal displayed by a member in collecting evidence against its use. He thanked Dr. Chowne for his good opinion of his method of collecting materials for diagnosis. One suggestion thrown out by that gentleman was very valuable, viz., that it was often very difficult to ascertain the infecting focus, in the case of profuse discharges in the female.

The PRESIDENT announced that, on February 4, a paper would be read by Wm. Adams, Esq., F.R.C.S., on "Fracture of the Patella."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 26TH, 1864.

MR. FERGUSSON, VICE-PRESIDENT, in the Chair.

Dr. S. O. HABERSHON related some

CLINICAL OBSERVATIONS ILLUSTRATING THE EFFECTS OF IMPLICATION OF THE PNEUMOGASTRIC NERVE IN ANEURISMAL TUMOURS AND MORBID GROWTHS.

After referring to the complex distribution of the pneumogastric nerve, and to the important symptoms of disease produced by the implication of its branches, the author proceeded to describe several cases of thoracic aneurism in which the branches of the recurrent laryngeal nerve, or the trunk of the pneumogastric, were involved.

The first case was that of a man, aged thirty-nine, who had been engaged in laborious work at Chatham and Woolwich dockyards. Two months before death he began to

suffer from hoarseness, and the laryngeal symptoms were more marked than any other. There were paroxysms of urgent dyspnœa, and slight dysphagia. Five days before death hæmorrhage from rupture into the trachea commenced; and on the morning of his death the bleeding suddenly became profuse, and was quickly fatal. Dilatation of the aorta, double aneurism of the arteria innominata, and perforation into the trachea, were found. There was pressure upon the commencement of the recurrent nerve, and commencing degeneration of the muscular fibre of the laryngeal muscles on the same side. As to the physical signs, dulness and double bruit were produced immediately over the first bone of the sternum, but there was no bruit over the aortic valves. No pain had been complained of. The valve of the laryngoscope had been shown in demonstrating that no disease of the larynx existed, slight œdema of the mucous membrane only being present.

The second case was that of a sailor, aged thirty-five, who had apoplexy, with aphonia and symptoms resembling phthisis; aneurism was, however, suspected. The recurrent and the pneumogastric nerves were both compressed; the muscles of the larynx were on one side pale and wasted, and the lung on the same side was in a state of asthenic pneumonia. The thoracic duct had also apparently been compressed.

In the third instance recorded, the symptoms of cardiac disease obscured those of aneurism. There had been pericarditis and endocarditis, and fibroid degeneration of the muscular fibre of the left ventricle existed. The patient was a groom, aged forty-five, and two months before death symptoms of catarrh and bronchitis came on; the heart's action was irregular and tumultuous; the pulse very feeble, but without bruit. Afterwards a triple sound was produced below the nipple, and with renewed bronchitis there were signs of pleuro-pneumonia of the lower lobe of the right lung. No pain and no dysphagia were complained of, but paroxysms of urgent dyspnœa, with extreme faintness; in one of these attacks he died. In addition to the degeneration of the heart, an aneurism was found at the commencement of the transverse arch; and the pneumogastric, after giving off its recurrent branch, passed directly over the sac, and the compression of this nerve had determined the pneumonic consolidation of the lower lobes of the right lung.

In the fourth case, the recurrent laryngeal nerve was compressed, and had produced paroxysms of urgent dyspnœa, but the dyspnœa was in great measure due to direct pressure upon the trachea. There had been feebleness of the voice, with dysphagia. Pain was of an agonising character, but also paroxysmal, and it was apparently due to direct pressure on the nerves. The aneurism of the aorta was situated immediately beneath the subclavian, and had ultimately perforated the trachea; but rapid effusion of blood had been prevented by layers of fibrin, and it was probable that the first oozing of blood took place nine months before death. No bruit had been produced, but a ringing second sound; the heart was healthy.

The author stated that pressure on the pneumogastric nerve and its branches by aneurismal tumours in the chest led—first, to paroxysmal and spasmodic contraction of the muscles of the larynx; secondly, to diminish muscular power, and to paralysis and wasting of the laryngeal muscles; and thirdly, to pulmonary congestion and consolidation;—but that gastric symptoms, such as were found in peripheral pulmonary irritation of incipient phthisis, were not observed in thoracic aneurism. The effect of changed nervous supply of the œsophagus was briefly referred to; spasmodic contraction, and possibly also ulceration, taking place without direct pressure; the author stating that spasmodic contraction from this cause aggravated the effects of the direct pressure of tumours generally. It was likewise mentioned that occasionally no dysphagia existed, because the whole of the œsophagus opposed to the tumour was pushed aside *en masse*.

In conclusion, the author detailed an instance of disease affecting the supra-renal capsule, with bronzed skin; and exhibited a drawing from his dissection of a branch of the neumogastric to the capsule. The irritability of the stomach often present in these cases was referred to this connection. A dissection showing the larger branches of the semi-lunar ganglia, and the manner in which some of these branches were involved in the diseased capsules, was also exhibited.

Dr. JOHN HARLEY reported a case of

HÆMATURIA OF THE CAPE OF GOOD HOPE.

In the beginning of October last, a gentleman, resident in the Cape, consulted the author about a slight hæmaturia which he had had for some years. After micturition a little blood, never exceeding a teaspoonful, or some dark "veins," appeared with the last half ounce of urine. The urine itself was never bloody. Sometimes the "veins" would block up the urethra, and cause obstruction for a few minutes. He had an occasional twinge of smart pain in the loins. These were all the symptoms which ever appeared in connection with the urinary apparatus. He said great numbers of people of both sexes were affected in precisely the same way in certain parts of the Cape. While awaiting a sample of his urine, Dr. Harley made inquiries amongst his Cape friends and acquaintances, and as the result corroborated his patient's statements, he was now satisfied of the existence of endemic hæmaturia in Uitenhage and Port Elizabeth, and it remained for him to ascertain the cause. In the various samples of urine sent to him by his patient, he invariably detected the eggs of an entozoon, and in one specimen he had the good fortune to discover the perfect embryo after its escape from the eggshell, under the form of a minute ciliated animalcula. From its anatomical characters and developmental changes he was led to refer the parasite to the Trematode class of worms, and to the family Distomum. Of the five species of this genus which inhabit man, it had no relation with three. Distomum heterophyes presented some points of resemblance—viz., in the size and conformation of the alimentary canal, if he (Dr. Harley) might be allowed to compare it with an organ he met with in one sample of his own, and which he supposed to be the intestinal canal of the adult parasite. But the animal which it seemed to most nearly resemble in the outward form of the eggs as well as in the symptoms of the disease it produces, was the Distomum hæmatobium. This parasite, according to Bilharz and Griesinger, was very common in Egypt, and inhabited all parts of the urinary apparatus. But since the parts he had described differed in several respects from the corresponding parts of the hæmatobium, and since, from want of recorded information respecting the corresponding parts of D. heterophyes, he could not compare them with these, he was obliged to comprehend them under a new species, which he would call D. capense. Having finished his observations of this case, he was strongly persuaded that the hæmaturia of the Cape was due to the parasite, the early stage of whose development he had been able to observe; but still, as its presence in a single case might be nothing more than a coincidence, he felt that more extended observations were needed to prove that this was the constant cause of the local disease in question. With singular good fortune he had the pleasure of an introduction to Dr. Dunstroville, surgeon of the Port Elizabeth Infirmary, and who, having practised for twenty-seven years in the Cape of Good Hope—which was one of the two places in which he (Dr. Harley) found the hæmaturia to be endemic,—was quite familiar with the disease, the cause of which, however, from want of leisure and means of observation, had never been ascertained. Dr. Dunstroville's two sons, in common with many other young men, suffered from the disease, but considered themselves to be now free from it. At the author's request Dr. Dunstroville kindly supplied him with samples of the urine, and he (Dr. Harley) was at once enabled to demonstrate to Dr. Dunstroville the existence of the characteristic eggs of the parasite in question in the secretion from him. Having thus demonstrated the existence of the same parasite in three individuals suffering or having suffered from the hæmaturia endemic in some parts of the Cape, Dr. Harley concluded that the animal was the constant cause of the disease.

Dr. SYMES THOMPSON observed that the disease described by Dr. Harley as endemic at the Cape must be either

in its occurrence or very limited in its distribution. He had received communications from three medical practitioners who had practised for several years in South Africa, and had not met with idiopathic hæmaturia, either at Port Elizabeth, or in the neighbourhood of Uitenhage. Dr. Johnston (Surgeon to the 85th L. I.) had seen many cases of hæmaturia in Natal, occurring in children between the ages of six and fifteen, more commonly in boys than girls, which he had regarded as dependent on congestion of the genito-urinary mucus membrane, arising from ascarides, tape-worm, or depraved secretions. He had found these cases very amenable to treatment directed to the removal of the condition referred to, with the subsequent administration of turpentine, matico, or the sesquichloride of iron. Dr. Thompson added to this testimony that of a non-medical observer, the Bishop of Natal, whose sympathies are, perhaps, as much scientific as clerical, who had not, in his intercourse with medical practitioners in the colony, heard the disease mentioned as endemic in any part of his diocese. With regard to the question whether the fluke described was the same as that occurring in Egypt, though zoologically almost identical, the Distoma capense (so called by Dr. Harley) seemed far less hurtful in its effects on the human constitution than the Distoma hæmatobium. The first-named entozoon was, perhaps, a variety of the same species. The speaker suggested that the principal medical officer of the Cape be requested to investigate the whole subject, and draw up a report, to be presented to the Royal Medical and Chirurgical Society at a future meeting.

Dr. COBBOLD remarked that no person who had previously familiarised himself with the appearances presented by the eggs of the various distomes could doubt for a moment that Dr. John Harley's illustrations represented the ova of the so-called Distoma hæmatobium. In short, the symptoms, pathological products, eggs, and embryos described by Dr. Harley, all tended to show that this hæmaturia of the Cape was identical with the well-known Egyptian malady. Dr. Harley's discovery was, however, a most important one in relation to the geographical distribution and prevalence of entozootic disease; for the author had now demonstrated in a most satisfactory and able manner, that the helminthiasis in question was not confined to Egypt, as had hitherto been supposed, but was more or less prevalent in Southern Africa and in the Mauritius. Speaking zoologically, this parasite was not a true distome, as it represented the type of a distinct genus, to which Diesing, of Vienna, gave the name of Gynæcophorus; Weinland, of Frankfort, had called Schistosoma; Moquin-Tandon had denominated Tnecosoma; and himself had previously entitled Bilharzia, after the name of the original discoverer, Dr. Bilharz, of Cairo. He (Dr. Cobbold) had discovered this so-called Distoma hæmatobium in the portal blood of an African monkey (Cercopithecus fuliginosus) six months before Diesing had communicated his paper to the Vienna Academy, and, therefore, he hoped Dr. Harley (in concert with Weinland and others) would retain the generic name Bilharzia, which had the priority. At all events, this was not a new species of fluke, and, therefore, the name Distoma capense could not stand. But Dr. Harley's discovery was none the less important on that account. It was quite clear to him (Dr. Cobbold) that our fellow-men at the Cape, in the Mauritius, on the banks of the Nile—and also, if you please, our friends, the monkeys—obtained this parasite by swallowing the "intermediate bearers" of the Bilharzia. These "bearers" or "hosts" were small mollusks or aquatic animals, inhabiting the African rivers. They contained the higher larval states of this parasite, the larvæ being introduced into the human body by drinking the African waters unfiltered.

Dr. DUNSTROVILLE said that he had given Dr. Harley all the information he possessed on the subject. In reference to what Dr. Symes Thompson had said, he stated that the disease never attacks adults. There was no doubt that the water had to do with the disease, but how, it was difficult to explain. He (Dr. Dunstroville) intended, by the help of his friends, fully to investigate the disease. He remarked that disease was uncommon, and he had only seen two cases.

Dr. LEARED said, in reference to the observation of Dr. Cobbold on the possibility of preventing the occurrence of parasites in the human body, that his proposal for the prevention of the fatal cystic disease of Iceland, by simultaneously treating all the dogs in the island for worms, had been very favourably received. The paper had been translated into Icelandic, and published in an Icelandic newspaper. Dr. Leared had also communicated with the late Baron Eschricht, of Copenhagen; the result was, that Dr. Krabbe had been sent to Iceland last summer for the purpose of ascertaining whether the sheep-dogs of the country are really infested with the Tænia echinococcus, the mature form of the cystic worm which infests the bodies of men. With this view one hundred dogs had been killed, and their intestines examined. The worm was found in about one-fourth of the number. What further steps the Danish Goverment intended to take Dr. Leared was unable to say, but he still felt confidence in the plan he had proposed.

Dr. HARLEY said, in reply to several points alluded to by those who had taken part in the discussion, that since there could be no doubt the parasite in question belonged to the genus Distomum or Gynæcophorus, the determination of the exact species was a matter of secondary importance. He had referred it to a new species, because, after careful comparison with Griesinger's figures and description, and Leuckart's review of them in his recently published work, he could hardly refer the cilated embryo he had described to Gynæcophorus hæmatobium. On the other hand, the resemblances were so close and so many that it was probable they were identical; but from a bare comparison with the figures, he could not justly infer that they were actually so. He called attention to the fact that, although the symptoms of the hæmaturia disappeared after a time, the parasite still remained in the system as actively generating its kind as ever. Stone, it had been observed, was not at all of common occurrence in the locality in which the hæmaturia prevailed, but he would particularly draw attention to the fact that gravel was very prevalent. He had found that a highly saline condition of the urine accompanied the discharge of ova; and that the fine crystalline deposits very soon incrusted the ova. He had been particularly careful to satisfy himself that ova formed the nuclei of several renal calculi that had been submitted to him for examination by one of the patients suffering from the disease.

JUNIOR MEDICAL SOCIETY OF LONDON.

Abstract of Paper read before the above Society, at King's College, on January 19th, 1864, by MR. R. C. POWLES.

The author began by showing that the conditions under which pus could gain admittance into the blood were at least very exceptional, and that if pus did get into the blood, the effects produced there would be of a very different character from that class of symptoms ordinarily described under the name of pyæmia.

He showed that the formation of pus takes place as the result of a particular dyscrasia, that a purulent dyscrasia ought to be recognised as well as a cancerous one, for that in both, as the result of altered or impaired nutrition the nuclear matter of a particular structure takes on a new developmental direction. If a case of pyæmia, in the strict sense of the word, were met with, the course of events would be exactly parallel to those which take place in the rare cases wherein secondary and distant deposits of cancer have owed their origin to a transference of cancer cells by the way of the veins.

The pus corpuscles would be mechanically arrested in the nearest capillary plexus, and there would continue to grow, at length forming small tumours.

The theory that injection of pus into the blood produced peculiar effects, such as the coagulation of that fluid, as supported by Mr. Lee's experiments, or symptoms similar to those produced by a blood-poison, as Gasbard had met

with in his experiments, had been refuted, at least the striking experiments of Professor Hughes Bennett had shown that such effects were not of necessity produced.

Again, there was another point from which the whole subject might be viewed; the discoveries of Bennett and Virchow of the leucocythemic and leucocytotic conditions had, to quote the words of the Berlin Physiologist, amounted to a refutation of a morphological pyæmia.

The question yet remained—what is the true pathology of pyæmia? and Virchow's researches have rendered a definite and intelligible answer to this question possible.

The formation of multiple abscesses has two distinct causes, the one mechanical, in which a transference of embolia took place; the other, dynamical, in which, owing to the introduction of some morbid matters into the blood, and a consequent general contamination, a mal-nutrition followed, resulting in the formation of such aberrant forms as pus corpuscles.

The important question—why thrombosis occurred, and what was the starting point of the formation of a thrombus?—was touched upon, and the experiments of Professor Lister were mentioned as proving that those of Richardson were of too partial a nature for the support of his theory, and also as giving some sort of explanation of the formation of a thrombus.

It would thus appear that the disease, so-called pyæmia, must be referred to two diseased conditions—viz., embolism and ichoræmia, which, however, frequently co-exist, and either of which may give rise to the other.

With reference to the place of these affections in the whole category of diseases, the author explained the class which Virchow had framed, and which he called metastatical dyscrasiæ.

He then mentioned the principal diseases in which embolism and ichoræmia were met with, and concluded with some remarks upon the treatment.

Births, Marriages, and Deaths.

BIRTHS.

BATE.—On the 23rd ult., at Albion terrace, Guernsey, the wife of H. Bate, M.R.C.S.E., of a son.

CAMERON.—On the 29th ult., at Nottingham place, the wife of Dr. Cameron, Deputy-Inspector-General of Hospitals Army, of a daughter.

DILL.—On the 21st ult. at Regency square, Brighton, the wife of Dr. Dill, of a daughter.

HARVEY.—On the 26th ult., at Hoe place House, Plymouth, the wife of Frederick Harvey, M.R.C.S.E., Staff Surgeon, R.N., of a daughter.

JOHNSON.—On the 29th ult., at Regency square, Brighton, the wife of A. A. W. Johnson, F.R.C.S.E., of a daughter.

LE GROS CLARK.—On the 26th ult., the wife of F. Le Gros Clark, F.R.C.S.E., of St. Thomas's street, Southwark, and Lee, Kent, of a son.

MILLAR.—On the 26th ult., at Cairnbank House, Brechin, the wife of Dr. S. S. Millar, of a son.

WALKER.—On the 1st inst., the wife of James Walker, M.D., of North Frodingham, Driffield, of a son.

MARRIAGES.

BROWN—DEWAR.—On the 28th ult., at Cross hill, Cathcart, W. Brown, M.D., of Glasgow, to Margaret, daughter of the late W. Dewar, Esq., of Glasgow.

SOUTHEY—THORNTON.—On the 28th ult., at Holy Trinity Church, Clapham, R. Southey, B.M., to Frances Marianna, daughter of the late Rev. W. Thornton, Rector of Llanwarne, Ross.

DEATHS.

CLIFFORD.—On the 28th ult., at Tivoli Villa, Cheltenham, H. W. Clifford, M.R.C.S., aged 28.

HARVEY.—On the 24th ult., at San Remo, Italy, E. R. Harvey, M.D., of Clarges street, Piccadilly, aged 32.

HONEYWOOD.—On the 20th ult., J. Honeywood, M.R.C.S.E., of Blackfriars road, aged 45.

NICOLL.—On the 31st ult., at Caistor, Lincolnshire, W. Nicoll, Surgeon, formerly of The Hyde Hendon, Middlesex, aged 60.

TURNER.—On the 5th ult., at Newcastle-under-Lyne, Samuel M. Turner, F.R.C.S., Surgeon-Extr. to the North Staffordshire Infirmary, aged 45.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 28th ult.:—James Edmond Anthonisz, L.S.A., Ceylon; Charles John Bennett, Buxton, Derbyshire; Alfred John Cockerton, Islington; William Grafton Curgenven, M.D. Plymouth; Edward William Bennett Garlike, Tulse hill; Frederick King Green, Stoke Newington; Frederic Charles Griffith Griffin, Weymouth; John Petch Hewby, Ripon, Yorkshire; Frederick Samuel Hope, Kerby-Fleetham, Yorkshire; Hermann Johnston Jones, M.D., Upper Clapton; Joseph Langhorn, Savile row; Caleb Law, Australia; Henry Plater Long, Barham, Canterbury; William M'Connell, Lisburn Ireland; Edwin B. Pearson, Yeavele near Ashbourne, Derbyshire; William Cecil Penn, Edwardes square, Kensington; Frederick Philpot, L.F.I. & S. Glas., Chelsea; William Skinner, Sheffield; George White, Dalston.

At the same meeting of the Court Mr. Josiah Frederick Kynsey, L.R.C.P.I., passed his examination for Naval Surgeon. This gentleman had previously been admitted Member of the College, his diploma bearing date July 19 1859.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise, on the 28th ult. Richard Orlando Arnold, Charing cross Hospital; John Quick Costin, Kimbolton, Hants; Richard William Day, Colnbrook, Bucks; Peter Charles Duncan, Great Marborough street; Thomas Langston Hulme, Manchester; James More, Rothwell, Northamptonshire.

The following gentleman also on the same day passed his first examination:—David Martin Williams, Charing cross Hospital.

The following gentlemen passed their preliminary examination in Arts, and received certificates of proficiency in general, on the 29th and 30th ult.:—E. G. Archer, Feltwell near Brandon; R. Atkinson, Coniston, Waterhead; J. Bennett, Bury, Lancashire; W. J. Bennett, Dorchester; F. M. C. Beechey, Norfolk square; G. Bland, Stourbridge; J. H. Castle, Euston square; Clifford Crew, Ross place, Guernsey; D. S. Costerton, Lucas place, Commercial road; R. H. Coombs, Rydon crescent, Islington; F. P. Day, Birmingham; F. J. Glencross, Devonport; S. Gries, Leeds; C. V. Helsdon, Frances street, Torrington sq.; J. A. Lea, Congleton; G. J. Moxon, Brigg, Lincolnshire; S. Morrison, Westbourne park terrace; J. Massing, Green street, Bethnal Green; H. Norton, Westbrook grove, West; E. M. Owens, Sutton, Surrey; G. F. Wallingford, Berks; W. Powell, Cheltenham: O. R. Tankerd, Langport, Somerset; J. J. Swindell, Whetston M. Sculthorpe, Bedsy, Worcestershire; W. R. T. Penzance.

CAMBRIDGE UNIVERSITY.—At a Congregation held the Senate on the 30th ultimo, the degree of B.A. was ferred on J. Theophilus Beck, M.R.C.S. and L.S.A., and Thompson Dickson, M.R.C.S.

SIR WILLIAM WILDE.—The Lord Lieutenant has ferred the well deserved honour of knighthood on W Robert Wills Wilde, Surgeon Oculist in Ireland Majesty, and Assistant Census Commissioner. Sir W

has many high claims to that distinction. His labours in Ophthalmology long since raised him to a high position in that department of surgery, and his devotion to the elaboration of the vital statistics of Ireland has enabled him to render great public service in this important matter. Sir William Wilde has taken part in the compilation of three successive censuses for Ireland, and is known also by his erudite antiquarian studies, which have won for him a considerable reputation as an accomplished archæologist. We congratulate the Irish profession on the honour bestowed on one of its most distinguished representatives.

DONCASTER DISPENSARY.—Several meetings have recently been held at Doncaster, attended by the principal inhabitants, to consider the propriety of founding an Infirmary in that place. There is every probability that the proposed institution will be established. On Friday last, a deputation from the Infirmary Committee attended a special meeting of the Governors of the Dispensary, and it was unanimously agreed that the site chosen for the Infirmary would be equally eligible for the purposes of the Dispensary, the amalgamation of the two institutions being considered desirable.

ISOLATION OF FEVER WARDS IN HOSPITALS.—Dr. R. D. Thomson, in his report on the health of Marylebone for December, has the following remarks on this subject:—"From the total want of sufficient means of isolating epidemic and contagious diseases in the public hospitals, and from the increasing density of the population of the metropolis, the local authorities must in future make up their minds to provide for a certain number of sick during the prevalence of infectious zymotic disease. And that the larger and more wealthy hospitals will see fit to provide distinct isolated wards for contagious diseases, as is universally the case in country infirmaries. If this desideratum be not supplied, these institutions will in a good degree be superseded by parish infirmaries and dispensaries."

PROFESSIONAL CHANGES IN DUBLIN.—The unexpected deaths of Mr. Smyly and Dr. Jonathan Osborne have led to many changes and some speculation in Dublin. The most important, however, of the appointments which have become vacant will be filled up, we believe, without any very serious contest. The election for a Vice-President of the College of Surgeons, *vice* Mr. Smyly, has been advertised to take place on next Thursday, and Dr. Jacob, the Professor of Anatomy and Physiology in the College, is we believe, likely to succeed to the office. Then the Surgeoncy to the Meath Hospital is, we understand, on the best authority, to be filled up by the election of the son of the senior Physician, the young gentleman being at present studying on the Continent. By the death of Mr. Smyly, Dr. George H. Porter, one of the Examiners in the College of Surgeons, becomes Senior Surgeon at the Hospital, and thereupon has resigned his office to the South City Dispensary, and a contested contest is likely to ensue. The principal candidates, out of thirty-five as yet in the field, as far as we know, are, Dr. Coulton, for some years Apothecary to the Dispensary; Dr. C. F. Moor, late Senior Surgeon to the Meath Hospital, near Tynan; Dr. Grimshaw, the son of the well-known Dental Surgeon; and Dr. Shortt, a young gentleman of about five years' standing in the Profession. By Dr. Osborne's demise the Professorship of Materia Medica in Trinity College becomes vacant, and we understand that Dr. Aquilla Smith, the Vice-President of the College of Physicians, and its representative on the Medical Council, will in all probability be appointed. We shall probably in our next be able to give more certain information.—'Dublin Medical Press.'

SCHOLARSHIPS IN NATURAL SCIENCE IN CAMBRIDGE.—Two Scholarships, each 40*l.* per annum, tenable for three years at least, are announced to be given for Natural Science at Sidney Sussex College in October next. The subjects of examination are Electricity, Chemistry, Geology, and Anatomy. The scholarships are open to all the world. The successful candidates must enter at the College and reside. Further information may be obtained from the Rev. J. C. W. Ellis, tutor of the College.

BITE OF A VIPER, SECONDARY SYMPTOMS RECURRING PERIODICALLY AT DISTANT INTERVALS.—In 1855, Mr. Léon Soubeyran in his thesis on vipers and venemous bites, recorded the singular case of a man who having been bitten by a reptile of this kind six years previously, experienced annually for a month, from the date corresponding to that on which the wound was inflicted, severe pain in the injured arm. Mr. George Villers, of the Calvados, had also noted a periodically returning swelling in dogs, several years after bites of this description. The first case was therefore not a solitary instance, and was merely invested with exceptional interest. This extraordinary circumstance would seem however to be confirmed by further observations and in its number of November 6th, the 'Gazette Hebdomadaire,' relates a fresh case, communicated by Dr. Demeunat, of Tournan. A woman, aged sixty-five, was bitten by a viper at the age of twenty-six, and for a period of thirty-nine years every spring, on the 28th of May, an eruption of large vesicular bullæ has appeared on the forearm, attended with much itching, but no other disturbance of health.—'Journal of Practical Medicine and Surgery.'

TENDERNESS BENEATH THE STERNUM, A SYMPTOM OF SYPHILIS.—In addition to exostosis of the mesial portion of the palate, which Mr. Chassaignac considers as indicative of the presence of syphilis, we may mention another symptom frequently met with according to Mr. Ricord in secondary disease; and which, in Mr. Brodrick's opinion, is so common as to present a pathognomonic character. Mr. Brodrick has observed it in a large number of cases at Madras, and the 'Dublin Medical Press,' in an article devoted to the subject, remarks that this gentleman attaches so much importance to the presence of this sign, that whenever he detects in the lower third of the sternum a spot unusually tender on pressure, he does not hesitate, if no spontaneous pain has preceded, to pronounce the case one of syphilis, and accordingly to exhibit iodide of potassium.—'Ibid.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 10.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Garrod: "The British Pharmacopœia; its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."

THURSDAY, FEB. 11.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Experimental Optics," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, FEB. 12.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Markham, "On the Uses of Bloodletting in Disease;" Royal Institution, 8 p.m.—Professor Franklyn, "On the Synthesis of Organic Bodies."

SATURDAY, FEB. 13.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, FEB. 15.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 16.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Social Science Review. No. 2. New Series.
The Medical Mirror. No. 2.
Canada Lancet. No. XI.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

Mr. W. B. MURRAY.—The abstract has been received, and will be inserted.

Dr. SISSON'S letter is inserted.

THE BROMIDE OF AMMONIUM IN AMENORRHŒA.

To the Editor of the Medical Circular.

SIR,—Would you kindly allow me through the medium of your columns to ask the members of our Profession, if they have in any instances of the above-named affection found the Bromide of Ammonium useful? Some little time since I demonstrated this drug to be an emmenagogue and that too of powerful action. Drs. Locock and Dewees have recorded the good effects of the ergot in amenorrhœa, and their statements have received the corroboration of Nauche, Pauly, and Roche. Now we know, that this latter drug most powerfully checks uterine hæmorrhages—that opium will behave itself, at one time, as a stimulant, at another, as a paralysing agent, and that lead may in certain quantities prevent, while in larger doses, it will produce abortion. Of many other medicines, which act thus *oppositely* in *different* doses, I might cite numerous examples, but I content myself with the references which I have made. Dr. Churchill in his new work on 'Diseases of Women,' speaking of the ergot, says: "that ergot of rye will originate and augment uterine contraction is known to all, and also that it will control uterine discharges therefrom; but upon what principle it could be supposed to possess the opposite power,—viz., that of exciting or increasing the menstrual secretion, I do not know."

I lately published a paper in your journal, in which I called attention to the benefit derivable from the use of the Bromide not only in Amenorrhea and Dysmenorrhea, but likewise in Menorrhagia and Metrorrhagia.

I seek not to offer an explanation of the *modus operandi* in these diametrically opposite conditions.

Lock Hospital. G. DE GORREQUER GRIFFITH.

Dr. H. is thanked for his communication, which, however arrived too late for insertion last week.

INQUIRER.—The term *paresis* has been lately employed to express the condition which has hitherto been known under the name of general paralysis. The word is a Greek one, παρεσις, and signifies relaxation. The e of course is short.

A CHEMIST.—No time has yet been fixed for the appearance of the six-shilling edition of the British Pharmacopœia, of which it is said fifty-thousand copies are being struck off at the higher price of ten shillings and sixpence.

Dr. M.—We cannot take any notice of the subject, until the investigation is concluded.

DOCTOR OR NO DOCTOR.—The question is not likely to be settled soon, as whichever way the judgment is given, the defeated party will appeal.

Dr. D.—The Clinical Report is exceedingly well drawn up, and we shall be happy to receive and to insert others of a similar nature.

A SCOTCH STUDENT.—We have already expressed our views on Mr. Syme's pamphlet, but we shall follow up the subject as occasions may present themselves.

A. B. C.—The bye-law in question applies to the Fellows, but not to the Members or Licentiates. The legal point is quite decided, but the jury may take what view they please as to the amount to be awarded.

Mr. C.—The conduct of Mr. S. appears to have been unprofessional, and ought to be referred to the decision of a Medical tribunal.

Dr. C., EDINBURGH.—The proofs had not returned in time for the insertion of the Report this week.

The Medical Baths and Fumigations.

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Chlorine, Sulphur, Mercurial, Fumigations, Hot and Cold Water, Hot Air and Vapour Nitro-Muriatic Acid, Alkaline, Chalybeate, Iodine, Artificial Baréges, Harrogate, and other Baths, constantly ready, or prepared to order.

Highly esteemed, and mainly supported now for upwards of forty years by the goodwill and recommendation of the leading practitioners of London and the United Kingdom; as an additional very powerful, and agreeable remedy in tedious chronic disease. Ample evidence can be given of their efficacy in mental and nervous disorders, incipient paralysis, internal congestions, and especially in obstinate cutaneous, syphilitic, rheumatic, and gouty affections, as well as in glandular, hepatic, and other visceral enlargements and obstructions, where internal medicines are inadmissible or have altogether failed.

Especial attention having been latterly directed to the high promise of the HOT-AIR BATH in pulmonary, and even confirmed phthisical disease, a great object will be to carry out this treatment judiciously and effectually, and to assist, as far as possible, any object or purpose the preseriber may have in view.

Medical Gentlemen, presenting their cards, are free to a personal use of the Baths at any time when at libetry, at no other charge than a small optional fee to the attendants. Imitations having arisen, be particular in the address.

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The Medical Circular.

HOSPITAL REPORTS.

EDINBURGH ROYAL INFIRMARY.

CLINICAL WARDS. CASE UNDER THE CARE OF PROFESSOR LAYCOCK, WITH CLINICAL OBSERVATIONS ON CARDIAC NEUROSES.

(Reported by FRANCIS C. ROPES, M.A., M.D., Boston, and Mr. HERBERT TAYLOR, Clinical Clerks.)

Suspected Thoracic Aneurism, Substernal Pain, Neuralgia of both Upper Extremities, chiefly on left side, "Pin-point" Pupils. Sudden Death from Angina Pectoris. Sectio Cadaveris, Fatty Heart, Atheroma of Aorta and Coronary Arteries.

S. Matchbank, **æt. 33,** married, residing at Hawick, was admitted on Nov. 21, 1863, to Clinical Ward No. 1, under the care of Dr. Laycock.

History.—Is a stocking-maker by trade. Enjoyed good health up to the month of September last when he had a fit. This occurred as he was entering his house, he first felt weakness in the legs, and then fell unconscious to the ground. He was taken to bed and seen shortly afterwards by a medical man who bled him at the arm.* Under this treatment he recovered consciousness, and feeling able for work the next day, he returned to his occupation. Since this time, he has complained of substernal pain and shooting pains down both arms, aggravated by exertion, but not constantly present.

SYMPTOMS ON ADMISSION.

Integumentary System.—Complexion sallow, hair black, skin over the abdomen pigmented, and almost of bronze colour. There is a line of dilated capillaries in the cardiac region, constituting the so-called præcordial vascularity.

Circulatory System.—Pulse 78, small vol., regular, feeble. On auscultation, a rough diastolic murmur is audible, loudest at the base of the heart and propagated down the sternum; no increase of cardiac dullness on percussion.

Respiratory System.—Natural.

Digestive System.—Tongue clean, appetite good, bowels regular.

Genito-Urinary System.—Urine, pale yellow colour, sp. gr. 1·020, acid reaction, depositing octohedral crystals of oxalate of lime with mucus.

Nervous System.—He complains of general weakness, of pain in the mid-sternal region, shooting especially into the left axilla and down the left arm as far as the elbow. The pain is sometimes felt in the right shoulder and arm, and is aggravated on using the arms actively. The pupils are contracted to two small points, and do not obey the stimulus of light.

He was ordered good diet, and a placebo in the meantime.

* This fact was not elicited till after the patient's death when the friends afforded the information.

Nov. 27.—In the same condition. The murmur at the base of the heart is not so distinct as when first observed; ordered three grains of iodide of potassium in infusion of quassia three times a day.

Dec. 2.—Thorax carefully examined at the visit to-day. No increase of cardiac dullness is detectible on percussion; the murmur at the base is not heard: patient complains of pain at mid-sternum stretching to left axilla, down the left arm to the inner side of the elbow. Urine is free, contains no oxalates and no albumen, sp. gr. 1·025. Pupils continue firmly contracted and unaffected by light.

Dec. 3.—With a view to ascertain whether the cardiac murmur heard on admission could be reproduced after exertion, the Resident-Physician ordered the patient to carry a pail for some distance, and to return to be auscultated. He was in the habit of assisting the nurses to carry the food from the kitchens up stairs to his ward, and thus frequently carried moderate weights without any inconvenience. On this occasion, in his anxiety to assist in elucidating the nature of his complaint, he had doubtless made some unwonted exertion, for on returning with the pail he put his hand on his chest and told the nurse "the doctor would now find out what was wrong." On walking up to the Resident-Physician, his face was observed to be somewhat flushed, and he was out of breath. Suddenly he fell backwards to the floor, was quite unconscious, became livid in the face, and breathed stertorously for a few seconds. Restorative measures were adopted, but without avail, as he died in about a minute. The pupils dilated widely at death.

(DRS. GRAINGER STEWART AND DUCKWORTH'S REPORT.)

Sectio Cadaveris (forty-nine hours after death).—Rigor mortis well marked, abundant sugillation on dependent portions of the body.

Pericardium.—No abnormal amount of fluid.

Heart.—Valves competent; left coronary artery at its spring small, hardly admitting a probe in consequence of atheroma of the parts around; right and left coronary arteries pervious, with a few patches of incipient and fully formed atheroma. At the spring of the aorta there was thickening, apparently fibroid, doubtless the first stage of atheroma. It corresponded to a zone above the sigmoid valves, was festooned in appearance, and thickest at the junctions of the coronary valves. The intercoronary valve had a similar thickening below the corpus Arantii, the left coronary valve was a little opaque, and the right one apparently commencing to be thickened. The thickened portion was found to contain fatty granules among the wavy bundles of fibroid tissue, when microscopically examined.

Above the zone were scattered atheromatous patches of various sizes (*e.g.*, split pea or melon seed). In the arch there was atheroma around the openings of the innominate, left carotid, and subclavian vessels. The left carotid was especially contracted at its aperture, being compressed laterally by the deposit.

The thoracic and abdominal aortas contained patches of atheroma. The common carotids, subclavians, and internal carotids were rather rigid and "pipy;" in their coats were numerous atheromatous specks.

Left Ventricle.—The anterior musculus papillaris supporting the anterior (greater) cusp of the mitral valve, looked pale and fatty to the naked eye; when examined under the microscope, fibres of its tissue were found to be so in an advanced degree. In the vicinity of both coronary arteries and veins, the walls of both ventricles were fatty by degeneration, and not apparently by interposition. The supply of blood to the left ventricle had been much impeded in consequence of the thickening at the efference of the left coronary artery.

The pneumogastric nerves were dissected out and found to be normal; both the recurrent branches and those from the descendens noni were perfectly natural.

Larynx and Trachea healthy.

Lungs congested; otherwise natural.

The abdominal viscera were congested, especially the kidneys; in other respects they were quite healthy.

Brain.—Meninges natural, no adhesions, substance apparently healthy; no extravasation or effusion detectible in any part. Medulla oblongata, pons Varolii, etc., natural. The cerebral arteries were not specially examined.

Clinical Remarks by PROFESSOR LAYCOCK.

In this instance, death was due apparently to the narrowing of the innominate, left carotid, and left coronary arteries, which was dependent on atheroma. In such cases, death does not result from ordinary exertion, but may accrue from an extraordinary effort which causes cessation of cardiac and cephalic action.

The term *pseudo-apoplexy* has been applied to these cases.

The comatose condition is due to the sudden cutting off of the supply of blood to the brain.

In this case, the leading symptoms were—first, pain in the thorax and down the right and left arms (chiefly in the left); secondly, pin-point contraction of both pupils; thirdly, a rough, systolic, basic cardiac murmur heard after his admission, but which subsided after rest in the hospital.

These conditions led to the diagnosis that a small aneurism existed at the spring of the aortic arch, which, from his sudden death, was supposed to have ruptured into the pericardium. This view was subsequently abandoned, on learning from the relatives of the deceased, that thirteen weeks previously he had suffered a similar attack, which was speedily relieved by venœsection.

Is there any relation between the nervous phenomena and the existing structural degeneration?

There are two forms of fatty degeneration of the heart. 1. Subserous and external to heart. 2. Interstitial and internal.

These two kinds are often found associated, though one form may be in excess of the other. They do not, however, arise from the same causes. Disease of the coronary arteries is comparatively rare in women, unless they be of advanced age, of intemperate habits, gouty diathesis, or of a masculine nature.

Women more frequently have a weak flabby heart, with external fatty deposit. In bedridden people, cessation of muscular activity entails fatty degeneration in the system, more especially in the textures of the heart. This form of degeneration is seldom uncomplicated, for it is not uncommon to find co-existing lesions—*e.g.*, mitral or aortic valvular disease, dilatation of the heart and adherent pericardium.

Disease and obstruction of the coronary arteries is likewise a common cause of fatty heart. It is not, however, as some maintain, the sole cause of such a condition, for it may occur independently of coronary degeneration; moreover, the coronary arteries themselves are sometimes the seat of atheromatous and calcific changes without concomitant fatty deposit in the cardiac textures.

Fatty heart sometimes occurs uncomplicated with other cardiac lesions, but may be associated with other affections, as for example, in cases of acute tuberculosis pulmonum (of which we have lately had a well-marked example in our wards), with the low condition of lungs, the essence of which is capillary bronchitis, and with hepatic and renal diseases. Whether or not these lesions of the liver and kidneys stand to the cardiac affection in the relation of cause and effect requires investigation.

In gouty affections, fatty heart is peculiarly apt to occur. The more latent forms of gout attack the arterial system of the brain, the heart, and aorta. Angina pectoris is most commonly met with in persons of this diathesis, in fact, three-fourths of the cases of this disease occurring after the age of forty are in gouty people.

A complication or coincidence, as it may perhaps be called, and referred to chiefly by Dr. Stokes, consists in a temporary suspension of the respiratory act. This symptom is, indeed, regarded by some as pathognomonic of fatty heart. Of course a weak heart leads to pulmonary congestion and complications. In a case of hemiplegia now under observation, this peculiar symptom has been well marked This patient suffers from occasional fits of apnoë, which are preceded by some feeble inspirations, while for the space of twenty to forty seconds there is absence of respiration. There is no "*besoin de respirer*" during this interval, and the pulse becomes hurried and irregular. Feeble inspirations then commence, which soon pass into those of an almost stertorous character. The most probable explanation of these phenomena, is that a sentient palsy of the respiratory centre occurs, or a paresis of reflex sensibility in the mucous membrane of the lung, hence the absence of suffocative sensation. Meantime the blood is becoming highly carbonized, and in this condition stimulates the centre to a resumption of the respiratory act. This patient probably had a fatty heart for some time before the occurrence of the hemiplegia, and as he was actively engaged at work as a well-sinker up to the day of his seizure, it is unlikely that there was any important interference with his respiration.

Angina pectoris is the type of cardiac neuralgias. There is, perhaps, only one kind of pain which can be compared to it in intensity—viz., that of phrenalgia or acute melancholia. Cardiac pain is associated with melancholia and imperfect supply of blood to the brain. The neuralgic affections in angina are situated chiefly about the sternum, in the shoulers and arms, more especially, however, in the left arm; sometimes they are seated in the neck.

The pain in these cases can generally be traced to a particular class of nerves; thus, in two cases of vascular bronchocele with exophthalmos in women under our observation, the patients experience the same pains that were complained of in Matchbank's case. In this man, however, there were contracted pupils, while in the cases of the two women there is exophthalmos. Dr. Graves first observed the affection of the eyeballs, and both he and Dr. Stokes consider it due to a cardiac neurosis, Dr. Begbie, on the other hand, attributes it to anæmia. Let us see if we can connect the phenomena observed in the case of the man with those that are manifested in the cases of the two women, or, in other words, differentiate between the contracted pupils and the exophthalmos. The internal and external cutaneous nerves follow the course of the veins of the arm, and end at the wrist. The lesser internal cutaneous nerve (nerve of Wrisberg,) and the intercosto-humeral nerve, are distributed to part of the integuments of the upper arm. All the nerves have origin from the lower four cervical and upper three dorsal nerves; they communicate through the circumflex nerve with the intercostal nerves. Hence the severe thoracic pain which is felt so commonly in angina pectoris. There is no thoracic pain in either of the cases of vascular bronchocele.

The phrenic nerve may be involved mechanically in cases of fatty cardiac degeneration as it has intimate relations with the heart and pericardium; this point, however, has not yet been investigated. The respiration is affected in these cases since an intact state of the phrenic nerve is essential to its normal performance. In the cases of apnoë before alluded to, a lesion of this nerve may have a share in the production of these singular phenomena.

Affections of the eyes are frequently observed in these cases; thus, in Matchbank's case, the pupils were permanently contracted; in the case of a man with aneurism of the arch of the aorta, now in Ward 1, the right pupil is found to be occasionally dilated; in a patient who had sacculated aneurism of the descending thoracic aorta, which lately proved fatal, the right pupil was constantly dilated, while in both cases of vascular bronchocele the ocular affection consists in protrusion of the globe. The staring eye is due, physiologically, to two conditions, one, in which there is a wide opening of the eyelids, due to emotional causes, as horror, surprise, &c.; the other, in which there is actual protrusion of the globe itself. The latter condition may be due to one or other of many mechanical causes, as intra-orbital accumulation of fat, orbital congestion with effusion, congestion of ophthalmic veins, change in the motor muscles of the ball, etc.

simply to nervous influence. Some of the lower animals have special protruding muscles in the orbit; these are probably of the non-striated variety, and on the excessive contraction of these under the influence of the sympathetic, the protrusion of the eye-ball may possibly depend. The contraction of the pupils arises from various causes. I am of opinion that the contracted condition is due to a palsy of the dilating muscle of the iris, which is supplied by the sympathetic, while dilatation is a spasmodic action of the same fibres. Certain spinal lesions affect the pupil, especially those of that part of the chord situated between the seventh cervical and third dorsal vertebræ. This region is called the *cilio-spinal* from its relation to the pupils. Claude Bernard, however, calls it the *oculo-spinal* region from a supposed relation to the lids. He cut the first and second dorsal nerves, and galvanized the proximal cut ends, thereby producing exophthalmos. Experiments show that these nerves have a connection with the eye which we should not expect to find.

What is the relation of the heart to this region? A Jena Professor found a motor centre for the heart in the oculo-spinal region.

In some cases of hysteria, a manifest relation exists between the heart and spinal chord. It, therefore, becomes a question whether the relations of the heart and chord to each other are as cause and effect, or *vice-versâ*.

I formerly taught that the lesion of the coronary arteries was the cause of the angina pectoris, but I have now come to a different conclusion, and am inclined to think that the initial lesion is in the nerve centres, the fatty degeneration being due to defective innervation of the tissues. Deposits of fat on the heart are commonly found accompanying the course of the coronary vessels. The innervation changes which lead to fatty vessels lead also to fatty degeneration in adjacent tissues.

If this theory of causation be correct, we should address our treatment to the nervous system, and by the exhibition of nervines endeavour to act on the motor power of the heart.

For this purpose such drugs as strychnia, digitalis, belladonna, and secale cornutum would be indicated, since they tend to invigorate by contracting the cardiac vessels.

THE BRADFORD INFIRMARY AND DISPENSARY has been recently opened, the alterations and improvements in the building being completed. The total cost has been 4,680*l*. One of the wards is named the "Musgrave," in honour of the late Abraham Musgrave, Esq., who contributed largely to the funds. Another will be called the Rev. Dr. Goodwin's ward, that gentleman having furnished it at his own expense.

NORTH STAFFORDSHIRE INFIRMARY.—The medical staff of the North Staffordshire Infirmary, having invited the medical practitioners of the Potteries to a microscopical soirée held in the committee-room of that institution, entertained a full attendance of visitors on the 28th ult. Several instruments of high power were employed, and an immense variety of objects were exhibited.

VACCINATION.—A return has been issued of the number of unions or single parishes in England and Wales, in which the guardians or overseers have taken measures to enforce obedience to the Vaccination Act. In England out of some 700 replies, only 79 are in the affirmative. To the return "No," signifying that nothing has been done, the remark in some cases is added "nothing beyond posting placards."

KINGSTON LYING-IN HOSPITAL.—We have much satisfaction in announcing that this hospital, which, it will be remembered, was closed a few months since for want of funds, has been re-opened, and patients admitted. The exertions recently made by a few of the residents of the locality have been so successful that enough money has been raised to pay off all liabilities, and leave a margin sufficient to keep the institution in working order without prematurely calling upon the public bounty.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. II.

In proceeding to treat systematically of the Chemistry and Pharmacy of the British Pharmacopœia, we propose not to follow exactly the order of things in the book itself, but to arrange the various articles of the Materia Medica together with the preparations and compounds,—in one alphabetical series,—noticing them *seriatim*, and examining and criticising in each case the processes which are given for their production; we shall also describe the characters by which they are to be recognised or defined, and add such remarks upon their manufacture or chemical properties as may appear to be of general interest.

This arrangement will ensure a due reference to everything of importance, and will enable us to make general observations on such preparations as occur in classes.

ACACIA.—Gum is found in the juices of all plants, but it is met with in its purest form in the transparent tears which exude from various species of acacia. The chemical nature of this substance has, within a comparatively recent period, received important elucidation from the researches of M. Fremy. This Chemist has shown that gum really constitutes the lime salt of an organic acid which he has termed *gummic acid*. Under certain influences, as by merely drying at a temperature of 212° F., this acid undergoes an isomeric modification and becomes insoluble, and it then constitutes *meta-gummic acid*. Both the acids have the same chemical composition—the formula for each being $C_{12}H_{11}O_{11}$, or double these numbers. In fact the acids and their respective lime salts may, indeed, be mutually converted the one into the other. While, therefore, gummate of lime is common gum arabic, the meta-gummate of lime is identical in characters and composition with the bassorin or insoluble gum of the cherry and certain other trees.

It is well known that gum cannot, under ordinary circumstances, be purified from the inorganic bodies it contains, and that upon calcination it furnishes a calcareous ash amounting to 3 or 4 per cent. Professor Graham, however, by the process of dialysis, has succeeded in preparing pure gummic acid from ordinary mucilage, acidulated with hydrochloric acid,—the latter acid with the saline matter passing through the dialyser, and leaving the gummic acid in a nearly pure condition. It may also be obtained by Neubauer's process—acidulating strong mucilage with hydrochloric acid, and precipitating with alcohol.

After two such operations the gummic acid is left nearly pure. Gum is characterised by its solution giving a precipitate, with sub-acetate of lead, with silicate of potash or soda, and with alcohol. It quickly reduces nitrate of silver when exposed to sunlight, and slowly discolours in diffused light. It is soluble in its own weight of cold water, and is so slightly diffusive, that it will scarcely pass through a porous membrane. Its diffusive power is 400 times less than that of common salt. Its solutions become acid by keeping, but they do not ferment.

The powdered gum of commerce is apt to be adulterated with starch, hence the Pharmacopœia directs that it shall not become blue on adding a solution of iodine.

ACETUM.—Vinegar is now ordered to be "prepared from French wines by the acetous fermentation." In the London Pharmacopœia, malt or British vinegar only was officinal; but the Dublin College ordered French, and the Edinburgh Materia Medica contained both French and English.

The change now made is probably of no great importance, inasmuch as vinegar is not ordered in any of the preparations, and we hardly know for what purpose it is introduced among the Materia Medica. Formerly it was used in making Acetum destillatum, Ceratum saponis co., and Linimentum Æruginis; Acetic acid, however, appears now to have entirely replaced it. The advantages gained by selecting French vinegar in preference to English are not very obvious; for the former can scarcely be regarded as being purer, or even more definite in composition than the latter, considering that it is obtained from inferior wine which is unsuited for other purposes, while the latter is specially manufactured from a uniform source. On the other hand, the change is attended by some inconvenience, seeing that genuine French vinegar is somewhat difficult to obtain. It must certainly, however, be said that French vinegar is free from sulphuric acid and is therefore less likely to be open to the question of adulteration.

By far the largest proportion of French vinegar is produced at Orleans, where the process is conducted in large casks, capable of holding from 50 to 100 gallons each. These are arranged upon their ends in rows, one over the other, and maintained at a temperature varying from 75° to 85°, F. The upper part of the casks is left partially open to allow of a free access of air. In the first instance a quantity of good vinegar, boiling hot, is poured into each cask, and every eight days a few gallons of wine are added until the vessels are about two-thirds full. The vinegar is then allowed to remain in this state for fifteen days, when a portion is run off, and fresh wine is put in its place.

The process of acidification goes on much more rapidly in casks which have been used for some time, than it does in new ones. This is probably due to the presence of a gelatinous fungoid growth called *mother of vinegar* (*Mycoderma acete*), which gradually forms in the liquid and favours the change. The production of vinegar from wine depends on the conversion of the alcohol into acetic acid. This is effected by oxidation; the oxygen of the air first abstracts a portion of hydrogen from the alcohol, and forms a compound which is called Aldehyde (alcohol de-hydrogenated), which then itself assimilates oxygen and forms acetic acid. The process is therefore essentially one of slow oxydation or eremacausis; but as pure alcohol is itself incapable of change when in contact with oxygen, the presence of a ferment or some nitrogenous substance in a state of change is necessary, in order to start the action. In comparatively new wine, and also in the malt most used in England, there is sufficient albuminous matter present for this purpose, but in the acetification of alcohol, as practised in some parts of the Continent, it is necessary to add something which shall perform this function. In most cases also the oxidation is quickened by causing the liquid to percolate in a thin stream through a tall vessel filled with beech shavings, while a current of warm air is passing upwards. In this way a large surface of the alcoholic liquid is exposed to the influence of warm atmospheric oxygen.

Wine vinegar contains, besides water and acetic acid, sugar, colouring matter, gum, acetic, and probably other ethers, with a little alcohol and saline matter, especially acid tartrate of potash. The Pharmacopœia directs that it shall be of a straw colour, and have a specific gravity ranging from 1·008 to 1·022. It gives, however, no indication of the amount of acetic acid which should be present. This may range from 3 to 8 per cent., the proportions of acid in the wine vinegar of France. *Proof vinegar* of English commerce contains about 5 per cent. of acetic acid. It is therefore neutralized by a little less than 5 grains of dry carbonate of soda. Good French vinegar is always clear and limpid. It has an agreeable wine like ethereal odour, and a pleasant taste. Chevalier states that its specific gravity should range between 1018 and 1020. The range in the Pharmacopœia is therefore too large for a good wine vinegar. When evaporated almost to dryness it should leave a brownish yellow viscous extract, having a sharp acid taste. This is a very characteristic quality of wine vinegar. The purity of the vinegar is to be ascertained by testing it with chloride of barium, oxalate of ammonia, and sulphuretted hydrogen. The presence of an undue amount of sulphuric acid is *indicated* by the formation of a distinct white precipitate with the salt of barium; and the oxalate of ammonia would throw down the lime, as oxalate of lime, which is insoluble in acetic acid. The formation of a dark coloured precipitate by sulphuretted hydrogen would indicate the presence of some metallic impurity; lead or copper being the most probable. Lastly, it may be said that a solution of nitrate of silver gives but a very slight precipitate with pure wine vinegar.

ACIDUM ACETICUM.—Solutions of this acid illustrate in a very forcible manner the wide discrepancy which exists among the Pharmacopœias of the three Colleges, and the great confusion which resulted in consequence; it enables us also to appreciate the advantages gained from the book now under our notice, and, at the same time, it reveals the difficulties which have stood in the way of its compilation. In the following table are arranged, according to the

strengths, all the acetic acids which were contained in the three Pharmacopœias :—

	Sp. gr.	per cent.
E. Acidum Aceticum	1065	= 85
D. „ „ Glaciale	1065	= 85
D. „ „ Forte	1066	= 51
L. Acidum Aceticum	1048	= 30.8
D. „ „ of Commerce ...	1044	= 28.0
E. „ Pyroligneum	1034	= 21.0
L. „ Aceticum Dilutum.....	1008	= 4.6
L. Acetum Destillatum	10065	= 4.6
D. Acidum Aceticum Dilutum	1006	= 3.5
E. Acetum Destillatum	1005	= 3.0

These are reduced in the British Pharmacopœia to the following :—

	Sp. gr.	per cent.
Acidum Aceticum Glaciale.....	1065	= 85
Acidum Aceticum	1044	= 28
Acidum Aceticum Dilutum	1006	= 3.6

These acids appear to have been well chosen. The Acidum Aceticum is of the strength of ordinary commercial acetic acid, and can, therefore, be easily obtained ; while the Acidum Aceticum dilutum only differs by one per cent. from the previous London preparation, and exactly accords with the Dublin.

No process is given in the Pharmacopœia for the production of Acidum Aceticum, but it is described in the Materia Medica as "an acid liquid prepared from wood by destructive distillation, and containing 28 per cent. of anhydrous acetic acid."

In the manufacture of Acetic Acid, as practically conducted, billets of wood are introduced into large closed iron cylinders, resembling gas-retorts, and submitted to a dull, red heat, for about twenty-four hours. These retorts are connected with a series of condensing vessels, through which the products of distillation are conducted. Large volumes of permanent gases, consisting chiefly of Hydrogen and Carbonic Oxide and marsh-gas, are evolved throughout the process ; and these are ultimately conveyed back by pipes into the fire, and so serve by their combustion to maintain the heat. When all the volatile products have passed over, the charcoal remaining in the retorts is withdrawn, and is allowed to cool in iron cases out of contact with the air. The condensed portion consists of a watery liquid and tar. This liquid contains the Acetic Acid, and also wood-spirit, or Methylic Alcohol, Acetate of Methyl, Acetone, &c. After the tar has been mechanically separated, the acid liquid is submitted to distillation ; the spirituous portion passes over first, and the Acetic Acid afterwards. The crude coloured acid thus obtained, possessing a strong tarry flavour, is known as *Pyroligneous Acid.* To purify this it is neutralised, either with Carbonate of Soda, or with Milk of Lime, but generally the latter. Some of the tar is thus precipitated, and may be removed. The liquid is then evaporated to dryness, and the residue cautiously heated, so as to torrefy the impurities, and render them insoluble. It is afterwards re-dissolved in water, and crystallised. If it is desired to convert acetate of lime into acetate of soda this is effected by adding a solution of sulphate of soda to the lime salt. Double decomposition occurs ; sulphate of lime from its insolubility separating out, and acetate of soda remaining in solution.

The Acetic Acid of commerce is obtained by mixing either the acetate of lime or the acetate of soda, with hydrochloric or sulphuric acid, and submitting the mixture to distillation. In certain cases advantage is taken of the insolubility of sulphate of soda in acetic acid, whereby a nearly pure acid may be at once obtained. The oil of vitriol is allowed to flow quietly under a strong solution of acetate of soda, and the two liquids are then cautiously mixed, so as to prevent any great elevation of temperature. After some time, when the sulphate of soda has entirely separated, the acetic acid may be drawn off, and may be rendered quite pure by distillation.

The impurities likely to be present in commercial acetic acid are, empyreumatic matter, owing to the tar products not having been thoroughly removed, sulphurous acid, sulphuric acid, hydrochloric acid, and traces of lead and copper. Of these, the sulphurous acid is by far the most frequent and most serious. It is produced when the oil of vitriol is made to act upon the acetate ; any organic matter, as the tar products adhering to the salt acts upon the sulphuric acid, and by taking oxygen liberates sulphurous acid, which passes over with the distillate. Under certain circumstances also the oil of vitriol is capable of decomposing a portion of the acetic acid itself, and forming sulphurous acid. To ensure the absence of these contaminations, the Pharmacopœia states of acetic acid that it "leaves no residue when evaporated ; gives no precipitate with sulphuretted hydrogen, chloride of barium, or nitrate of silver, and does not give rise to a blue colour, when added gradually to an equal volume of the solution of iodate of potash, previously mixed with a little mucilage of starch." These tests are sufficient to recognise all the impurities we have mentioned. By evaporation, any fixed saline or organic matter would be detected ; lead or copper would be precipitated by sulphuretted hydrogen, and sulphuric and hydrochloric acids would be indicated by the salts of barium and silver. The presence of sulphurous acid would be recognised by the iodate of potash and starch ; for when sulphurous acid comes into contact with iodic acid, it immediately abstracts from it the oxygen and liberates the iodine, which gives to the starch a blue colour.

Acetic acid is directed to be of a specific gravity, 1·044, and to be of a certain strength as determined by a volumetric solution of caustic soda. As this method of ascertaining the strength of acids is a new feature in the Pharmacopœia, we shall defer our examination of it until we have noticed the glacial acetic acid.

ROYAL COLLEGE OF SURGEONS.—The Hunterian Oration is now delivered biennially in this institution, consequently there was not any discourse on the 15th inst.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 17, 1864.

MEDICAL ETHICS AT COLCHESTER.

In a Profession which is liable to attacks from without, it is essential that the utmost good faith and kind feeling should prevail within. Our remarks are eminently applicable to our own Profession, which, from its very nature, is liable to every kind of malicious misrepresentation, not only from the influence of evil tongues, but from the privacy with which most of our ministrations are necessarily conducted, and the ill-success which occasionally attends our best-directed endeavours. The issue of illness and injury is really not in our hands, but in those of a superior Being, and all we can do is to further the reparative processes of Nature by the aid of science, or to combat morbid actions by such weapons as are placed at our disposal. But there are diseases and injuries which no human power can remedy, and we may add there are patients who are too obstinate or too careless to listen to our injunctions as to the management of their ailments. In either case our cares are sometimes fruitless and our efforts are unsuccessful; and the unfortunate result is too often laid at the door of the Medical practitioner, while it is really due either to the nature of the case itself, or to the carelessness of the patient. But however much we may excuse the ignorance or even the malice of the laity on such points, no such indulgence is called for in the case of members of our own Profession, who are fully aware of the difficulties which beset our path, and who are bound, as far as lies in their power, to uphold the character of their brethren, and even to defend them when they are unjustly assailed by persecution from without.

We lately called attention to a monstrous case of persecution against a member of our Profession in the person of Mr. Peat, a surgeon practising at Manningtree, in Essex, against whom an action was brought by a person named Candler in the Court of Queen's Bench in December last, for an alleged ill-treatment of an injury to the ankle-joint, the result being that a verdict was given in favour of Mr. Peat, who was nevertheless put to great expense in defending himself, and who, by the recent bankruptcy of the plaintiff, is left to pay his own costs. In an article published by us on the 30th December in the last year, we fully explained the groundlessness of the action, and expressed our own astonishment that such a case should ever have been brought to trial, had we not known that, whether from the credulity of some attorneys, or the love of obtaining costs evinced by others, actions the most groundless, frivolous, or malicious, were allowed to come before our Courts of Justice.

But whatever might be the motives existing on the part of the plaintiff or of his lawyers, we expressed a hope that there were no sinister influences at work in the locality where Mr. Peat resides, to create a prejudice against that gentleman, and above all we thought it especially necessary that the members of our own Profession should avoid any interference which might be interpreted as indicating an unfriendly feeling towards a brother practitioner. During the course of the proceedings a letter fell into our hands written by a Mr. J. H. Smith to Mr. Thomas Bryant, of London, which, although a document of no great importance, showed that Mr. J. H. Smith, who is an elderly practitioner in Manningtree, was fully aware of the circumstances under which Mr. Peat was subjected to the annoyance of an action at law. This letter, the authenticity of which is indubitable, distinctly states that Mr. Peat had mistaken a dislocation of the ankle-joint, with a fracture, for a simple sprain, and that this supposed mistake had been an unfortunate circumstance for the patient, whose case had consequently passed beyond the reach of restoration. It is, of course, quite possible that Mr. Smith may have written this letter without an adequate knowledge of the facts, or may have been misled by the statements of the patient; but how much more graceful would it have been in him, living as he did in the same town with Mr. Peat, to call upon that gentleman and learn from him the real facts of the case? And when he learned, as he must have done, that an action was to be brought against Mr. Peat, why did he not offer himself as a witness to bear his evidence as to his knowledge of the matter?

We published Mr. Smith's letter, and, at the same time, expressed our opinion that its contents required some explanation, offering, of course, the use of our columns for the purpose. But, instead of giving any explanation of the letter, Mr. Smith addressed a kind of circular to several of the Journals, Medical and non-Medical, calling us to account for publishing a private communication; and, at the same time, declaring that he would enter into no further correspondence on the subject. As far as we are concerned we committed no breach of faith whatever, in publishing Mr. Smith's letter; it came to us in the ordinary and legitimate discharge of our editorial functions, and it would have been put in evidence at the trial, but for some purely technical objection. Mr. Smith's letter to ourselves, although somewhat offensive, we immediately published being anxious that all parties should have a fair hearing and it was also published in the columns of some of our contemporaries. The 'Lancet' did not publish it, but expressed itself fully satisfied with Mr. Smith's explanation and congratulated him upon having so completely set himself right with his professional brethren.

This opinion of the 'Lancet,' however, was not indorsed by the members of the Medical Profession of Colchester and its vicinity. It appears that there exists in that town a Medical Society, one of the functions of which is to hear and decide upon medico-ethical questions, and to this tribunal, Mr. Peat, himself a member, determined to appeal and, with respect to the matters at issue between himself and Mr. Smith, he made, in writing, the following allegations, which were duly printed and circulated among the

members of the Society, previously to a meeting called to take the matter into consideration.

TO THE MEMBERS OF THE COLCHESTER MEDICAL SOCIETY.

I hereby allege against Mr. Smith that he has been guilty of grossly unprofessional conduct towards me, and I pray the voice of the Society in my favour in the matter.

I allege that he has acted unprofessionally in the case of James Candler of Mistley, a former patient of mine, who sustained an injury of the Ankle Joint, the Tibia being thrown forwards, and the Fibula fractured at its lower end; this case became the subject of an action in the Court of Queen's Bench at Guildhall in the sittings before Hilary Term and a verdict was given in my favour.

I allege that this action was brought by Candler against me, after communication with Mr. Smith; that Mr. Smith told Candler it was a good case for an action, and repeated the same thing to another party or parties, adding, the man was certain of a verdict, and would get hundreds out of me, as I had been wrong in my treatment all the way through.

That he sent a letter to Mr. Bryant of Guy's Hospital, accusing me of having mistaken the accident and treated the injury as a simple sprain.

That he did these things to injure, annoy, and damage me in professional character and pocket; and I again pray your voice in my behalf.

Manningtree, January 19, 1864. THOMAS PEAT.

The meeting, which was a very numerous one, was held at Colchester, on Tuesday, the 9th inst. Mr. Smith, although duly invited, was not present. The following was the result, and we now leave the whole matter in the hands of the Profession.

At an extraordinary meeting of the Members of the Colchester Medical Society held at the Three Cups hotel on the 9th inst., the following resolution was passed:—

Resolved unanimously—That the Members of this Society have heard the charges of Mr. Peat against Mr. Smith, and the answer thereto. That they find Mr. Peat has so far proved his charges against Mr. Smith as to cause them to express, with deep regret, their opinion that Mr. Smith's conduct has been improper and unprofessional.

Colchester, February 9th, 1864.

SUMMARY OF THE WEEK.

DR. TURNBULL AND THE CRAWLEY COURT-MARTIAL.

While Colonel Crawley has been triumphantly acquitted of the charges brought against him, and restored to his command, with its accompanying emoluments, Dr. Turnbull, who, as far as we can understand, has been accused of no definite offence at all, is dismissed from his regiment and placed on half-pay. Some vague imputations of conspiracy and falsification of books were, indeed, made against Dr. Turnbull, arising out of matters connected with the *late* Court-martial, and a most severe opinion was expressed *of his* conduct in a memorandum written and published by the Commander-in-Chief; but on the assembly of a Court-martial held to hear and decide upon these vague imputations, he was fully acquitted, and the charges against him were declared to be false. While, however, Colonel Crawley's acquittal was published to all the world, Dr. Turnbull's acquittal was kept a secret, or at least, an attempt was made to keep it secret, until the 'Lancet' published the result. The sequel of the whole is that Dr. Turnbull, who is fully acquitted, is punished by being placed on half-pay, and dismissed from his regiment; and Colonel Crawley, who is also acquitted, is retained on full-pay, and replaced in his command. Truly in this country, there is one law for the rich and another for the poor; and in Military matters, there is one law for Commanding Officers, and another for their subordinates. We cannot but feel that the treatment to which Dr. Turnbull has been subjected, is calculated to increase the dissatisfaction already existing in the Medical Department of the Army.

THE MEDICAL COUNCIL AND THE CHEMISTS AND DRUGGISTS.

The Chemists and Druggists have lately taken the alarm at what they conceive to be a contemplated infringement of their rights and privileges on the part of the Medical Council. The alarm is, at all events, premature, for the Medical Council are by no means unanimous on the subject of interference with the practice of pharmacy, and the House of Commons would, in all probability, protect the present status of the pharmaceutical body. It must be confessed that the vehement opposition of the greater part of the Chemists and Druggists to the proposed changes, is based, for the most part, on selfish and rather untenable grounds. They are afraid that the Government protection will be withdrawn from secret medicines, to which, in fact, the Government sanction ought never to have been extended; that counter-practice, as it is called, will be limited and restrained; and that those who practise pharmacy will be subjected to some kind of educational test. If all these results were accomplished, there would be no great cause of complaint on the part of the public, although there are persons perverse enough or ignorant enough to believe that quackery ought not only to be permitted but encouraged, and that the counter-practice of druggists is a boon to the community. The fact is, as we have before stated, that the proposition to legislate for the druggists emanates from the Irish section of the Medical Council, whose sympathies are of course in favour of the state of things which exists in the sister island. In that part of the British Empire, no person can open a shop for the dispensing of medicines unless under the authority of the Apothecaries' Hall of Dublin, and we do not know that this prohibition is found practically mischievous. In this country, as is well known, no such prohibition exists, and any person may sell or make up medicines who chooses to do so. Our contemporary, the 'Medical Times and Gazette,' thinks that pharmacy in England is only a trade, and "that any neat-handed lad or woman of ordinary education can be taught to dispense accurately in three months;" that no Government supervision is necessary for this class any more than for railway officials; and that if people are poisoned by the existing system, they have only themselves to thank for the misfortune.

THE CASE OF TOWNLEY.

It will be perceived by reference to our Parliamentary Intelligence, that the case of Townley has attracted very

considerable attention within the walls of Parliament, and that Sir George Grey has proposed to make some changes in the Act of Parliament, by the operation of which the culprit was saved from execution. The changes contemplated are, however, not very important, and seem principally devised for the purpose of throwing off the responsibility of deciding in such cases, from the shoulders of the Home Secretary to the visiting justices of the prison in which a convict is confined. Hitherto, *any* two justices of the peace might certify to the insanity of a prisoner, but now they must be visiting justices of the prison, and the responsibility of selecting the Medical men, whose certificate is indispensable, is imposed upon the same visiting justices. It is also provided that the certificate of insanity, so signed, shall be no longer final or conclusive; but unless we are greatly mistaken, it is not so at present, otherwise we do not see how Townley could have been condemned to penal servitude. With regard to the physicians or surgeons who are to be called upon to certify in such cases, it is only necessary that they should be registered under the Medical Act; and while on this part of the subject we may remark upon a circumstance which, in our opinion, rendered the certificate of Mr. Harwood, one of the Medical gentlemen who signed in favour of Townley's insanity, invalid. It appears that Mr. Harwood has practised for many years as a surgeon, and although fully qualified by collegiate diplomas, has neglected to register under the Medical Act. Although, therefore, the Lord Chancellor has declared Mr. Harwood's certificate valid, we cannot agree with that high authority, unless the following clause in the Medical Act (the thirty-seventh) is destitute of meaning:

"After the first day of January, 1859, no certificate required by an Act now in force, or that may hereafter be passed, from any physician, surgeon, licentiate in medicine and surgery, or other medical practitioner, shall be valid, unless the person signing the same be registered under this Act."

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. I. B. BROWN continues his Clinical Lectures on some "Diseases of Women Remediable by Operation," and his present subject is "Ovarian Dropsy." If the cyst is unilocular, tapping and pressure are sometimes sufficient for the cure, but in many cases the operation of ovariotomy is the only alternative; great care should be taken in the selection of cases, and in the due preparation of the patients before the operation. The operation itself is by no means difficult, and does not require much anatomical knowledge, but the accompanying circumstances, and the after-treatment all require the utmost attention. Mr. Brown describes all the steps of the operation, together with the instruments employed, and it appears that he illustrated his remarks by performing the operation upon a patient, thirty years of age. Dr. BEIGEL continues his papers on "Spirometry," and gives a number of cases from healthy individuals, showing the amount of respiration in each as ascertained by the spirometer. Mr. JOHN GAMGEE, of Edinburgh, relates a case illustrating the "Dangers of Slaughtering Diseased Cattle." He states that a bull, suffering from illness, was slaughtered and sold for food, but the man who slaughtered it, and who happened at the time to have a wound on one of his fingers, was seized with severe febrile symptoms, and died on the fourth day after dressing the bull. Four pigs also died after eating part of the viscera of the animal. Mr. Gamgee declares that such occurrences are by no means uncommon, and that he himself has known of four men who have died, under similar circumstances, within the last four years. He also suspects that many cases of fever are caused by eating of diseased meat, and that the "trichinous" disease is much more common in this country than is generally supposed. Mr. EUGENE GODDARD gives a "Report of the Injuries and of the Post-mortem Examination of a Woman who was lately murdered near Leominster." They consisted of injuries to the head and fracture of the skull, through which, during life, the cerebral matter escaped. The injuries seemed to be inflicted by kicking.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. GARROD continues his Lecture on the British Pharmacopœia, commencing with the antimonial preparations, which are now considerably modified in their forms or their names. The compound antimonial powder is replaced by the Pulvis Antimonialis, consisting of one part of the oxide of antimony with two of precipitated phosphate of lime, the use of the latter salt being by no means apparent. It seems, however, always to exist in the so-called James's Powder. The potassio-tartrate of antimony is changed only in name, the black sulphuret is placed in the appendix, and the oxy-sulphuret appears in the new Pharmacopœia under the name of Antimonium Sulphuratum. The sulphate of beberia or beeberu has been proposed as a substitute for quinine, but on questionable grounds. The Conium, or hemlock, is now used in the form of a tincture prepared from the fruit, usually called the seeds. Large doses of this tincture may be given without producing any bad effect, Dr. Garrod having given as much as a fluid ounce at a dose without the patient experiencing any discomfort. MR. JOHN WOOD continues his papers on "Rupture," his present subject being "Congenital Hernia," the anatomical relations of which he describes with reference to the development of the testes and their descent into the scrotum. DR. H. M. TUCKWELL relates an interesting "Case of Spontaneous Thrombosis in the Left Femoral and Saphena Vein." The patient was in the prime of life, but had suffered lately from fatigue, and he presented a large swelling, with numbness of the left leg, and an indistinct hardness was felt along the course of the femoral and saphena veins. The treatment consisted in the free administration of stimulants, the application of cold, the use of a fracture cradle for the affected leg, and the subsequent employment of graduated pressure. The case terminated successfully, and Dr. Tuckwell observes that it is a rare instance of thrombosis occurring without the existence

any wasting, febrile, or organic disease, and as a consequence of mere debility; and he speculates on the various modes by which the clot formed in the veins may probably be removed.

THE 'JOURNAL OF MENTAL SCIENCE.' Published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by C. L. ROBERTSON, M.D. Cantab., and HENRY MAUDSLEY, M.D. Lond. January, 1864.

The first paper in this number is by Dr. W. H. O. SANKEY, of the Middlesex County Asylum, Hanwell, and is on the "Pathology of General Paresis," a term which has lately been proposed in the Journal as a substitute for that of general paralysis. Dr. Sankey has received, in the female department of the Hanwell Asylum, 2,280 patients out of whom 61 were affected with general paresis; in the male department of the Asylum the cases were rather more numerous, as the disease is more prevalent among males than females. The course of general paresis is usually short, as death occurs in from three to five years, very few patients surviving beyond the eighth year from the first commencement of the symptoms of insanity. Dr. Sankey considers the chief cause of this peculiar affection to be the undue indulgence of the passions, appetites, and lusts, and he shows that the disease is the most prevalent in direct proportion as these feelings are more indulged. Thus it is observed most frequently in the lower classes of males, rather less so in the upper classes of males; still less in females of the lower classes, but not at all, according to the experience of Dr. Conolly, in the females of the upper classes. In the course of a very elaborate series of investigations, Dr. Sankey has endeavoured to trace the pathological characters of general paresis by dissections of the brain in those who have died of the disease; and, although he has not yet examined the whole of the brain substance, he thinks he has discovered certain morbid changes in the capillaries of the cortical substance of the brain which are characteristic of general paresis. "The changes in the pia mater consist in adhesion to the surface of the brain, in varicosity of the veins, in their winding, tortuous, twisted course, and in aneurismal dilatation of the little arteries." He gives some wood-cuts illustrating these abnormal conditions, but he admits that the whole subject still requires much further investigation in order to arrive at definite results. Dr. J. STEVENSON BUSHNAN contributes a paper on "Chance," in which he combats the opinions of those who deny the existence of a supreme creative Being, and a constant superintendence of the moral and physical world. The human mind recognises the distinction between things happening by chance, and things happening by design; and yet everything that happens, whether apparently by chance or by design, occurs in strict obedience to the laws of Nature, held in definite control by an over-ruling influence. Dr. HENRY MAUDSLEY continues his lengthy but very able essay, entitled "Considerations with regard to Hereditary Influence." He traces the mental conformation as well as the physical from the first germs existing in the parents, and leans to the opinion that the maternal feelings exercise considerable influence on the fœtus in utero. He maintains the assertion of the infertility of hybrids, in opposition to Mr. Darwin, and deprecates in-and-in breeding as likely to cause degeneration of race, although this view is contested in some quarters. Mental peculiarities are transmitted from parents to offspring like hereditary diseases, but neither are transmitted directly, but rather in the form of a potentiality in the offspring to manifest certain psychical characters, or to develope certain diseases as life advances. Savage life exhibits a low type of mental organisation, but as nations advance from barbarism to civilisation, the intellectual first, and then the moral faculties become progressively developed, till selfishness expands into family affection, and the latter into patriotism. Children born of vicious parents will inherit the vices of their progenitors, as the young fox will inherit the thieving propensities of the race; and the only method of overcoming this tendency to evil is by implanting the moral elements in the minds of the young. The whole article is full of suggestive matter, and will repay perusal. The rest of the number is filled with a variety of matters bearing upon Psychological Medicines, including a record of cases by Dr. C. L. ROBERTSON, illustrating the "Use of Digitalis in the Treatment of Mania," the writer speaking of this remedy in strong terms of approval.

ERGOT OF RYE IN ALBUMINURIA AND HÆMATURIA.

BY JOHN C. THOROWGOOD, M.D., M.R.C.P.,
Assistant-Physician to the City of London Hospital for Diseases of the Chest.

A few notes of the following case may be of interest in reference to the action of ergot of rye in albuminuria and hæmaturia.

Some time ago I had under observation a man of cachectic aspect, sixty years of age, whose urine was of sp. gr. 1012, loaded with albumen quite red from admixture of blood, and deposited a grumous sediment on standing.

At times pure blood would flow from the urethra before the passage of the urine, and after a few weeks there was a flow of blood after the urine.

He had been sounded, and this gave him severe pain, and was followed by copious bleeding.

At times he had fits of retention, but these not often.

This man had at the hands of myself and others a variety of remedies—for instance: tinctura ferri muriat, Potass: bitart. and ferri potass. tart. Turpentine, Potass. nitrat, et pulv. ipecac co, Infus. krameriæ and gallic acid.

I find by my notes that all these remedies had a fair trial in turn, and some of them did a little temporary good. My impression was that this man had some fungoid growth in the bladder causing this free and obstinate bleeding, the fits of retention, and the very acute pain on the introduction of instruments.

Failing to gain any lasting benefit from any of the remedies above named, I gave him pulv. secalis cornut. gr. ij, to be taken infused in hot water, thrice daily, as soon as it had cooled.

The effect of this medicine was most striking; it soon checked the hæmorrhage, though this returned when the medicine was suspended; at one time the urine remained, under the influence of the ergot alone, for fourteen days quite free from blood, a thing that had never taken place under the influence of any other medicine.

For a time I tried the pure ergotine in place of the pulv. secalis, but did not find it a superior remedy, though both proved medicines of great value in this troublesome case.

This man had no dropsy, no marked lumbar pain, but a very pale cachectic look. The sp. gr. of the urine ranged from 1012 to 1020.

It is now about twelve months since the patient first came under my observation; at present he suffers much and still passes blood; the only remedies that seem to have done good have been the pulv. secalis and the tinctura ferri sesquichloridi, the first being of much more evident benefit than the last.

I would add, in conclusion, that my belief in a fungoid tumour of the bladder as a cause of the bleeding caused me to feel confidence in prescribing the secale, for this agent seems to me to act powerfully on the small blood vessels, and I can fully believe in the efficacy of this medicine either with or without the sesquichloride of iron in such cases as those noted in the last number of the MEDICAL CIRCULAR.

Finsbury Circus, January 30.

GENERAL CORRESPONDENCE.

PURE AIR VITAL—FOUL AIR FATAL.

To the Editor of the Medical Circular.

SIR,—Perhaps to no living Medical authority is the public more indebted than to Dr. MacCormac, M. D., of Belfast, for rendering familiar, as a household proverb, that the pure air of heaven is the first condition of healthful existence. It is the breath of life, as contradistinguished from the breath of man, which entails tubercular consumption and zymotic fevers, proceeding from one common cause, the respiration of air befouled by overcrowding and defective ventilation. We have fevers from famine and fevers from filth, but fevers from foul air may be regarded as the famine of famines to many. In the London 'Times' of the 4th inst., we are informed that 600 or 700 cases of fever have lately occurred in a population of 6,000 or 7,000, at Festiniog, Merionethshire, from overcrowded dwellings, the prolific source of foul, rebreathed air. The inhabitants there seemed to enjoy *all the other* ordinary conditions of a tolerably healthy life—a salubrious atmosphere, food, employment, and temperate habits—not personally uncleanly. Overcrowded dwellings seemed the only sanitary defect, and to such an extent that the beds were never vacant, nor rooms ventilated. One set of labourers slept by night, and worked by day. Another set slept by day and worked by night, so that both alternately breathed zymotic fever poison in their sleep, and were sickened accordingly in large numbers. Baron Liebig states that the blood by reaction—*i.e.*, fever—becomes a means of cure, as a carrier of oxygen, without which vital element morbid matters cannot be destroyed, transformed and removed from the blood; pure air is, therefore, essential for the supply of oxygen, to renovate this "internal atmosphere," "the life of the flesh," which is the sum of all the organs in the act of formation and transformation. The high mortality of fever patients, under unventilated ceilings in private houses and in public hospitals, contrasted with the low mortality in small, well-ventilated, fever sheds, and in thatched cabins, is an admitted fact, from which the new idea of salubrious cottage hospitals, in preference to monster hospitals, seems to proceed. The late Dr. Armstrong, of London, said it was only necessary to remove a fever patient from the foul air of a dark, damp cellar to the pure air of a dry, lightsome garret, and quick recovery would be the result. Fever is not a disease, but Nature's intense animal heat cure, to consume a blood-poison requiring pure air and thermo-electrical sunlight, to support this sanitary combustion of morbid matter.

The late Dr. Graves, of Dublin, said, "Let my epitaph be, I fed fevers,"—*i.e.*, he supported Nature's heat cure for the destruction of pestilential poison, and the renewal of life. So essential is pure air, that the London College of Surgeons require that each recognised hospital should afford 800 cubic feet of well ventilated space to each patient; 1,500 cubic feet of space is provided for each hospital patient in Bermuda, in consequence of the higher temperature of that inter-tropical climate. When "the breath of man is fatal to his fellows," why should one patient suffer from the foul, rebreathed air of another in the same ward? Fancy twelve consumptive patients poisoning each other in one common chamber of a monster hospital, without perhaps ceiling ventilators—living, or rather dying on cod-liver oil, in open opposition to all the laws of Medical science and of sanitary economy. No one with pulmonary consumption, or any tubercular disease, should remain in the large wards of ill-ventilated hospitals, for they are regarded as the special hot-beds of pulmonary pestilence, supposed, in the south of Europe, to be contagious. As troops are congregated, or isolated under an Indian sun, or Russian snow, acute epidemic, fermentable blood-poisons, or chronic tubercular lung diseases, will be propagated in intensity, in proportion to the numbers packed. The question of defective ventilation—of foul air, haunts us in every walk of life, from the cradle to the grave: the anxious mother fancies she cannot keep her child too closely cradled against every draught of pure fresh air; she accordingly contributes to engender the first germs of tubercular consumption, which gradually grow, under favourable circumstances, into maturity, when they claim their victims prematurely for the grave—the fate of 100,000 annually in this United Kingdom, from a preventible cause.

Our ancestors, in King John's time, lived in smoke, for want of chimneys, but we live in a more poisonous invisible smoke, from our own lungs, for want of ceiling ventilators, in our houses, schools, chapels, &c. We hear words of eternal life in churches, where, perhaps, we may be breathing carbonic acid poison from each other.

The inmates of all public institutions and of private houses are as justly entitled to the pure vitalizing air of heaven, and electro-muscular exercise to consume it, in thermo-electrical sunlight, that renovator of all nature, as they are to their daily food, indeed, more so, for they are theirs by divine right, not by pecuniary purchase. What national blunders are over-crowded, ill-ventilated, monster hospitals, &c. Plethoric people, and "those who eat two dinners daily, sit tightly laced in their carriages, and forget to use their legs except in a ball room" (late Mr. Carmichael fancy that carriage airings are sufficient to ventilate them which is mere *surface* enjoyment, such as a horse, refusing to drink water, can have by swimming in it, or as much as a poor cripple on a barrow can have. They who drive in state chariots suffer more or less from a famine of fresh air they are swimming in it, but not consuming it sufficientl for the salutary influence of active electro-muscular exercis which alone endows the iron of the blood with electr magnetic power to attract oxygen from the lungs into the c culation. To conduct all the vital transactions, is an esse tial condition of healthful existence, which they neglect, wh they overload their electro-chemical laboratories of life wi noxious luxuries, that demand fresh air more and mo

From the foregoing we can quickly perceive that fevers c be as certainly fermented by that lethal leaven, the bre of man, as bread by barm. Heat, moisture, and the wa pulmonary vapour of over-crowded, ill-ventilated hous seem to promote both processes. This brings us to consideration of the most perfect hot-bed for fermenti pestilential poisons, the foul, ill-ventilated, and over-crow hot-air baths. There is as much difference between a pu fied well-ventilated hot-air bath, and a foul ill-ventila one, as between a pure current of spring water, and st nant sink water. The former is a salutary luxury, latter a sickening abomination. The public have no se

rity, unless baths be constructed upon such scientific and sanitary principles, as admit of no deception.

I believe the so-called Turkish hypocaust, or more properly, Baker's-oven Bath, owing to its defective ventilation and construction, and, therefore, to its foul air, tends to produce boils, and suffocative faintings, arising doubtless from blood poisons fermented therein. I frequently observed such results, and heard many complain of the offensive effluvia of over-crowded, ill-ventilated baths, as sickening and disgusting. I was called to see a person who remained for eight or ten hours, upon his own judgment, in a hot air bath; he perspired copiously an offensive vapour, became pulseless, exhausted, *cold*, in a hot-air bath, and spasmodically cramped, as if in collapsed cholera, which I consider arose from the respiration of the atmospheric poison of foul hot-air. On being removed immediately into cold fresh air, and treated by alcoholics, his animal heat, animal electricity, and spirits, were restored in a few hours. He was unable to leave his bed for two days from extreme prostration. I heard others complain of sickness, after copious sweat, in such baths. From the letter of "R. Poore," in the 'Dublin Evening Mail,' Jan. 8, it appears that a horse was shut up in an ill-ventilated hot-air bath for two hours and three-qurters, when he became "convulsed," "mad," and asphyxiated, which clearly indicates the poisonous influence, and danger to life and health of foul hot-air baths. Fancy a dozen bath operatees perspiring, respiring, and poisoning each other in such an aerial sink, and you have a perfect picture of a reality where the "breath of man is fatal to his fellows," and stamps them with the seal of premature death. Under the patent purified hot-air bath of Dr. Bolton, of Leicester, we have an improved form, which affords perfect security against the possibility of foul air, or of defective ventilation, from the principle of its construction; for the more you ventilate the more you heat that bath, both being effected by one common process, and the air becomes absolutely purified by high heat, without being burnt, and of this heat there is a constant current circulating in the bath chambers, and carrying off all vapours through ceiling ventilators. Nothing seems more perfect.

Dr. Leared, of London, Physician to the Royal Infimary for Diseases of the Chest, recommends the hot-air bath in consumption, upon his hospital experience of it as a depurator of the blood, and supports my view upon ventilation. "I quite concur with you as to the necessity for perfect ventilation in the bath especially in such cases as phthisis." Sir J. Fife, M.D., also states to me: "The patent of Dr. Bolton, of Leicester, is undoubtedly an improvement which the advocates of the bath must adopt and extend." As hot-air baths may become the cause of disease, as well as of health, it is right that the merits of each form of construction should be briefly reviewed before the Medical Profession. The opinion of so distinguished and practical an authority upon that question as Sir John Fife must be conclusive.

I am, &c.,

Ship, Feb. 12, 1864. J. TUCKER, M.D.

NOTES FROM PRIVATE PRACTICE.

To the Editor of the Medical Circular.

SIR,—As I gather from your remarks that you invite your subscribers to furnish you, from time to time, *with any particulars* of cases which may appear likely to interest *their* professional brethren, I will at once put a few thoughts on paper which have been called forth from reading your valuable publication. In the CIRCULAR, Jan. 6, 1864, an extract from the 'Lancet' is given, conveying some practical hints as to the treatment of several common affections, by Mr. Skey, and amongst others, his treatment of "Ranula" by passing a thread through the middle of the cavity. Without doubting that this may effect a cure, I would mention the plan I have adopted with perfect success, which consists in opening the tumour with a lancet, or bistoury, and having evacuated its contents, seizing the emptied sac with the forceps in the left hand, whilst with the right you apply the argent. nitras with a brisk, stirring movement, so as thoroughly to saturate its interior.

In the CIRCULAR, Jan. 13, 1864, in another review of the 'Lancet' it is mentioned that Dr. James Palfrey communicates a "Report of a Case of Twin Labour, in which uterine action commenced and progressed to the second stage during sleep." This case has brought to my recollection one that I attended nearly twenty years ago, bearing on this interesting point.

May 25, 1845.—Was called up at a quarter to four to attend a Mrs. W., of Kennington (where I then resided), in her first confinement. Her husband stated that she had passed an excellent night, but had sent him for me directly she woke. Living close at hand, I was soon with my patient, but only just in time to take the baby, a fine boy. *a* Surely in this case uterine action must have advanced during sleep. I attended this lady three or four times afterwards, but on no subsequent occasion was her labour so quick.

Feb. 8, 1864.—Having lately attended a case of scarlatina, in which entire suppression of urine occurred after my patient was apparently convalescent, and eventually proved fatal, I send you a brief sketch of it. Renal disorder, leading to dropsical effusion, we know is a very common sequence, but the above, occurring as the result of intense inflammation and congestion of both kidneys, as verified by a post-mortem examination, is in my practice unique, and I have not met with such a case in medical works.

Entire Suppression of Urine, following an attack of Scarlatina Anginosa.—Nov. 13, 1863.—Called on Mr. S——a, aged 22, and found him suffering from a well-marked attack of scarlatina anginosa, and as he had taken an aperient the preceding evening, I at once commenced giving him ammoniæ carb. gr. vj., every three or four hours.

Nov. 14 and 15.—Throat much affected, with great difficulty in swallowing. Ordered mineral acid gargle, and opiate embrocation and poultices; eruption well out, but the fever runs high, and he is at times delirious. Continued the ammonia.

Nov. 16 and 17.—More delirium, resembling the anxiety and restless excitement of delirium tremens. Gave port wine, in gruel, as well as the beef tea he has been taking; and a full opiate, in two doses (each ℥xx of Battley's Liq. opii. sed.), which had an excellent effect, the pulse falling, and the patient gradually recovering his consciousness. From this time for the next week my patient progressed most favourably, sleeping well, taking a little solid food each day, cheerful, and gaining strength. Have discontinued the ammonia, and have been giving Quinæ disulph., gr. ij., bis terve in die.

Nov. 24 and 25.—My patient more feverish, bowels constipated, urine scanty and high coloured, and albuminous. Gave a potash mixture on the 24th, and a Pil. Col. c. Hyd. at bedtime, followed by a dose of castor-oil in the morning, and on the 26th and 27th he was rather better.

Nov. 28.—Patient not so well; pulse about 100, with some return of delirium, and the secretion of urine diminishing each day.

Nov. 29 and 30.—Applied mustard poultices to the region of the kidneys. Continued the potash mixture, besides giving the acid tartrate of potash in barley water as a frequent drink, and small doses of grey powder and rhubarb occasionally.

Dec. 1 and 2.—Patient still delirious at times, and more exhausted; the brain evidently suffering from the poisoned condition of the blood, arising from the suppressed renal secretion, but the weak, rapid pulse, hurried breathing, a brown typhoid tongue, &c., forbid more active, depleting treatment.

Dec. 3.—Patient weaker; passed a catheter, but found hardly any urine in the bladder, and he expired the next day, Dec. 4, three weeks having elapsed since the commencement of his illness, and about ten days since his relapse.

Trusting you will excuse these hurried notes of a painfully interesting case, I am, &c.,

CHARLES HOOPER, Surgeon.

Eastrop House, Basingstoke, Hants.

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a. The time that elapsed between Mrs. W's waking, and the completion of labour could not have exceeded three-quarters of an hour.

THE THERAPEUTIC VALUE OF MERCURY.

To the Editor of the Medical Circular.

SIR,—Two of your correspondents, Dr. G. Griffith, (MEDICAL CIRCULAR, Jan. 20), and Dr. Sisson, (Feb. 10), have done me the honour to raise some objections against my arguments concerning the internal use of mercury.

Dr. Griffith remarks that Dr. Gooch recommended a five grain blue pill, combined with equal parts of extract of henbane, for several weeks in the treatment of irritable uterus, and that Dr. Wood, of Philadelphia, in cases of typhoid fever, about the seventh or ninth day "knows of no remedy so effectual in such cases as mercury, given so as slightly to affect the gums." The last advice calls to my mind an observation of Dr. Adams, in his translation of the works of Hippocrates, with regard to the use of calomel and opium. "In my young days I knew physicians of the highest reputation, who administered these medicines in scrofula, in cancer—in every case." For what end is the drug to be given in typhoid fever? The tender condition of the intestines would seem most strongly to counter-indicate mercury; and, indeed, with the exception of light nourishment, fresh air, and perhaps stimulants, the best treatment of typhoid fever is to let the patient alone.

With regard to blue pill in irritable uterus, it has been my lot to see mercury frequently given in inflammation of the cervix uteri, &c, but never with any good effect that I could trace. Dr. Graily Hewitt stated also at the Harveian Society (MED. CIR., Dec. 16,) that it was of no service in any puerperal states; an opinion which most will endorse.

Dr. Griffith is himself open to the use of the drug in ulcers of the generative organs and their sequelæ: and he has of late paid considerable attention to the natural history of the disease, when untreated by mercury. The result of this is that he has recently brought forward three cases (MEDICAL CIRCULAR, Feb. 10, p. 109,) in which he believes that bone disease in one instance, rupia in a second, and severe tertiary symptoms in a third, have occurred in the natural course of the disease.

Now the occurrence of syphilitic bone disease without mercury is categorically denied by Syme, Fricke, John Thompson, Weeden Cooke, Hughes Bennett, and Spencer Wells; and Boeck of Christiania has not *seen* it, as the following quotation from "A Synopsis of the Different Treatments of Syphilis carried on in the Christiania Hospital," published at Christiania, 1863, by Dr. Bidenkap, shows.

"The very rare cases, (says Dr. Bidenkap) of tertiary syphilis are met with in patients who have taken a mercurial treatment in other places, especially in foreign parts. Formerly, on the contrary, relapses and obstinate tertiary cases formed the majority of the cases treated at the hospital ..... We may conclude that the exclusion of mercury from therapeutics is the cause of it."

With regard to rupia, Dr. Hughes Bennett says, "This disease I have never met with, but in individuals who have been subjected to mercurial poisoning.

Dr. Griffith was kind enough to allow me to interrogate the patient at the Lock Hospital, the subject of rupia, which was supposed to have been a sequence of an ulcer of the penis, without any mercury having been given. I found that—five years ago the man contracted a sore on his penis, whilst serving as a marine. For this he was treated for *three months* in Haslar Hospital, and took *a mixture with a bitter taste.* About a year ago he had a skin disease, and for this was treated *six months* at the Holloway Dispensary; at present he has the marks of a mild attack of rupia on his face and various parts of his body—no enlargement or induration of any glands—cicatrix of soft sore on penis.

Now, instead of believing that this man's rupia has been a case of natural history of ulcer and secondary, I think many will agree with me when I say that I think the sore (which was a soft one) would not have had any sequelæ, if let alone, but that he probably took three months of bichloride of mercury (in small doses) at Haslar and more at Holloway. And in this case, as Dr. Hughes Bennett asks, how do we know, to say the least, that the rupia was not entirely caused by the mercury?

With regard to Mr. Erichsen's case of bone disease, asserted by him to be syphilitic, I regret that that gentleman has not given any details of the case, for as remarked to me recently by Mr. John Wood, syphilitic bone disease is now rarely met with. Perhaps some of your readers who may remember the case, may supply the history. When such eminent authorities as Syme, Cooke, Hughes Bennett, Skey, Spencer Wells, and Boeck say they have not seen syphilitic bone disease, without a course of mercury, it is incumbent on those who think the contrary to give most ample details.

Dr. Sisson* has been doing me the honour to read a little work I have recently published on this subject, and finds there, in a quotation from Mr. J. S. Mill's "Logic," an argument for giving mercury. I am sure the passage will not bear any such interpretation. Dr. Sisson has stopped at a comma, instead of taking the whole sentence, which is as follows:—

"Recovery from a disease is an event to which, in every instance, many influences must concur. Mercury may be one such influence, but, from the very fact that there are many other such, it will necessarily happen that, though mercury is administered, the patient, for want of other concurring influences, will often not recover; *and that he often will recover when it is not administered, the other favourable influence being sufficiently powerful without it.*"

The part in italics was omitted by Dr. Sisson, but therein lies the point of my argument. For Mr. Allingham's experience and my own ('Med. Times and Gazette,' Nov. 1862, and Oct. 1863) have shown that infantile syphilis is far more curable where mercury is abandoned.

Again, Dr. Sisson is "astonished to my calling attention to the debate on mercury in syphilis" contained in your Journal, Dec. 2 and 16, for he thinks the "whole weight of the evidence was decidedly against the anti-mercurialists."

As I cannot say that I have been much affected by the arguments adduced as yet in favour of the use of even *mild mercurials*, although I hope I am amenable to reason, I would again refer those who are interested in this question to that debate and to the arguments adduced by Dr. Sisson and by Mr. Weeden Cooke, Mr. Sedgwick, Mr. Z. Laurence, also by

Yours, &c.,
CHARLES DRYSDALE, M.D.,
F.R.C.S. Eng., M.R.C.P. Lond.

THE LATE ALLEGED CASE OF POISONING AT HAYLE.

To the Editor of the Medical Circular.

SIR,—In the alleged case of poisoning at Hayle, Cornwall, Dr. Richard Millett, the accused, was liberated by the six County Magistrates at Hayle, February 3rd. The analysis of Dr. Taylor failed to detect poison in the stomach of deceased, who had been buried for three weeks. The was Dr. Millett arrested on Friday evening, at the mansion of his ancestors. There was nothing said about poisoning until deceased's will had been read some days after the funeral, when some members of the family found that Dr. R. Millett, the favourite brother and the youngest, had the property given to him, as the two brothers always lived together. He was in custody a fortnight (three Fridays and every day between), and the chairman stated that the prosecutor had told the magistrate that, even if there were no poison in the deceased's stomach, he had proof enough to satisfy him that he had died of poison, and that the poison had been administered by Dr. R. Millett. Upon that he was arrested; a great number of witnesses were examined about property and other matters, nearly twenty in number, before Dr. Taylor made known the result of his analysis which was read on Friday, the 5th inst., so that all previous evidence went for nothing.

Dr. Taylor said there was no trace of poison. He also gave the contents of the stomach and bowels (a concentrated alcoholic extract), to two dogs, which had been kept hungry

* MEDICAL CIRCULAR, Feb. 10.

They devoured it heartily, but they felt no inconvenience whatever; so here was negative proof that there was no undetected poison in the stomach of deceased. A pint and more of serum issued from the ventricles of the brain, and the ventricles were larger than Dr. Montgomery or Mr. Philip Vincent had ever seen.

Deceased had all the symptoms of apoplexy. He dined at two p.m., on roast beef, vegetables, &c., when he ate four apples and one or two baked apples, drank brandy, ale, wine, and whiskey. His head was 24¾ inches in circumference, and very large behind. His legs were weakly for several months, and his sight almost gone. He walked about after dinner, and about a quarter to five o'clock p.m., when in the drawing-room, he was suddenly seized; he then lay on the sofa, was carried to bed, snored for hours very loudly and died about six o'clock the following morning. There was a jury at the request of Dr. R. Millett, but no *post-mortem*. The verdict was "Death from Natural Causes."

It is even said now, that Dr. R. Millett requested the Coroner to have a *post-mortem*, but he objected, as it was not necessary.

Public demonstration, illuminations, processions, different bands of music, and other demonstrations have taken place in Hayle after the acquittal of Dr. R. Millett; he is a gentleman generally beloved and esteemed.

It is said that his solicitor has issued a writ for trial at Bodmin March Assizes for 5,000*l.* damages for false imprisonment.

If you can insert this letter you will oblige, as you have already noticed this important case in your MEDICAL CIRCULAR, but rather incorrectly, as to poison finding.

I am, your obedient servant,

A CORNISHMAN.

Redruth, Feb. 13, 1864.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

FEBRUARY 5.

THE LAW OF INSANITY.

Mr. BRAND gave notice that on Monday the Secretary of State for the Home Department would ask leave to introduce a bill to amend the Act 3 and 4 William IV., chap. 54, intitled "An Act for the Confinement and Maintenance of Criminal Lunatics."

THE CONVICT TOWNLEY.

On the motion of Mr. Bruce, copies were ordered to be laid on the table of the correspondence which had taken place between the Secretary of State for the Home Department and certain magistrates of the county of Derby and the Governor of the gaol in the county, with reference to the case of George Victor Townley.

THE CRAWLEY COURT-MARTIAL.

Mr. A. MILLS gave notice that he would on the 23rd inst. move that a return be laid on the table of the House, showing the expenses occasioned by the court-martial on Lieut.-Colonel Crawley, distinguishing the proportions to be defrayed from Imperial and Indian revenues respectively.

FEBRUARY 8.

INSANE PRISONERS.

Sir G. GREY moved for leave to bring in a bill to amend the Act 3 and 4 William IV., cap. 54, entitled "An Act for making further provision for the Confinement and Maintenance of Insane Prisoners." After giving an exposition of the present law, under which the recent case of Townley had occurred, he proceeded to state, in very full detail, the circumstances of that case and his own course of action, from the letter he received from Mr. Baron Martin immediately after the conviction of and sentence on the prisoner, calling his attention to the case. He maintained that, upon principles of law as well as of humanity, the learned judge was justified in this intervention; and he asked the House whether, his attention having been thus called to the case, it was not his bounden duty to act in the matter. He explained and justified the steps he took, and read the communications which had taken place in the several stages of the subsequent inquiry with the Lunacy Commissioners, the magistrates, and others, up to the time of the removal of the prisoner to Bethlehem Hospital, which was in conformity, he said, with the uniform practice under the existing law. He then adverted to what had afterwards occurred, and to the evidence which the whole case afforded of the defects of the law, especially in allowing the machinery to be set in motion, not by impartial persons but by agents of the prisoner. He then explained the modifications he proposed to make in the law—alterations which, he thought, would prevent such a miscarriage of justice as had happened in this case. In considering what course should be taken with the prisoner, he had conferred with the Lord Chancellor, who had concurred with him in opinion that, under the circumstances of the case, it would not be right, but would be straining the law, to carry the original sentence into execution.

Mr. MACDONOGH, after reviewing the proceedings in the case, contended that Sir G. Grey had not established a justification; that the words of the Act, "shall be lawful," were not, as Sir George had argued, imperative, but permissive. Assuming, however, that the words were mandatory, the law had been violated, for when the reason of temporary respite had ceased they required (as in an analogous case) that the sentence of the law should be carried into execution.

Mr. NEATE suggested the appointment of a commission or committee that might bring together legal and medical opinions, whereby the law on this difficult subject might be brought into a more satisfactory state

Mr. LOCKE doubted whether the modifications proposed would get rid of the objections to the law. He saw no reason why the sentence upon Townley should have been commuted. Was the same course, he asked, to be taken in future cases?

Sir. G. BOWYER thought Sir G. Grey was not blamable in the case of Townley, but regretted the course he had taken in that of Wright.

After some remarks by Sir B. LEIGHTON,

Mr. BRIGHT said, in his opinion, the statement of Sir G. Grey had made out a complete justification of his whole conduct in this matter, and he believed there was no man in that House who, having been in his position, would have acted differently. Capital punishment was at war with the best and noblest sentiment of the best and noblest of the people. He was astonished that any man was to be found to hold the office of Home Secretary for any length of time, to undergo the agony of deciding upon these cases.

Sir J. PAKINGTON did not think Sir G. Grey could have made more judicious amendments of the law. With respect to the obloquy cast upon him, in his opinion Sir George had not exposed himself to the attacks that had been made upon him. At the same time, he thought the Government had committed a mistake in commuting the sentence on Townley, who had been saved only by a juggle and a trick. By the very Act under which the reprieve was granted the punishment was revived, and justice ought to have had its course.

Leave was then given to bring in the Bill.

LEGAL INTELLIGENCE.

ROLLS' COURT, CHANCERY LANE, FEB. 11.

(Before the MASTER OF THE ROLLS.)

THE ATTORNEY-GENERAL V WALLACE.—JUDGMENT.

His Honour gave judgment in this case, which involved a question of the topographical extent of "London," under the following circumstances. Lord Henry Seymour by his will, dated in 1858, gave the residue of his personal property to be divided between "the hospitals of Paris and London," and the Court was called upon to fix, as far as "London" was concerned, the limits of such a bequest. On the present occasion, the hospitals of four districts, or limits, so to speak, put in their claims, on behalf of which it was contended,—first, that the gift was confined to the hospitals of the "city" of London; secondly, that it ex-

tended to all the hospitals within the limits of the old bills of mortality; thirdly, that it included only the hospitals of the metropolitan boroughs; and lastly, that it meant the hospitals within the limits of the Registrar-General's Report. The Court considered all these suggested limits or districts open to great objection. It was quite evident from the context of the testator's will that he did not mean "London" in its restricted sense, as embracing the city of London only; but that he used the words in its ordinary or popular sense, which meant not only the city of London, but Westminster, Southwark, &c. None of the other limits suggested would meet the difficulty any more than that of the city of London, inasmuch as in all of such limitations, if adopted, many populous districts would be altogether excluded, and many sparsely populated districts, such as Plumstead common, for instance, would be embraced. Then it had been suggested that the limits of the bequest might be taken to include London and Westminster, or the grounds covered by the metropolitan postal districts. But here, again, the first definition would be too limited, the latter too large. The best way of construing the gift would be to hold it as not being confined to any particular metropolitan limits, but to apply to each particular case or claim as it might arrive. The word "London" was a fluctuating term, and in the present instance the London hospitals, or hospitals of London, must be taken to mean the hospitals existing in London in its widest sense in the year 1058, when the testator's will was made. Sir William Petty had spoken of "London" in the year 1686 as meaning not only the heart or city of London, but as London and its continuous streets and districts "within call." This must be the construction put upon the word as used in the testator's will, and "London" must be taken to mean not only the cities of London and Westminster and the boroughs of Southwark, &c., but all of these districts and their continuous streets. For instance, the Consumption Hospital at Brompton must be included as in the bequest. Acting on the principle thus laid down, the Court would deal with each case separately as it arose, and where any doubts existed in respect to any claim put forth, the merits of such claim would be dealt with and sifted in chambers.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—Richard Wheeler Haines, Bromsgrove; Robert Wills Soper, Dartmouth, S. Devon.

COLLEGIATE ELECTION.—It is stated that the annual election of Fellows of the Royal College of Surgeons of England into the Council of that corporation will lose no portion of the interest attached to these proceedings at the ensuing meeting in July. The names of several gentlemen, both metropolitan and provincial, are already mentioned as likely to be brought forward to supply the vacancies occasioned by the lamented decease of Mr. Green and the resignation of Professor Gulliver; and should no other death, vacancy, or resignation be previously reported, Mr. Hancock will have to retire in the prescribed order, but will of course offer himself for re-election, having only been one year in office.

ANNUAL MEETING OF THE SUBSCRIBERS TO THE BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—On the 3rd inst., the stated annual meeting of the subscribers to the Belfast branch of the above society was held in the rooms of the Ulster Medical Society, 33 High street, Belfast. The attendance was large and influential. Amongst those present were—Dr. Patterson, Dr. Drennan, Dr. Cuming, Dr. Browne, R.N., Dr. Michael Magee, Dr. Keown, R.N.; Dr. Whitaker, Dr. Stewart, and Dr. T. H. Purdon, the permanent president, who did not enter the room until after the business of the day had commenced, and in whose absence Dr. Patterson, a warm and energetic friend of the society, was unanimously requested to take the chair. From the statement made of the past year's proceedings, the working of the Belfast branch of this most useful society presented much that was satisfactory, and evidenced that, as its objects become better known and understood, a larger amount of interest is being manifested on its behalf, both by the profession and liberally-sympathising friends outside of its pale. Dr. Drennan, however, and others, called the attention of the meeting to the fact of several towns which were embraced in the branch's district, (the counties of Antrim and Down), not contributing anything to the funds of the society; and after a good deal of discussion on this subject, and the best means of removing this unaccountable apathy on the part of those members of the profession whose position and means should have made them long since foremost in the society's active support, it was ultimately left in the hands of the committee to be appointed to-day the carrying out of the expressed wishes of the meeting on this head. Dr. Browne, local treasurer, said that it afforded him much pleasure to report to the meeting that the current year's operations had already made a very promising beginning, he having received the following contributions, viz.:—Dr. T. H. Purdon (donation), 25*l.*; do. annual subscription, 5*l.*; Surgeon Doran, Kenmare, per Dr. T. H. Purdon, 1*l.* 1s.; Professor Burdon, M.D., Queen's College, Belfast, 21s.; Dr. Patterson, 21s.; Surgeon MacBride, Gilford, 10s.; Dr. Cuming, 21s.; Dr. Keown, R.N., 10s.; Dr. Whitaker, 10s. 6d.; Dr. Moore, 21s.; Dr. Stewart, (donation) 5*l.*; ditto annual subscription, 21s.; Dr. Hunter, 1*l.*; Dr. Browne, R.N., 21s. The election of a committee of management, to meet quarterly, was next proceeded with, when the following were unanimously appointed:—Dr. Patterson, Dr. Drennan, Dr. Moore, Dr. Thomas Reade, Dr. Cuming, Dr. Stronge, and Dr. H. S. Ferguson, for Belfast; Dr. Ross, Ballymena; Dr. Spearing, Antrim; Dr. John Moore, Glenarm; Dr. Musgrave, Lisburn; Dr. Filson, Portaferry; and Surgeon Patrick, Carrickfergus, for the country. It was then moved, seconded, and unanimously carried, that the best thanks of the meeting be given to Dr. Browne, treasurer, and Dr. Stewart, secretary, for their unremitting attention in the discharge of the duties of their respective offices, and that they be requested to continue their services during the ensuing year. The best thanks of the meeting were also given to the conductors of the several local newspapers for their much valued aid in advocating the interests of the society, and also to the several country members of the committee for their great zeal on behal of the society, together with the earnest request of th meeting that they would persevere in pressing its import ant objects upon both the profession and the gentry i their respective localities. The treasurer's accounts fo the past year having been reported to have been audite and found correct, and Drs. Drennan and Whitaker hav ing been appointed auditors for this year, cordial thank were given to Dr. Patterson for his very dignified conduc as chairman to-day, and his unvarying and substantia support of the society; and thereupon the meeting was de clared dissolved.

THE ALLEGED POISONING BY A SURGEON AT HAYLE.—The inquiry into this protracted case was concluded on Fr day last. Dr. Taylor, to whom had been committed th analysis of the contents of the stomach of the deceased, sa that his death was attributable to an attack of serous ap plexy to which he was predisposed, and that the symptom were not consistent with any form of poisoning within t knowledge of the analyst. The accused was necessari acquitted, and left the court amidst the congratulations his friends—a result which must be satisfactory to his p fessional brethren.

BIRTHS AND DEATHS IN LONDON DURING 1863.—Duri last year there were 2,962 births, and 2,870 deaths registe in the City of London, both numbers being below average of the preceding ten years. Of the deaths thir nine per cent. were of children under five years of age.

THE LONSDALE MEDICO-ETHICAL ASSOCIATION.—T medical practitioners of North Lonsdale have establishe Medico-Ethical Association, one of its fundamental obje being the exposure and uprooting of unqualified preten to medicine.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—A half-yearly general meeting of the members of this society was held on the 27th of January last, T. A. Stone, Esq. in the chair. It was announced that the petition for a Royal Charter of Incorporation was before the Queen in Council, which will reconstitute the society on a firmer basis than heretofore. The accounts for the year expired were read, when it appeared that a rather smaller amount of relief had been expended than during the preceding year, being as follows:—Grants for Ordinary Relief to Widows and Orphans, 1843*l.* 10s.; Immediate Relief, 21*l.*; towards Self Maintenance of Adults, Orphans, 20*l.*; for extra Relief, 20*l.*; by General Meeting to a Widow, 25*l.*; Total, 1929*l.* 10s. The following gentlemen were elected officers and directors for this year, viz.:—*President*—Thomas Arthur Stone, Esq. *Vice Presidents*—Martin Ware, Esq.; Everard A. Brande, Esq.; Peter M. Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; A. J. Sutherland, M.D., F.R.S.; Edward Tegart, Esq.; Geo. Burrows, M.D., F.R.S.; John Miles, Esq.; Sir John Fisher; Cæsar H. Hawkins, Esq., F.R.S. *Treasurers*—J. T. Ware, Esq.; G. Hamilton Roe, M.D. (Atg.); Richard S. Eyles, Esq. *Directors*—J. C. Salisbury, Esq.; Henry Blenkarne, Esq.; T. King Chambers, M.D.; John Clarke, M.D.; Prescott G. Hewett, Esq.; John Morgan, Esq.; J. Gregory Forbes, Esq.; Wm. Munk, M.D.; Barnard W. Holt, Esq.; Charles Miles, Esq.; W. J. Little, M.D.; William Cathrow, Esq.; Henry Sterry, Esq.; Alder Fisher, Esq.; Henry Jeaffreson, M.D.; James Paget, Esq.; H. S. Illingworth, Esq.; Francis Hawkins, M.D.; Thomas Hammerton, Esq.; John Love, Esq.; H. A. Pitman, M.D.; John Adams, Esq.; R. Druitt, M.R.C.P.L.; Edward Tegart, Jun., Esq.—We wish to draw the attention of our readers to the propriety, indeed we may say, necessity, of becoming members of this society, which they can do by applying to the secretary, Dr. Merriman, before the 2nd of March next, for which, see advertisement.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.—At a meeting of the Medical Board, held on Tuesday, the 2d inst., Mr. William Stokes, jun., M.D., T.C.D., L.R.C.S.I., was elected surgeon to the hospital, in the room of Mr. Smyly.

APPOINTMENTS.—J. Montgomery Alston, M.D., University Glasgow has been appointed Surgeon to the Summerlee Collieries, Airdrie.—Dr. Octavius Jepson, Medical Superintendent of St. Luke's Hospital has been appointed Medical Superintendent of the City of London Lunatic Asylum, at Stone, near Dartford, Kent.

SURGEON TURNBULL AND THE HORSE GUARDS.—The following letter is addressed to a daily contemporary:—

SIR,—It must be fresh in the recollection of the public that his Royal Highness the Commander-in-Chief, in the memorandum appended to the "finding" of the court-martial on Colonel Crawley, passed a severe censure on Surgeon Turnbull, implying nothing short of a charge of falsifying the regimental hospital records for the purpose of damaging the character of Colonel Crawley. Few, however, are aware that on the day following the publication of this memorandum, a commission sat at Chatham to investigate these charges. Major-General Eyre presided; and, as the matters to be investigated were some of them of a professional nature, the other members of the court were Inspectors-General Drs. Logan and Anderson, Medical Officers of *high* rank and experience. The result of this inquiry was a *full* and complete justification of Dr. Turnbull's conduct on every material point. Colonel Crawley was present at the investigation, and expressed himself satisfied with the finding of the commission. So far from Surgeon Turnbull having falsified the hospital records, they were found to have been kept in strict accordance with the letter and spirit of her Majesty's regulations. Why is this report withheld? The charge was made in the face of the whole world. Why is the refutation suppressed? And above all, why has Surgeon Turnbull been placed on half-pay? Severe measures were threatened in the event of his guilt being established; he has been fully acquitted, yet he is punished as if the verdict of the court had gone against him. Surgeon Turnbull may not be powerful enough to extort an answer to the above questions; but surely, Sir, the press and Parliament of England are strong enough to see justice done in this case.

MEDICAL CHARITIES.—The following institutions have lately benefited under the wills respectively mentioned, and, as will be seen, to most considerable amounts:—Mr. John Farnell, the head of the firm of Farnell and Watson, has bequeathed to the Royal Orthopædic Hospital 1,000*l.*; the Hospital for Consumption at Brompton, 1,000*l.*; the Asylum for Idiots, 1,000*l.*; and the Cancer Hospital, 1,000*l.* Altogether this gentleman has left to medical and general charities, 22,000*l.* The late Miss Gale, of Andover and Cadogan place, has bequeathed to the Middlesex Hospital, 1,000*l.*; to the Royal Free Hospital, Gray's Inn road, 500*l.*; the Fever Hospital, 100*l.*; the Deaf and Dumb, 500*l.*; the Indigent Blind, 500*l.*; and the Winchester County Hospital, 500*l.*

GUY'S HOSPITAL BIENNIAL FESTIVAL will be held on Wednesday, the 24th inst., at the London Tavern; Alfred Taylor, Esq., F.R.S., in the chair. A long and influential list of stewards promises that the meeting will be one of unusual interest.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 17.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Markham, "On the Uses of Bloodletting in Disease;" Junior Medical Society of London, 8 p.m.; Meeting at the Whittington Club, Arundel street, Strand: Mr. J. Warrington Haward, "On the Treatment of Hernia.

THURSDAY, FEB. 18.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Experimental Optics," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, FEB. 19.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Markham, "On the Uses of Bloodletting in Disease;" Royal Institution, 8 p.m.—Mr. W. S. Savory, "On Dreaming and Somnambulism."

SATURDAY, FEB. 20.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, FEB. 22.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 23.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Mechanism of Parturition. By Dr. W. Leishman. London: John Churchill and Sons, New Burlington street.

The Insane in Private Dwellings. By A. Mitchell, Esq., A.M., M.D., &c. Edinburgh: Edmonston and Douglas.

Cases in Operative Surgery. By Augustin Prichard, F.R.C.S. Part II. London: T. Richards.

The Dublin Quarterly Journal of Medical Science. No. LXXIII. February, 1864.

Proofs of the Non-existence of a Specific Enthetic Disease. By David Macloughlin, M.D. London: Churchill and Sons.

Ασκληπιος. συγγραμμα περιοδικου της εν Αθηναις Ιατρικης Εταιριας. Μερος Ζ'. Εν Αθηναις. 1863.

The Restoration of a Lost Nose by Operation. By John Hamilton. London: Churchill and Sons; Dublin: Fannin and Co.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

THE SOCIETY FOR THE RELIEF OF THE WIDOWS & ORPHANS OF MEDICAL MEN.—The Report of the meeting has been received, and is inserted.

THE ARMY MEDICAL SCHOOL.—The examination papers have been received.

THE ROYAL INSTITUTION.—The notice has been received.

Dr. ALSTON.—The appointment is inserted.

Dr. STEWART, *Belfast.*—The Report is inserted.

Mr. CHARLES HOOPER.—The paper is received and will be inserted. Our typographical arrangements compel us to omit the diagram which accompanies the paper.

Dr. F. C.—In a brochure upon Hæmoptysis, Dr. Dolmage, Inspector-General of Hospitals, thus explains the infrequent occurrence before the age of puberty of the affection of which he treats :—"Before this period a plethora of the arteries, or an increased flow of humours is determined to the extremities in preference to the other parts of the body; because such a state of the vessels is necessary for the development of the extremities, but after that they are developed, the balance of the circulation is restored; and the pulmonary arteries, on account of their shortness, are most liable to be distended and ruptured by any increased impetus of the blood, more particularly so, if the chest be badly formed, or the vessels naturally weak. Very probably an over-distension of the veins will happen after the thirty-fifth year, on account of the arteries becoming proportionably thicker, and, therefore, better calculated to resist the force of the blood." In reference to hæmoptysis, as it is met with amongst singers and public speakers, he says :—"It generally happens that they, while engaged in their avocation, neglect to breathe with sufficient frequency; hence the blood deprived of its oxygen, as it passes along the different arteries and supplies the various tissues, does not receive an adequate amount in the lungs, where, moreover, there is not the proper quantity of carbonic acid evolved. There is, therefore, retardation of the blood in the chambers of the heart—a stasis of the same in the pulmonary vessels—congestion and engorgement of the lungs, and finally hæmoptysis, particularly if the formation of the chest should not admit an adaptation to the increased distension of the pulmonary vessels."

V. S.—The tungstate of soda is the preparation used to prevent linen, calico, muslin, &c., from taking fire.

A QUESTION.—Can any of your subscribers inform a brother practitioner as to whether there is any Lunatic Asylum in the neighbourhood of London, or failing that, in the country even, where a partially insane patient could be boarded for 50*l.* a-year, or clothed in addition, for 60 guineas, and be employed in *out-door work?* A reply to such question will be particularly and kindly appreciated.—O. B.

Dr. TUCKER.—The second note arrived too late to admit of the proposed alterations being made, and on the whole they are not essential.

DUBITANS.—The subject of the Syphilitic Diseases of Internal Organs is very ably discussed by Dr. Wilks, in the last series of the Guy's Hospital Reports.

MEDICAL ETHICS.

To the Editor of the Medical Circular.

SIR,—A Subscriber would feel obliged, if the experience of the Editor of the CIRCULAR would enable him to answer the two following questions :

1. Is it legal for a Medical assistant (without any qualification), to borrow the name of a surgeon at a distance, to practise with impunity.

2. If not legal, what is the remedy to restrain him from so doing, or the surgeon for lending his name.

[The conduct described is illegal, but we are not clear as to the remedy. Perhaps some of our correspondents may be able to assist us.—ED. MED. CIRCULAR.]

Dr. JEPSON.—The appointment is inserted.

A CORNISHMAN.—We are obliged to omit a few passages in our Correspondent's letter.

Society for Relief of Widows and ORPHANS of MEDICAL MEN in LONDON and its VICINITY.—Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 2nd day of March next, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the meeting. The form of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

53 Berners street, W., February, 1864. S. W. J. MERRIMAN, M.D., Secretary.

The Medical Baths and Fumigations. 40 GREAT MARLBOROUGH STREET, REGENT STREET, W. Established by Dr. JONATHAN GREEN, 1822.

Chlorine, Sulphur, Mercurial, Fumigations, Hot and Cold Water, Hot Air and Vapour, Nitro-Muriatic Acid, Alkaline, Chalybeate, Iodine, Artificial Barèges, Harrogate, and other Baths, constantly ready, or prepared to order.

These baths are highly esteemed, and have been mainly supported now for upwards of forty years, by the goodwill and recommendation of the Profession, as an additional very effective, and agreeable remedy in chronic disease where internal medicines are inadmissible or have altogether failed in effect. Imitations having arisen, be particular in the address.

Mental Derangement.—Twickenham House, S.W. Dr. Diamond has vacancies for ladies mentally affected. The house is pleasantly situated in its own grounds of considerable extent, and is about five minutes walk from the Twickenham Station. The highest references will be given. Address, as above.

Coxeter's Illustrated Catalogue, much enlarged, price 1s. 6d., including postage.

Mr. Henry Thompson's Dilator for Gradual Distension of Stricture.

COXETER, 23 & 24 Grafton street East, London, W.C.

Hedges & Butler, Wine Merchants, &c., recommend and GUARANTEE the following WINES;

Pure Wholesome CLARET as drank at Bordeaux, 18s. and 24s. per dozen.

White Bordeaux	24s. and 30s. per dozen.
Good Hock	30s. ,, 36s. ,,
Sparkling Epernay Champagne, 36s.,	42s. ,, 48s. ,,
Good Dinner Sherry	24s. ,, 30s. ,,
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They invite the attention of CONNOISSEURS to their varied Stock of CHOICE OLD PORT, consisting of Wines of the

Celebrated Vintage 1820 at	120s per dozen.
Vintage 1834	,, 108s. ,,
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all of Sandeman's shipping, and in first-rate condition.

Fine old "beeswing" Port, 48s. and 60s.; superior Sherry, 36s., 42s. 48s.,; Clarets of choice growths, 36s., 42s., 48s., 60s., 72s., 84s.: Hochheimer, Marcobrunner, Rudesheimer, Steinberg, Liebiraumilch, 60s.; Johannesberger and Steinberger, 72s., 84s., to 120s.; Brauneberger, Grunhausen, and Scharzberg, 48s., to 84s.; sparkling Moselle, 48s., 60s., 66s., 78s.; very choice Champagne, 66s., 78s.; fine old Sack, Malmsey, Frontignac, Vermuth, Constantia, Lachrymæ Christi, Imperial Tokay, and other rare wines. Fine old Pale Cognac Brandy, 60s. and 72s. per dozen; very choice Cognac, vintage 1805 (which gained the first-class gold medal at the Paris Exhibition of 1855), 144s. per dozen. Foreign Liquers of every description. On receipt of a post-office order, or reference, any quantity will be forwarded immediately by

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This celebrated Old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, andvery wholesome. Sold in bottles 3s. 8d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England: or, wholesale, 8 Great Windmill street, Haymarket.—Observe the Red seal, pink label and cork branded "Kinahan's LL Whisky."

Fine Old Port, Twelve Years in Wood, 42s. per dozen. Dinner Sherries, 24s., 28s., 32s. Claret 14s., 18s., 24s. per dozen.

Bass' Ale, Scotch Ale, and Guiness's Stout, 6s. Quarts; 3s. 6d. Pints 4s. 6d. Imperial Pints. Light Pale Ale for Summer use, 4s. 6d. Quarts 2s. 9d. Pints; 3s. 6d. Imperial Pints, per dozen.

WOOD and WATSON, 16 Clement's lane, E.C.

A Cup of Coffee in One Minute —DUNN'S ESSENCE of COFFEE, 1s. and 2s. pe bottle. May had everywhere. Warranted to keep good in any climate.

The Medical Circular.

CLINICAL LECTURES.

MIDDLESEX HOSPITAL.

ABSTRACT OF A LECTURE
ON CERTAIN DISPLACEMENTS OF THE UTERUS,

DELIVERED BY

DR. HALL DAVIS,

In the Theatre of the Middlesex Hospital.

Dr. Davis began by an allusion to the means adopted by Dr. Churchill in cases of retroflexion, and he quoted from the recent work of the latter the following observations:—"Some years ago I contrived a gutta-percha pessary, on the principle of distending the posterior *cul de sac* of the vagina upwards, and in some cases it succeeded, but I have since tried those invented by Dr. Hodge, of Philadelphia, and I have found them incomparably better. The vertical limb is passed behind the cervix, and occupying the situation from which we have raised the retroverted fundus, effectually prevents its return.

"But it is not absolutely necessary, as it is not always easy to raise the uterus; the pessary will do that by its steady, gentle pressure, as I have often seen. It occasions no irritation, gives a sensation of almost immediate relief, may be worn for months, and is no impediment to sexual intercourse. I have now tried it in many cases without a single failure. I can most confidently recommend it as the best instrument for the purpose that I have ever seen. It may be made of vulcanite, or of wire covered with gutta-percha; the chief point requiring care is, that it should be neither too large nor too small."

Dr. Davis suggested, as an improvement, that the upper rim—namely, that part of the pessary which directly supports the fundus, should be covered with elastic tubing, and then, that the entire of the vertical portion of the instrument should be encased in an elastic pocket. By these appliances, a greater breadth of surface is presented to the fundus for its support—nor is this surface a hard, unyielding rim, but rather an elastic, yielding and comparatively soft substance—greater comfort is afforded the patient, and all the objects we seek to obtain are better fulfilled.

The purpose of the pessary used by Dr. West is similar to that of Dr. Churchill, and the instrument devised by the Lecturer some time since, is constructed on the same plan.

Dr. Davis showed a pessary, which he had contrived for, and used with success in certain cases. It consists of an elastic ball, to which was connected inferiorly an elastic tube, that served as a channel for the inflation of the ball; the ball uninflated was introduced into the vagina behind the cervix, below the angle of flexure, and in front of the displaced fundus; it was then inflated, the fundus was returned to its normal position, and so maintained by the instrument; an elastic ring was inserted into the vagina, the tube passing through its centre and guiding it to the ball, in such a manner, that the distended ball rested upon the upper surface of the ring, and was supported by it; while in turn, the ring was supported by the rugæ formed below it by the mucous membrane of the vagina.

When the ball is fully inflated the tube is tied and the air thus retained.

Dr. Davis laid great stress upon—as far as possible—doing away with all straps, bandages, tapes, and other appliances, and said that any instrument having for its object the abolition of these, is very much more useful than another requiring them, inasmuch as there is less discomfort to the sufferer, especially if there should be any local hyperæsthesia; indeed, some of the cases where this latter condition exists, cannot tolerate the irritation that would be set up by the use of these appliances.

At this part of the lecture he showed a uterus, bisected for the purpose of demonstrating the condition of the parts, when retroversion and retroflexion are coexistent. He now took up the subject of Retroversion, and commenced by explaining the meaning of the term, which he defined to be a condition of the uterus, wherein that organ is malplaced, lying, in fact, across the pelvis, with its fundus tilted downwards and backwards into the hollow of the sacrum, pressing on the rectum to such a degree as to impede the passage of its contents, but not so as to prevent the finger being introduced, and passed not only to, but likewise above the tumour, that is, above the fundus of the uterus; at the same time the axis of the *entire organ* is made to deviate from its natural direction and the os, high up from the external orifice of the vagina, is tilted upwards above the pubis, in direct ratio with the extent of the depression of the fundus, and thus the os lifted out of its natural bed comes to press upon the bladder.

The differences between retroversion and retroflexion were here illustrated by diagrams of the two affections.

The tumour formed by the retroversion can be distinctly felt in the vagina, pressing forward the posterior wall of that canal.

Predisposing causes to this affection, retroversion, are—first, a weighty fundus; secondly, relaxation of the vaginal supports, and of the uterine ligaments.

The fundus may be weighty and rendered dependent from early pregnancy, that is, pregnancy advanced to the third or fourth month; it cannot, however, be depressed at a later period, because the gravid womb will be too large for the capacity of the sacral curvature, and will be found above the promontory, having ascended with the development of the ovum; or it may be weighty from the growth of fibrous tumours, from moles, or from congestion, or that hypertrophy, which results from repeated attacks of congestion, or from even the congestion occurring at the period of menstruation.

Other predisposing causes are extra-uterine enlargements, which act unfavourably by pressing upon the fundus; we may instance ovarian tumours, and extra-uterine pregnancy, the bulk of the enlargements sufficing to dislocate the viscus.

The retroversion may be gradual or quite sudden.

Jourdan considers a large, roomy pelvis, with a too prominent sacro-vertebral angle, as a predisposing cause. Dr. F. Ramsbotham thinks that a small pelvis, in which the sacral promontory is jutting more than it does in the majority of cases, will be a cause of the malposition in early pregnancy, since the uterus will not be able to rise, and must of necessity remain in the sacral hollow. Jourdan also states, that he has found the displacement more common in thin than in fat subjects.

The uterus, top-heavy from any of the above causes, or being pressed upon forcibly as in the lifting of heavy weights, or as happened recently in the practice of the lecturer, by raising a large, heavy child. Dr. West mentions the case of a woman, in whom the organ was dislocated by strained efforts in raising, or reaching to a kettle.

Again, it may be produced by a blow, a fall, vomiting, or by straining at stool, especially if the bowels be loaded, and blocked up by scybala, by the use of strong

purgatives, especially too soon after delivery. Patients who have been recently delivered, and who have been the subjects of abortion, are particularly liable to the affection, owing to the lax condition of the parts; and they are rendered more particularly so if there should be any force exercising pressure from above. A distended bladder and the forced efforts at micturition consequent on this distension have been pointed out by Denman, and long since recognised by other practitioners as amongst the causes of the displacement.

Prolapse of the posterior vaginal wall, by occasioning or allowing an alteration in the normal inclination of the womb, is mentioned by Dr. Churchill as a distinct cause. The displacement may be the result of scirrhus, as happened in the cases of Mr. Pearson and Dr. Blundell, or merely of delivery, as noted by Dr. Blundell, and by Callisen.

Dr. William Hunter was the first to draw general attention to the existence of retroversion as an accident sometimes to be met with in early pregnancy; in 1808 Osiander of Göttingen, pointed it out as occurring independent of early pregnancy; and four years subsequently the same was demonstrated by Schweighauser and Schmidt, of Vienna; Velpeau also has drawn attention to this fact.

In 1848, Professor Simpson again brought the subject prominently forward. A good abstract of all that is known upon the subject will be found in the last edition of Dr. Churchill's work on "Diseases of Women," or in that of Dr. West upon the same subject.

Symptoms—There may be no inconvenience at all experienced by the person, and the abnormal arrangement of the parts may be discovered only at the post-mortem examination, death having taken place from another complaint. Upon this fact Nauche has laid particular emphasis.

Retention of urine is a most distressing symptom: it may be complete, that is, no water may be able to escape, or it may be incomplete, that is, it may be only partially retained, there being in fact stillicidium. By this in conjunction with a swelling of the abdomen, distinct from the enlargement of the uterus, supposing the patient to be pregnant, we may be thrown off our guard, especially if there be an œdematous condition of the legs; and we may even imagine our patient to be the subject of dropsy, when, in reality, she is suffering from distended bladder, consequent on the pressure of the cervix uteri upon the urethra. We should always be on our guard, when retention of urine occurs in pregnancy; nor under these circumstances should we omit to make a vaginal examination, since by it we are enabled to make out the displacement of the uterus, if that organ be at fault, or to define the distended bladder riding upon the pregnant womb, if such a condition should exist.

Another symptom which will harass our patient is difficulty in defæcation, with or without pain. This is produced by the pressure exercised upon the rectum by the fundus of the uterus; the accumulation of air or fæces in the intestines or of urine in the bladder increases the displacement, and may convert a partial into a complete retroversion.

In Dr. Marcet's case vomiting and constipation were the most prominent symptoms. Sometimes the peristaltic action of the intestines will be reversed, and the vomiting may be of that peculiar character to which the term stercoraceous is applied. If the retention of urine have continued for any length of time we may easily be enabled to feel the distended bladder at or above, as the case may be, the pelvic brim; moreover, should this distension be permitted to remain, and the bladder be unrelieved, its coats will become inflamed, will slough or ulcerate, or may be burst by the over-distending force, and the pent-up urine will then be poured out into the peritoneal sac, and fatal peritonitis be the result. Death may, however, in some instances be occasioned in another manner—namely, by uræmic poisoning, probably from the long retention and alteration in the quality of the urine.

The symptoms, which a vaginal examination will enable us to detect, are an alteration in the axis of the vagina, it being made to look toward the pubis,—a bulging forwards of the posterior vaginal wall, and a partial blocking-up of the vaginal canal by the malplaced viscus,—a tumour lying between the vagina and rectum and across the pelvis,—the os very high up, sometimes, especially in labour, so high above the pubis that it can be reached only with considerable difficulty.

In those cases which are of a doubtful nature we should resort to catheterism, inasmuch as it affords us a most ready means of diagnosis. But in the use of the catheter we must be most cautious; the point of the instrument should be kept quite close to the pubis, because the urethra is very much distorted and displaced by the ascent of the cervix uteri; nor should we apply any but the gentlest efforts in pressing the instrument forwards, lest we perforate the urethra, attenuated by the stretching to which it is subjected.

Diagnosis.—The retention of urine, the difficulty in defæcation, or the obstinate constipation, especially when taken into consideration with the results of our vaginal and rectal examinations, will make the case quite clear.

From Anteversion.—The os uteri in this latter displacement being thrown backwards towards the sacrum, and the retention of urine being not by any means so complete.

From Pelvic Tumours.—By the distinctive characters of such tumours, by the possibility of being able to make out the os uteri, and, indeed, to make out the position of the uterus, especially if it be displaced: we should bear in mind that pelvic tumonrs may be present at the same time that the womb is retroverted.

Dr. Davis stated that he had seen this condition of the womb co-existing with pelvic abscess, and mentioned a case which had occurred in his own practice wherein the abscess extended up to the lower margin of the left kidney, and had thrown the fundus uteri into the hollow of the sacrum.

Nauche relates a case which was one of extra-uterine fœtation, but was mistaken for retroversion, a condition of the womb that did not at all exist, though the viscus was somewhat displaced.

From Ovarian Dropsy.—By the long history attached to the case affected with dropsy.

From Ascites.—Into the error of mistaking retroversion for this form of dropsy we may be led by a coexisisting distended state of the bladder; however, the difficulty of diagnosis vanishes when we remember the slowness with which the abdomen becomes swollen, and how undefined is the tumour when ascites is the malady: by using the catheter we may at once arrive at a true conclusion. The pain or uneasiness usual at the menstrual period is always greater when the womb is retroverted.

Concerning the effects of this lesion of the womb, and the prognosis we should give, Dr. Davis stated, that permanent improvement is prevented by any adhesions which might have formed, and may retain the uterus in its malplaced condition.

Treatment.—The indication first presented is to restore the uterus to its natural position, but before this can be accomplished we must draw off the water, a process—owing to the displacement of the parts—in many instances by means easily effected; however, it is of paramount necessity that the bladder be emptied and never allowed to become distended; indeed, by thus relieving it at short intervals we so free the womb from the depressing and consequent injurious pressure as, in some cases, to allow of its right itself. The bowels should likewise be emptied by warm enemata.

CHLOROFORM.—Professor Nussbaum has succeeded in prolonging the anæsthesia induced by chloroform, by the subcutaneous injection of a solution containing one grain of acetate of morphia. In one case the patient slept two hours, and underwent a painful operation without experiencing any sensation whatever. The injection performed without the previous inhalation of chloroform produced no effect.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. III.

ACIDUM ACETICUM GLACIALE.—This acid is described in the Materia Medica ; and in the second part of the book a process is given for its preparation. It is difficult to understand why the authors of the Pharmacopœia have selected certain things from the Materia Medica, as for example, glacial acetic acid, for a description of the processes whereby they should be prepared; for in the preface we are told that "The Committee of the Council took into consideration the question, whether the late transference of the manufacture of most chemicals from the pharmaceutic chemist to the chemical manufacturer might not be a reason for withdrawing a great part of the chemical processes from the Pharmacopœia. On mature consideration, it was resolved to retain them, and the Council approved of that resolution." It is doubtful, however, if this is a sound resolution; for it would have been more advantageous if processes had been given for those chemicals only which are indefinite in their nature, and do not, therefore, admit of accurate description or easy recognition. But the committee have not acted up to their own decision; they have only given a certain number of processes, and these, as far as we can judge, have not been selected according to any general rule. Why, for example, should a process be given for the preparation of acidum aceticum glaciale, while the production of acidum aceticum is left to the discretion of the manufacturer? Glacial acetic acid is a perfectly definite body possessing characters by which it may be easily known and described ; in fact, its description is given in the Materia Medica. It is to be found abundantly in commerce in a state of great purity, being largely used in the art of Photography. On the other hand, its production on the small scale is attended with great difficulty, and when so obtained is rarely pure.

It is not many years ago that crystallisable acetic acid was regarded as a rare substance, difficult to get, and deserving of careful preservation. But the requirements of the photographer have brought it into extensive demand, and it is now sold by the gallon by every dealer in chemicals. It is only the manufacturer, however, who by operating upon a large quantity of material can thus produce it; and the means which he adopts are not generally known. We believe we are right in stating that scarcely any of the glacial acid of commerce is made in this country, but that by far the largest proportion of it is imported from France and Germany. We know of one or two instances in which chemical manufacturers have unsuccessfully attempted the profitable production of this acid. Yet, to read the process of the British Pharmacopœia nothing would seem easier. We are directed to take twenty ounces of acetate of soda, drive off crystallisation, and then fuse the salt. When cold, to break up the mass, put it into a retort, and add to it eight fluid ounces of sulphuric acid. The energy of the action between the two substances furnishes heat enough to distil over a portion of the acetic acid, but when this slackens we are told to continue the process, with the aid of heat, until six fluid ounces have passed over. We are then to mix one fluid drachm of the acetic acid thus obtained with a fluid drachm of the solution of iodate of potash previously mixed with a little mucilage of starch ; and if it gives rise to a blue colour, to agitate the whole product of distillation with a quarter of an ounce of black oxide of manganese perfectly dry and in fine powder, and re-distil. We will engage to say, from our own experience, that if this process be repeated twenty times, the products will entirely fail in nineteen out of the twenty operations to comply with the description in the Materia Medica. In point of fact it is very rarely, and with extreme difficulty, that *any* glacial acetic acid can be so obtained ; and that the *whole* product should crystallise by cooling to nearly 32° is practically impossible. The quantities of acetate of soda and sulphuric acid ordered are very nearly in the proportion of one equivalent of the former to two equivalents of the latter. In the change which occurs, the two atoms of sulphuric acid unite with the soda of the acetate, and form bisulphate of soda, thus liberating one atom of water and one of anhydrous acetic acid, which combine and pass over as monohydrated acetic acid. But strong sulphuric acid is capable of acting on acetic acid itself, forming, among other things, sulphurous acid and water. This action always occurs, to a greater or less extent; and it is owing to the two last named products passing over with the distillate that the vitiation of the result is principally due. The presence of the sulphurous acid may be recognised by the iodate of potash and starch, as indicated in the process, but we think it will be found rather difficult to remove it by simple agitation with peroxide of manganese as directed.

Acetate of soda is contained in Appendix A of the Pharmacopœia. It contains six atoms of water of crystallisation, which may be entirely volatilised by a heat of about 200° Fah. The salt itself may be heated to 600° without decomposition.

The process which was given for glacial acetic acid in the last Dublin Pharmacopœia was a very good one, and capable of yielding a satisfactory result. It consisted in passing thoroughly dry hydrochloric acid gas through perfectly anhydrous acetate of lead, reduced to powder and contained in a tubulated retort. When the proper quantity of hydrochloric acid had gone into the salt, heat was applied to the retort and the acetic acid distilled off. The principal difficulty here experienced is in drying the acetate of lead ; by

substituting acetate of lime, however, this obstacle may be entirely removed, and the process is then perfectly easy and manageable.

Acidum Aceticum glaciale is described in the Materia Medica as Monohydrated Acetic Acid, and is to possess these characters :—"A colourless liquid, with a pungent acetous odour, converted, when cooled to nearly 32°, into colourless, prismatic crystals, sp. gr., 1·065, which is increased by adding to the acid 10 per cent. of water." The test of congealing by a cold of 32° is not a severe one, for when absolutely a monohydrate, it will solidify at between 50° and 60°. This acid boils at 243° F. Hence, when a diluted acid is distilled, the weakest portions pass over first, and the strongest last. By thus fractionising the products of the distillation of large quantities of acetic acid, the manufacturer can obtain a highly concentrated and even crystallisable acid. For the same reason, vinegar may be, and occasionally is, strengthened by boiling in an open vessel. The vapour of glacial acetic acid is inflammable.

The specific gravity of Acetic Acid, unlike that of other acids, affords little or no indication of its strength. In the first place, a difference in the strength of dilute acetic acid produces only a trifling variation in the density ; and in the second place, the same specific gravity may indicate two different strengths. The latter result arises from the fact that the greatest density is possessed by an acetic acid containing three equivalents of water to one of anhydrous acid. The specific gravity of this acid is 1·079 ; by the abstraction or by the addition of water its density is diminished. In consequence of this anomaly, monohydrated Acetic Acid, and the same acid diluted with an equal weight of water, possess each the sp. gr. 1·063.

For this acid, as for all other chemical substances, the authors of the Pharmacopœia have given a chemical formula : — $H O, C_4 H_3 O_3$. This feature is, at least, remarkable. The object has been, we presume, to define with greater certainty the substances intended to be used. We question, however, whether in certain cases these formulæ have not led to greater uncertainty than would have existed without them. The gain undoubtedly is very slight as compared to the objections to which their introduction is obviously liable. Considering the changes which are daily taking place in the views of chemists, regarding the constitution and nomenclature of compounds, it is extremely probable that many of these formulæ will be out of use, and will, ere long, bear an antiquated appearance. We shall have occasion to direct attention more prominently to them in a future article.

ACIDIMETRY.—In previous Pharmacopœias the proper strength of the acids was ensured by observing whether a certain measured volume was exactly neutralised by a given quantity of crystallised carbonate of soda. This method of operating did not admit of great accuracy, but the result was quickly and easily arrived at. In the British Pharmacopœia processes of volumetric analysis are introduced ; and the strength of the various preparations to be examined by these means is determined, therefore, with much greater delicacy and precision. In examining the acids, instead of weighing out a quantity of carbonate of soda, a standard solution of caustic alkali of known strength is prepared, and this is dropped into the acid, previously tinted with infusion of litmus, until saturation is obtained. The amount of alkaline solution so added is ascertained by dropping it from a graduated tube or burette, which has a scale marked upon it, dividing it into one hundred equal parts. Many forms are given to these burettes by different makers ; that devised by Dr. Mohr being the most convenient, is generally adopted. Different values have also been given to the scale by different operators, but the Pharmacopœia directs that the tube, when filled to O, shall hold 1,000 grains of distilled water. Each division, therefore, will equal 10 grains of water.

To prepare the standard solution of caustic soda, it is necessary to have some means of ensuring the exact amount of alkali it contains. This is effected by means of oxalic acid.

Oxalic acid can be obtained by crystallisation in a perfectly pure and definite condition ; if, then, we weigh one equivalent, or 63 grains, of this acid, and ascertain the number of measures of a solution of soda necessary for its saturation, we know that the volume of solution so added contains one equivalent, or 31 grains of soda. For convenience of calculation, the solution is so prepared that this amount is contained in 100 measures. This is readily done as the Pharmacopœia directs, thus :—"Fill the volumetric tube to O with the solution of soda (the liquor sodæ ordered among the Preparations), and drop this into 63 grains of purified oxalic acid dissolved in two fluid ounces of water, until the acid is exactly neutralized, as indicated by litmus. Note the number of measures (N) of the solution used, and having then taken forty fluid ounces of the solution of soda, augment this quantity by the addition of distilled water, until it becomes $\frac{4000}{N}$ fluid ounces. If, for example, N = 93, the 40 ounces of solution should be diluted so as to become $\frac{4000}{93}$ = 43.01 fluid ounces. The quantity of this solution which fills the volumetric tube to O, includes 31 grains of soda, and will therefore neutralize an equivalent in grains of any monobasic acid."

To determine the strength of the Pharmacopœial acids we have to take a certain measured quantity of the acid dilute it with water, colour it distinctly red with infusio of litmus, and drop in cautiously the volumetric solution soda from the graduated tube, until the colour of the litmu changes to blue. A single drop of the solution is sufficie to change the colour and indicate saturation. Care mu be taken to prevent the solution of soda from containir carbonic acid, for if present it will be liberated during th neutralization, and will cause a change in the colour of th liquid before saturation is completely attained. If an effervescence is observed, therefore, when the alkali added, the liquid should be boiled to expel the free ca bonic acid before judging of the colour.

The Pharmacopœia indicates the number of measures

this soda solution which should be required to neutralize a fluid drachm of each of the stronger acids. Thus, a fluid drachm of acidum aceticum should require 31.5 ; and the same quantity of acidum aceticum glaciale, 97 measures. To ascertain the amount by weight of real acid present, it is only necessary to multiply the number of measures of the alkaloid solution used by the equivalent of the acid, and then divide by 100. Thus 97 multiplied by 51 the equivalent of acetic acid = 4947 ÷ 100 = 49.47 ; the amount of real acid in one fluid drachm of glacial acetic acid.

The method thus given is by far the most accurate means we possess for the valuation of acids ; and if the solution of soda is perfectly caustic, the operation is performed with great rapidity, ease, and certainty.

IRISH MEDICAL "MEMS."

(From our Dublin Correspondent.)

It is a surprising but certain fact, that there are few who have laid claim to the honour of an invention, or the perfection of any branch of science or art, who have not had their rights questioned, and have had competitors who claimed a priority of discovery. While amidst the refinement and advantages of London society, Sir Humphry Davy was conducting his experiments on the safety lamp, but far away in the north of England, buried in the obscurity of a collier's village, another mind had conceived the same idea, and brought it first to perfection, yet did not obtain the credit which he deserved, and instead of George Stephenson's lamp being universally known, there are few perchance who ever heard of it, while the invention of his rival has now become almost a household word under the name of the Davy Lamp. Thus, though Dr. Frost has obtained the credit of discovering the anæsthetic property of chloroform, and conferred an everlasting boon on suffering humanity, there is another who has claimed to have forged the first link in the chain which Dr. Frost only continued ; and now when a London Surgeon prides himself on being the first who successfully performed the operation of ovariotomy in Ireland, up starts a rival in the shape of Dr. Thompson of Lisburn, an Irish country practitioner. Dr. Thompson performed the operation in May, 1848, on a woman named Lemon, the wife of a carpenter residing at Ballylesson, in the county Down, and up to the present time she is said to be enjoying perfect health, so that he has to all appearances incontestably established his claim.

Nihil *sub cœlo perfectum* is a motto sanctified by antiquity, and the recent law passed for the registration of births, deaths, and marriages in Ireland does not controvert this. The form of certificate for a death would certainly require a change. In its present form it requires the medical man to certify to a fact of which he cannot be aware, unless on the authority of the friends of the deceased, namely, that the patient died on a certain day. Now many cases may arise either of insurances or annuities, where it may make a material difference as to what hour and day the patient died. Thus he or she may have ceased to exist on the 31st of December, 1863, or the 1st of January, 1864, and how is the medical man to certify to this?

At first sight this may seem to be mere hair-splitting, but such is far from being the case, and many medical men have refused to sign certificates on this ground. The dispensary surgeons receive a shilling for every certificate presented to them, and this emolument will increase somewhat their wretched salaries, though it inflicts the loss of time and some trouble on the general mass of practitioners, who think that those who give the certificates should get the shilling, on the principle that the labourer is worthy of his hire.

The Army Board have decided on receiving the diploma of the Apothecaries' Company of Ireland as a medical degree, and in consequence of this arrangement there is every probability of the directors of the Hall raising the fee for their diploma from ten shillings to five pounds.

The honour of knighthood has been conferred on Dr. Wilde, Surgeon-Oculist to the Queen in Ireland, as the Lord-Lieutenant happily expressed it, not in recognition of his high professional reputation, which he declared to be European, and thus needed no further eulogium at his hands, but to mark his sense of the services which he rendered to statistical science, especially in connection with the Irish census. Dr. Wilde is favourably known to the literary and medical public on this side of the channel as a ready writer, learned antiquarian, and skilful oculist.

Amongst the many works which have issued from his pen I may particularly mention his works on "Austria : her Medical Literature and Scientific Institutions," "The Closing Years of Dean Swift's Life," "The Beauties of the Boyne and Blackwater," and the "Popular Superstitions of the Irish Peasantry." His principal works as a medical writer are—"Practical Observations on Diseases of the Ear," and an "Essay on Otorrhœa ;" he has also contributed largely to the Medical Journals. He has likewise endowed an hospital called St. Mark's for diseases of the eye, where medicine and advice are gratuitously supplied to the poor.

The suit pending between the King and Queen's College of Physicians has not as yet concluded. The Master of the Rolls has not delivered judgment, and no matter what his decision may be, it is generally believed that the case will then be referred to the House of Lords. The latter, too, may be turned, and there may be a suit of College of Physicians *versus* Trinity College, on the ground that the latter have no legal claim to monopolise the rights of the College of Physicians by granting a license in medicine.

During the past few years death has reaped a rich harvest of medical men, and we have had to deplore the loss of some of our most eminent members ; and even within the last six months there followed in succession the deaths of Drs. Power and Neligan, Smyly and Osborne. By the demise of Surgeon Smyly the vice-presidentship of the College of Surgeons became vacant, and Dr. Jacob, Professor of Anatomy and Physiology, has succeeded to the office.

An elegant and graceful tribute was paid by Dr. Stokes to the merit and virtues of his deceased colleague, to his ability and skill as a surgeon, and the numerous friends and admirers of Surgeon Smyly have decided on endowing a children's ward in his name in the hospital of which he was so long an ornament.

Popular indignation has not as yet quite subsided here about the respite of Townley, though the letters now published of the whole proceedings have cleared up some startling points in the transaction. It seems highly apocryphal that Dr. Forbes Winslow should have given his evidence and advice without the usual fee given to a skilled witness, and it is very much questioned whether he would have done so had the offender been a man of lowly station. He who first represented the statue of Justice with her eyes veiled must have done so in the spirit of satire, perhaps after experiencing but poor justice at her hands ; and certainly this case will fully establish her allegorical delineation.

THE CLARE COUNTY LUNATIC ASYLUM, now being built at Ennis, is upon a site of forty acres, the front facing the south. It consists of a front centre building, containing the official residences and public rooms. There are wing buildings for patients and the infirmaries, and a rear central building containing dining hall and other offices. The wide corridors, usual in other asylums, are here avoided with a view of assimilating the arrangements to those of ordinary life, which are considered preferable to the ordinary corridor or "ward system." Accommodation is provided for 260 patients. The infirmaries are sufficiently capacious to contain about one-third of that number. The total cost is estimated at 29,000*l*.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 24, 1864.

THE PLEA OF INSANITY IN CRIMINAL CASES.

The recent discussion in the House of Commons on the occasion of the introduction of an amended Act, referring to the treatment of insane prisoners, proves the increasing interest taken by our modern legislators in the subject of insanity, in its connection with the commission of crime. In the late case of Townley, there were no doubt many opinions arrayed on both sides of the question, having but little reference to the sanity or insanity of the accused. Some advocated the view of his insanity, merely with the object of averting the capital punishment, which the proof of soundness of mind on his part would necessarily involve; and many clamoured loudly for the opposite view, perhaps to show their contempt for the "mad doctors," and for theories of insanity in general. One of the members of Parliament remarked, truly enough, that as soon as Townley was sentenced to penal servitude, nobody took any further trouble to question his sanity, although, supposing him to be insane, it was just as cruel to condemn him to the public works for the rest of his life as to hang him. Some people, too, probably took up the matter as a political question, in order to damage the Home Secretary.

It is, therefore, satisfactory to find that the discussion on the subject in the House of Commons was conducted in a very fair and unprejudiced spirit, and without any political animosity. Still more is it gratifying to observe that the Medical Profession were not much abused, but on the contrary it was admitted that in determining questions relating to the mental condition of prisoners or convicts, the opinions of Medical men ought to be received as a necessary element in the inquiry. The time has probably already gone by, when any persons bearing the character of gentlemen, could believe that the members of the Medical Profession, as a body, would pronounce a person insane, or the contrary, from mere sordid and pecuniary motives. Differences of opinion, it is true, may exist, but these discrepancies arise from the difficulties inherent in the subject itself, and, it may be added, they are increased by the mode in which trials involving questions of sanity or insanity, are conducted. Medical witnesses, like the barristers and the attorneys, are marshalled on both sides of the question; and, precisely as in the case of the law, the party who has the longest purse will get the best advice. The poor unfortunate wretch Burton, who was hanged last Spring, and who was undoubtedly insane, was unable to procure the services of Medical experts, and was therefore left to his fate; but young Crœsus, if suspected of crime or insanity either, can obtain the highest legal or medical talent which the empire can afford. The consequence is, that young Crœsus has a fair trial, and the poor young idiot has not; and so far it is true that there is one law for the rich and another for the poor, but only in the same sense that the rich man can get a dinner whenever he likes to order it at the London Tavern, and the poor man is often obliged to go without any dinner at all. Hunger and the want of law are necessities to all alike, but to satisfy these necessities is easy enough for one class and very difficult, if not impossible, to the other. Some people may perhaps think that a poor idiot ought to have the services of Medical experts as well as a rich idiot, but such a question would necessarily involve the fundamental doctrines on which distinctions in life, with all their attendant advantages or discomforts, are essentially based.

It is impossible not to notice that all the speakers in the House of Commons, and many of them were men of great ability, exhibited an utter want of knowledge of what is called psychology, and of the morbid conditions of the human mind. They all discoursed fairly and sensibly, and some of them feelingly and eloquently, upon the general bearings of the subject, and as to the machinery by which questions of criminal responsibility should be determined, but not one of them showed that he had paid any attention either to the literature of insanity, or to the practical study of mental disease. This circumstance perhaps ought to excite no astonishment when we reflect that there are hardly any Medical men in the House of Commons, and that of the Medical body itself, there are not many who profess any special devotion to the subject. As to the general public, including of course, the members of the Legislature, it cannot be expected that they should pore over the pages of Pinel and Esquirol, or that they should, as amateurs, study for years together in the wards of a lunatic asylum, but we might at any rate expect that they would abstain from giving flippant opinions upon the doctrines held by such illustrious practitioners as those to whom we have alluded, and by others who have had large practical experience in the diagnosis and treatment of insanity. According to the notions of some people, one man is as good a judge of what constitutes insanity as another; and yet if a person who advanced such a theory were a watchmaker or an engineer and he were told that everybody was an equally good judge of the mechanism or the derangements of a watch or of a steam-engine, he would ridicule the idea. So we find that thoughtful and studious men, who have spent days and years in solving the mysterious problem of human responsibility and irresponsibility, are ridiculed by any upstart who thinks that he has acquired, by intuitive perception, a power of judgment which the other does not yet even pretend to possess, so "fools rush in where angels fear to tread."

Such was not, however, the feeling or the temper of the House of Commons in the late debate, when it was fully admitted that the whole subject was encompassed with difficulties, and that neither Medical men nor lawyers, either in their combined or separate capacities, were equal to its solution. Mr. Scourfield remarked that unless the opinions laid down by Medical men were closely watched, they would be attended with the most dangerous consequences; and he also observed that the Medical man and the lawyer necessarily looked at the question of insanity in different light

"The doctor was bound to consider the welfare of the patient, and the mode of curing him. The lawyer, on the other hand, was bound to consider the interests of the community at large and the safety of the public. It was most important in his opinion, that in determining who was and who was not insane, the legal opinion should not be subordinated to the medical." Sir George Bowyer made the following observations, which are well worth attention:

"He objected to the joint commission composed of physicians and lawyers, because he thought that the two classes of men would, to a certain extent, act at cross purposes. The legal and medical ideas of insanity were quite different. Physicians would examine a man's sanity with reference to the condition of his brain, while the only question which would present itself to the mind of judges or commissioners in deciding whether a man was sane would be, was his state of mind such that he was responsible for his actions? A man might have something morbid in the recesses of his brain and still be sane for all practical purposes and amenable to criminal law. A man, on the contrary, who after sentence fell into a state in which he became unconscious of his actions, was justly exempted from punishment, being, in the words of a great authority, 'sufficiently punished by the insanity with which he was visited by Providence.' The only constitutional method of testing whether a man had become insane after his conviction was, in his opinion, trial *by jury*. But whether the fact were established by the decision of a jury or of a commission, Medical men *ought* to appear as experts, and not as judges. The great defect of the present day was that Medical men appeared not as witnesses, but as advocates; if set in motion for the prisoner, their object, disguise it as they might, was really 'to get him off.' The question of sanity, if raised at all, ought to be treated by parties having no interest in the case other than the elucidation of truth; and he thought it might be worth considering whether the Crown ought not to appoint professional gentlemen of high standing who would deliver their opinions officially—of course receiving a proper remuneration."

On the whole, we wish that Sir George Grey had not pressed on his measure in its present state. It has been prepared in a hurry, and owing to the pressure occasioned by an individual case, the like of which it is not probable will soon recur. The subject has now received in Parliament the attention which it deserves, divested of that amount of prejudice and passion with which it was treated out of doors. It is the more necessary to delay the passing of the measure, because it is applicable, in its present form, only to England; and if it is necessary at all, why is it not equally necessary to Ireland and Scotland? The Medical Act, notwithstanding the diversities of local customs and institutions, was made applicable alike to all parts of the kingdom, and surely a measure affecting criminal lunatics must be quite as essential in one part of the British Islands as in another.

Since the above was written, another discussion on the subject has taken place on an amendment being moved to one of the clauses in Sir George Grey's bill. On this last occasion, many of the members of the House of Commons abused the Medical Profession in the old style, but they did not have it quite their own way, and one of them (Mr. Neate) was even bold enough to question the definition of insanity as laid down by the Judges, and stated that three cases of hopeless insanity had been reported to him by Dr. Forbes Winslow, in all of whom there existed a knowledge of right and wrong, and all of whom were, therefore, in the legal sense, responsible for their actions.

SUMMARY OF THE WEEK.

THE PHARMACOPŒIA AND THE PHARMACEUTICAL SOCIETY.

The British Pharmacopœia appears to gain but little favour from any quarter, and its production, after so many years of anxious expectation and such enormous expenditure of money, resembles, in some respects, the birth of the mouse after the parturient agonies of the mountain. Nevertheless, as the volume has received the sanction of the government, it is imperative on all Medical practitioners and pharmaceutists in the British dominions, to make themselves thoroughly acquainted with its contents, however difficult it may be to obey many of the formulæ which it contains. The orator at the Royal College of Physicians has pointed out that some of the novelties introduced are useless, and others injurious, in a Medical point of view; and at a recent meeting of the Pharmaceutical Society, Dr. Redwood attacks the Pharmacopœia from another and a practical aspect. He complains, and not without justice, that the names and the composition of many bodies have been altered without any sufficient cause, thus creating a great amount of confusion to the preparers and dispensers of drugs, and that formulæ have been published which it is impossible to adopt. Thus, for instance, in that *pons asinorum* of the pharmaceutical chemist, the spirit of nitrous ether, the compilers of the Pharmacopœia have proposed a plan for its preparation, which, as they imagine, will ensure the production of a pure article, but it turns out that the nitrite of soda which they direct to be employed in the preparation cannot itself be procured by the processes described, and the consequence is, that the spirit of nitrous ether, prepared in the new way, is *worse* in quality than the former much abused but very popular article!

DR. TURNBULL AND THE CRAWLEY COURT-MARTIAL.

We last week gave currency to a report which appeared in the pages of several of our contemporaries, to the effect that Dr. Turnbull, having been fully acquitted of the charges brought against him, had been dismissed from his regiment and placed on half-pay. It appears, however, tha the latter part of the report is untrue, and Dr. Turnbull has contradicted it himself. He is retained on full pay, and if the condition of the Inniskilling Dragoons be such as some persons have described, perhaps he will feel rather relieved than otherwise at being removed from the regiment, and left at liberty to exchange into another. It has been justly argued that as the Commander-in-chief published his memorandum, embodying a censure on Dr. Turnbull, the minutes of the Court of Inquiry, which fully exonerated that gentleman, ought to be published likewise, and it is very truly represented that the expressions used in the memorandum amount, under the circumstances, to a libel in point of honour, if not in point of law, and ought to be explained or apologised for accordingly. As to Colonel Crawley, if it be true that his expenses to England and back have been defrayed by the Government, and that he has

received full pay and allowances, and quarters, all through the period of his trial, he will have suffered as little in purse as in reputation, and can have no great cause of complaint as to his voyage to England. All his expenses, in fact, were paid, except the legal ones, as courts-martial do ot recognise lawyers.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. PRESCOTT HEWITT gives a Clinical Lecture on "Caries and Necrosis of the Bones of the Skull," founded upon two cases of that disease which occurred in the practice of St. George's Hospital. Mr. Hewitt reviews at some length the causes of these diseases, both accidental and constitutional, and he states that syphilitic caries and necrosis are the commonest of all the diseases of the cranial bones, but they were much more common formerly than at present, the difference being probably due to the more cautious administration of mercury in recent times. With regard to the question whether there are any characteristic signs by which syphilitic disease of the bones of the skull can be recognised, Mr. Hewitt replies in the negative, although many distinguished modern pathologists hold a different opinion. Mr. JAMES R. LANE contributes a paper on "Vesico-Uterine Fistula," founded on a case in which pregnancy occured after closure of the os uteri by operation. The case itself has already been published, so far as its early history is concerned, but the after-consequences are now particularly described. It appears that Mr. Lane performed the operation of closing the os uteri in order to relieve the patient of the incontinence of urine, the fistula existing between the bladder and the canal of the cervix about half an inch above the os. The operation was quite successful, and the patient menstruated by the bladder; but the curious circumstance was, that she became pregnant, although the os uteri was to all appearance closed. The tumour formed by the fœtus was naturally enough mistaken for an accumulation of the menstrual fluid, but the expulsion of a fœtus of about four months explained the real state of the case. The vesico-uterine fistula, however, was now re-established, and the same operation as before was practised with the same success, and no subsequent pregnancy occurred, menstruation being again performed by the bladder. Dr. G. D. GIBB gives a short paper on "Albuminuric Aphonia," by which Dr. Fauvel, of Paris, designates a peculiar œdema of the vestibule of the larynx and vocal cords, preceding or following albuminuria, and more often present without any external manifestation to afford even a suspicion of the existence of Bright's disease. Mr. HENRY THOMPSON communicates a paper on "Lithotrity without Injections," in which he states that he has for some time past practised the operation without preliminary injection of the bladder, and almost without any injection subsequent to the sitting. Mr. Thompson explains his reasons for this new mode of practice.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. GARROD commences his Third Lecture on the "British Pharmacopœia," but we have already given a full abstract of the topics introduced, in our Number of the 10th inst., the notes having been furnished by our own Reporter. Dr. HARLEY continues his Lectures, delivered in University College, on the "Urine and Diseases of the Urinary Organs." In the present lecture he describes the solid inorganic and organic constituents of normal human urine, and their varying amount under different physiological conditions. He shows that even national habits cause a very great diversity in the amount of the solids of the urine, the quantity being greatest in that of the German, less in that of the Englishman, and least in that of the Frenchman. The examples are taken respectively from Lehmann, Becquerel, and Dr. Harley himself, and the difference is accounted for by the fact that the German eats most largely of all kinds of food, the Frenchman eats least of animal food, and the Englishman's diet is of a medium kind. In pregnancy, the excretion of the solids in the urine is diminished in proportion to the nearer approach of delivery, the explanation being that the development of the fœtus withdraws more and more nutritive material from the mother's circulation. Dr. J. W. OGLE communicates some "Cases of Epilepsy, Convulsions, Giddiness, &c., being part of a Series illustrating Affections of the Nervous System of Organic or Inorganic Origin, with Clinical and Pathological Observations." The cases are of a miscellaneous kind, some requiring aperients, others sedatives, and others tonics, according as the symptoms pointed to congestive disease, or exhaustion of the nervous centres. Mr. EDWARD J. WARING, of the Indian Medical Service, contributes a "Notice of the Ægle Marmelos," a plant which furnishes the Bela or Bael of the British Pharmacopœia. This substance, as is well known, is very much esteemed in India in cases of diarrhœa and dysentery, but it has hitherto been but little employed in Great Britain. It is obtained from the above-named tree, belonging to the natural order of Aurantiaceæ, and all parts of it have been used in Indian practice. The fruit, however, is considered to be most serviceable, and appears to owe its properties to tannic acid, a concrete essential oil, a bitter principle, and a vegetable acid.

THE 'BRITISH MEDICAL JOURNAL.'

Mr. BRODHURST continues his Lectures on "Orthopædic Surgery," his present subject being the Curvature of the Spine, and especially the lateral curvature, or scoliosis, which two drawings are given in illustration. The treatment of such cases is preventive and curative, the former being directed to develope the body in youth in a healthy manner, and the latter being of two kinds—namely, constitutional and mechanical. Dr. ROUTH commences a Course of Lectures delivered by him before the Medical Society of London on "Some Points connected with the Pathology and Etiology of Fibrous Tumours of the Uterus." Dr. W. H. O. SANKEY contributes some "Illustrations of the Different Forms of Insanity," his present subject being

hypochondriasis as a form of melancholy. He relates a number of cases which have fallen under his notice, illustrating the delusions which often characterise this kind of insanity. Mr. GARRAWAY contributes a short paper on a case illustrating the "Action of Ergot, and the Resuscitation of Still-born Children." In the case recorded, the ergot appears to have acted beneficially, but the child was still-born, and could not be resuscitated.

Ασκληπιος. Συγγραμμα περιοδικον της εν Αθηναις Ιατρικης Εταιριας. (Asclepios, a Periodical Journal of the Medical Society in Athens.)

We received a number of this periodical last year, and noticed it at the time, and now the number for April and May, 1863, has come into our hands. It may surprise some of our readers to learn that a Medical Society exists in the capital of modern Greece, and that a Medical Journal is regularly published in the modern Greek language, which differs very slightly in construction, and not at all in type from the ancient written tongue. In the present number the proceedings of the Athenian Medical Society of last April are duly recorded, when it appears that a practical discussion took place upon Medical and Surgical topics of interest, including the subjects of tracheotomy, anasarca, bronchitis, pneumonia, and hæmorrhage from the womb, all of which had fallen under the notice of the speakers in their practice. The rest of the number is filled with articles, some original, and others selected, upon topics connected with medicine and the collateral sciences.

REVIEW OF BOOKS.

Notes on Hospitals. By Florence Nightingale. Third Edition. Enlarged and, for the most part, re-written. Pp. 187. London: Longman and Co. 1863.

It is almost a trite observation, that the mortality of diseases and injuries is quite as much dependent upon the arrangements of the hospitals into which the sick and wounded are received, as upon the Medical and Surgical appliances, strictly so called; and Miss Nightingale has conferred inestimable benefits upon the suffering classes, by her generous labours and writings in the cause of hospital improvement. It is quite true that, under good hygienic conditions, the worst diseases will often be improved or cured, and the results of the worst accidents, operations, and injuries will be favourable; while, under the opposite state of things, diseases, in themselves slight, will become serious, operations, apparently trifling, will be complicated with severe secondary results, and even new diseases will be engendered. Still, it appears to us, that in her laudable zeal to promote the object she has so much at heart, Miss Nightingale has somewhat overstated her case, especially in reference to the Metropolitan Hospitals. The apparently monstrous statement that in 24 London hospitals, the mortality is at the rate of nearly 91 per cent. of the cases admitted, while in county and other hospitals the mortality is only about 40 per cent., may be literally true, from the evidence of statistics; but it by no means proves the general insalubrity of the former, or the great superiority of the latter. It is well known that in the London Hospitals only the worst forms of diseases and injuries are admitted, while in the country hospitals the cases are much more miscellaneous; and even statistics have shown that, *cæteris paribus*, namely, by comparing together *the same classes of cases*, the disadvantage is by no means made to appear on the side of the metropolitan establishments.

Again, we do not entirely agree with Miss Nightingale in her returns of contagion and infection, nor can we admit that the mortality in the black hole of Calcutta (page 10), was in any way due to infection; it was, in fact, an instance of suffocation. It is indeed true that in badly constructed hospitals, and in badly arranged camps, and in armies and fleets under certain depressing moral and physical conditions, epidemic and contagious diseases will be generated and propagated to a frightful extent, but this fact does not prove that the same is the case in our London hospitals. The question of the spread of infectious diseases among patients affected with other ailments, and the question whether the former class of maladies should be treated in separate wards, are both of them very difficult problems, and we hardly think that Miss Nightingale is yet in a position to pronounce so decided an opinion as she has done on these very intricate subjects.

But, while thus differing in opinion from this most estimable lady and enlightened sanitarian upon these points, we can notice her book in general with unqualified praise, and recommend it most strongly to all those who may be interested, either from professional necessity or from philanthropic motives, in the construction and management of hospitals. Miss Nightingale has studied the subject, both theoretically and practically, in many parts of the world, and the book is illustrated by numerous diagrams, showing the merits or defects of a great number of existing hospitals. On the subjects of ventilation, cleanliness, moral management, and all other particulars, her remarks are characterised by extensive knowledge and enlightened views, mixed with no little shrewdness, and experience of human nature.

Three Hundred Consultations in Midwifery. By Robert Lee, M.D., F.R.S. Pp. 217. London: Churchill and Sons. 1864.

Dr. Robert Lee is so well known to the Profession as to need no introduction at our hands as an author or a practitioner. As a thoroughly practical man he has probably no superior in the department which he has chosen, while he has shown himself to be an unsparing opponent of certain theories and practices which have lately come into vogue, especially such as ovariotomy, the use of the speculum, the administration of chloroform in labour, the nature of the affections of the os uteri, and other such matters. Whatever may be thought of his views on these subjects, and however much his best friends may deplore the vehemence with which he has often advocated his own opinions, there can be no doubt of his enormous industry and of the success with which he has cultivated the obstetric art. Of the former quality his published works bear ample evidence, and his extensive consulting practice is an equally good test of the latter. The second edition of his 'Clinical Midwifery,' published in 1848, comprised the histories of five hundred and forty-five cases of Difficult, Preternatural, and Complicated Labour, and the volume now before us contains three hundred additional cases of a similar nature, arranged in the order of time in which they occurred, and spreading over a period of fifteen years. The cases are, of course, of a most varied description, and from the chronological order adopted, there is no attempt at classification or arrangement of any kind. Nevertheless, as a record of cases occurring to an obstetrical practitioner, they possess a very great value, especially to the beginner, while the most experienced adepts may learn many useful hints by a perusal of Dr. Lee's pages. His remarks are terse, short, and sensible, not unmarked by that boldness, and some might think, prejudice, which have characterised his career; and if names had been mentioned in connection with his cases, some of the observations might have led him into unpleasant correspondence with his contemporaries. As it is however, the parties whom he has met in consultation are not mentioned by

name, and, therefore, the book may be read with advantage, and without mixing up personal likings or dislikings with the doctrines or the practices which the author advocates or deprecates.

GENERAL CORRESPONDENCE.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

SIR,—Had Dr. Drysdale consulted Mr. Mill's work on 'Logic," with the view of learning, and not merely of quoting its contents, he could never have fallen into the egregious error of supposing that the passage cited by me was intended to prove ought in favour of, or against mercury. As he has failed to see this, I must refer him back to Mr. Mill's book, vol. 1, page 484, where he will find the following explanation.

"Let the subject of inquiry be the conditions of health and disease in the human body; or, (for greater simplicity) the conditions of recovery from a given disease; and, in order to narrow the question still more, let it be limited in the first instance to this one inquiry, is or is not some particular medicament (mercury for instance), a remedy for that disease."

In the passage quoted by me, (see MED. CIRC., Feb. 10th), Dr. Drysdale is at liberty to substitute chlorate of potash or any drug he likes for the word mercury, and the reasoning will be unchanged.

The question under discussion was, did a certain child die from mercurial treatment. That it died from such treatment, I say is incapable of proof, unless you can exclude from the case such death-producing causes, as bad air, bad food, and want of cleanliness.

Curiously enough, Dr. Drysdale states the point of his argument lies in this passage from Mill's "Logic," "and that he often will recover when it (mercury) is not administered, the other favourable influence being sufficiently powerful without it."

I must beg of Dr. Drysdale to explain, for I cannot see what possible bearing this has on the case of a child *who did take mercury*, but *did not recover*.

I must remind Dr. Drysdale that quibbling is not argument, and is not usually resorted to, except in a hopeless case.

I remain, &c.,

Maida Vale. R. S. SISSON, M.D.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY, FEB. 4.

WM. ADAMS, ESQ., PRESIDENT, in the Chair.

Mr. J. ZACHARIAH LAURENCE exhibited two instruments which he had had constructed for the more accurate measurement of data, which it became necessary to determine in certain conditions of the eye.

1. A STRABISMOMETER.

This instrument was designed for the purpose of measuring the exact linear deviations of the eyes in cases of squint. It consisted of an ivory plate, corresponding in shape to the curve and general conformation of the lower eyelid. The middle line of the free border of the plate being marked O, gradations into lines and half lines towards each side (inner and outer respectively), were introduced. The centre of the lower border of the cornea of a normally placed eye, regarding a distinct object in an horizontal, median plane on the level of the eyes, corresponds to O; but in the case of a squinting eye to a gradation to the inner or outer side of O, according as the squint was convergent or divergent respectively. Mr. Laurence incidentally mentioned a convenient method of notation, which he adopted in these cases, designating by *plus* (+) gradations internal to O, and by *minus* (—) those external to O. Thus, a case of convergent strabismus of the right eye of $2\frac{1}{2}'''$ is briefly designated by $+ 2\frac{1}{2}'''$, one of divergent strabismus of $2\frac{1}{2}'''$ by $— 2\frac{1}{2}'''$.

2. A PUPILLOMETER (OR, PERHAPS MORE CORRECTLY, A COREOMETER).

This instrument is intended to measure the size of the pupil. It consists of a metallic plate graduated into lines, half and quarter lines, at one end of which is a fixed, vertical, knife-edged bar, and a second similar moveable bar, which can be separated or approximated to the former by a horizontal screw. In order to obviate the necessity of having two instruments (a right and left handed one), the metallic plate is graduated on both sides, so the horizontal screw is not stopped in its revolutions by coming into contact with the side of the nose. The inventor of the instrument stated that with it, one could easily and rapidly determine, with the greatest accuracy, the diameter of the pupil to a quarter of a line.

Mr. WM. ADAMS read a paper on

"TRANSVERSE FRACTURE OF THE PATELLA," IN ITS ORDINARY FORM AS GENERALLY PRODUCED BY MUSCULAR ACTION.

The author's attention had been first directed to the present subject in 1850, when he was engaged in describing the preparations in St. Thomas's Hospital for a new catalogue, and the series of specimens collected by Sir A. Cooper came especially under his examination.

Amongst these specimens was one described by Sir A. Cooper as an example of ligamentous union, in which the fragments were separated to the distance of five inches (No. 123 Museum Catalogue), and figured by Sir A. Cooper in his 'Treatise on Dislocations and Fractures of the Joints,' (plate 15, fig. 1), but the conclnsion which Mr. Adams came to after examining this specimen was, that no attempt at reparation had ever been made, and that it afforded a good illustration of non-union of transverse fracture of the patella. In this specimen the fragments were connected only by a thin expanded layer of fibrous tissue passing from the periosteal surface of the upper fragment to its connection with the lower fragment. The fractured surface of the upper fragment projected as a square or rectangular surface into the joint, and the connecting layer of fibrous tissue had no relation whatever with this fractured surface. This fact, the author considered, was fatal to the idea of the connecting tissue being an elongated condition of any fibrous connecting tissue structure formed between the fractured surfaces for the purpose of union, and Mr. Adams considered that it consisted only of the fascia and aponeurotic structures naturally passing over the surface of the patella in a thickened condition.

Mr. Adams exhibited this specimen, together with one of true ligamentous union of a transverse fracture of the patella, which he happened to meet with in a subject in the dissecting-room of St. Thomas's, now preserved in the Museum (Nos. 121 and 122 Mus. Cat.), to the Pathological Society in May, 1850, and in the 2nd vol. of the Trans. of this Society, these specimens are described, together with the conditions presented, by thirty-one other specimens of transverse fracture of the patella, preserved in the Museums of London.

The author considered that we must recognise three conditions as possibly resulting after transverse fracture of the patella—viz., 1, True bony union; 2, True ligamentous union; 3, Non-union, or ununited fracture.

In proof of the possibility of obtaining true bony union, specimens in the museums of Guy's and St. Bartholomew's Hospitals were referred to, together with others described by various authors.

With regard to the second method of repair, viz., true ligamentous union, the author observed that he only included in this series the specimens in which a mass of fibrous or ligamentous tissue passed directly between, and connected the fractured surfaces of, the upper and lower fragments. In such cases the separation of the fragments is generally from half an inch to an inch, the fragments being somewhat everted, more especially the lower one, so that the fractured

surfaces are directed, more or less, towards the skin; the gap between the fragments is therefore of a triangular form, the base being towards the skin, and the apex towards the joint. By a gradual elongation of the ligament, after the limb has been brought into use, the separation of the fragments may extend to an inch and a half, and in one specimen shown to the Pathological Society by Mr. Holthouse, this had extended to two inches and a half.

With regard to the third condition, above mentioned as the result of transverse fracture of the patella—viz., complete non-union or ununited fracture; the specimens included in this series are those in which there is an absence of fibrous or ligamentous tissue passing directly between and connecting the fractured surfaces, and in which the fragments of the patella are connected only by a thin, expanded, fibrous, and aponeurotic structure passing from the periosteal surface of one fragment to the periosteal surface of the other, and consisting essentially of the fascia and aponeurosis naturally passing over the joint in a thickened condition.

The relation of this aponeurotic structure to the separated fragments may be modified by its being folded in between, and becoming adherent to, the fractured surfaces, so that it may appear to pass from the centre of one fragment to the centre of the other or even between their articular edges; and this is generally produced by the folding in of the skin and fascia between the fragments; or by the eversion of the lower fragment the aponeurosis may become adherent to its fractured surface, so that it then appears to pass from the periosteal surface of the upper to the articular edge of the lower fragment.

In this condition described as ununited fracture, the separation of the fragments is not necessarily more considerable than in cases of true ligamentous union, and it may be even less, so that the separation is not to be depended upon as indicating the mode of union which must be judged of by the immobility of the fragments and general feeling of firmness, together with the absence of any depression between the fragments.

With respect to the relative frequency of true ligamentous union, and the condition described as ununited fracture, no reliable data exist, but Mr. Adams found that in thirty-one specimens which he examined in the six principal museums in London, fifteen were cases of ununited fracture, twelve were true ligamentous union, and four were obscure from being dried, &c.

In reference to the objects and methods of treatment with the view of obtaining either a true bony or a short ligamentous union, the indications are—1st. To subdue any inflammation which may follow the injury by cold lotions, &c.; 2nd. To approximate the fragments as soon after the injury as possible; and 3rdly. To retain the fragments in close apposition for a period sufficiently long to obtain either a true bony or a short ligamentous union.

After pointing out the causes of the inefficiency of the various appliances in general use, Mr. Adams stated his belief that the only apparatus capable of fulfilling all the indications in the treatment of transverse fracture of the patella was the instrument devised for this purpose by Malgaigne, and described by him in his 'Treatise on Fractures and Dislocations' in the year 1847. It consists essentially of four hooks, two of which are implanted in the superior border of the upper fragment of the patella, penetrating a little way into the tendon of the rectus muscle, and the other two hooks are implanted into the inferior border of the lower fragment, at the insertion of the ligamentous patellæ. The fragments are then drawn into apposition, and the hooks are fastened to each other by means of a screw working in a slide. This instrument has been used extensively in France, with the greatest success; serious inflammation does not appear to have been excited by it in any case, and there is ample testimony to prove that, as a general rule, the hooks can be borne without inconvenience or pain. In May, 1853, M. Malgaigne informed Mr. Adams that he had employed the hooks in eleven cases of transverse fracture of the patella with complete success.

The author stated that his own experience of the hooks had been limited to a single case, in which he applied them at the Great Northern Hospital two years ago. The case was one of ununited fracture of the patella of longstanding, and with wide separation of the fragments. Mr. Adams detached the connecting aponeurotic structure by subcutaneous section, and approximated the fragments by means of the hooks, which were borne for a fortnight without inconvenience, and the case was greatly improved.

In the 'Medical Times and Gazette' of Jan., 23, 1864, Mr. G. E. Pyle, house-surgeon of the Middlesex Hospital, has published the details of eight cases of transverse fracture of the patella, treated by Malgaigne's hooks in that Institution, and the results, as compared with eight other cases treated in the ordinary way, and also published were most satisfactory. In no case did the hooks give rise to local inflammation or injury to the joint.

Mr. CLEVELAND related the case of a healthy-looking lady, aged 50, who fractured both patellæ by slipping and trying to recover herself; the distance between the fragments was from one to two inches. The patient was laid on a mattress, with her shoulders raised and her feet elevated. The limbs were then placed on MacIntyre's splints, and an interval of ten days was allowed to elapse before bandages were applied. An appliance, sold by Weiss, called *Cooper's patella band*, consisting of two circular well-padded leather belts, made to lace one above the other below the knee, and drawn together by leather straps, were applied. In six weeks the splints were removed, and now, three months after the accident, she is able to walk about without any assistance. The lines of fracture are scarcely perceptible in either knee. Dr. Cleveland was inclined to ascribe part of this good result to the ten days rest of the parts before bandaging.

Mr. J. Z. LAURENCE mentioned a case where a gentleman had fractured his femur by muscular action.

Mr. CURGENVEN mentioned a case of double fracture of patella occurring in a stout gentleman, which had been most successfully treated by Mr. Adams, of the London Hospital, by bandages.

Dr. GRIFFITH, Mr. SEDGWICK, and Dr. DRYSDALE related successful cases of the treatment of fractured patella by bandages.

Mr. ALLINGHAM, in a letter to the president, related a case where a woman was seen by him at the Great Northern Hospital, in October last, both of whose patellæ had been fractured 30 years ago by her being thrown out of a cart. For this she lay for many months in St. Bartholomew's Hospital; and, when discharged, she wore an apparatus which anchylosed the knee, except when she sat down, when she drew a trigger. Lately, she had gone about with a common bandage. The distance between fragments was $6\frac{1}{2}''$ on right side, and $5\frac{3}{4}''$ on left. Her mode of progression was peculiar, but still she managed to get about with tolerable rapidity.

Mr. ADAMS, in reply, said, that all who had paid much attention to such cases had found how frequently the results of the ordinary operation were unsatisfactory. He had mentioned Malgaigne's method in 1847, in Dr. Druitt's surgery. This method gave, by far, the best chance of obtaining bony union, and there was no danger by using it of exciting inflammation in the joint and the pain caused by its application was insignificant.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 9TH, 1864.

MR. PARTRIDGE, PRESIDENT.

GEORGE WILLIAM CALLENDER gave

SOME ACCOUNT OF THE AMPUTATIONS PERFORMED AT ST. BARTHOLOMEW'S HOSPITAL FROM THE FIRST OF JANUARY, 1853, TO THE FIRST OF OCTOBER, 1863.

These amputations are so arranged in a series of tables as to show for a number of consecutive years the totals of deaths and recoveries in male and female patients. The

operations comprise all the principal amputations, arranged as primary and secondary, and as amputations for disease. After some general remarks, certain deductions from the several tables are detailed.

Of 93 primary amputations, 78 recovered, and 15 died; thus 16·1 per cent. of all these amputations proved fatal, or 1 in 6·2; and if the age of the fatal cases, which averages 47 years, be taken into consideration, it appears, for children and for adults under 40, that an unfavourable result after these amputations is an exceptional occurrence.

The secondary amputations number 37, and of these 24 recovered and 13 died; so that 35·1 per cent., or 1 in 2·8 of all these operations, prove fatal.

Taking primary and secondary amputations together, 7·1 per cent. of those of the upper extremity, and 32·4 of those of the lower extremity, prove fatal; and 21·5 per cent., 1 in 46, of the total of traumatic amputations.

There are 228 amputations for disease or for malformations: 182 recovered, and 46 died, or 20·1 per cent. Of those performed at the upper extremity, 18·5 per cent died; whilst of those which involved the lower, 20·3 per cent. ended fatally.

It follows that of the total 358 amputations the ratio of mortality are; after all primary amputations, 16·1 per cent.; after all secondary, 35·1; after all amputations for disease, 20·1; after all amputations at the upper extremity, 10·8; after all those at the lower, 22·6; and after all amputations, 20·6 per cent.

Causes of death.—Old people are little able to resist the shock of the more severe amputations, the influence of age being most marked with primary operations. Females do not rally so easily as males after the severe shocks which precede and accompany primary amputations, nor after the depression consequent upon amputation at the thigh. The rate of mortality on the totals of cases is 18·9 per cent. for males, and 21·6 per cent. for females. The totals of deaths and of recoveries, as influenced by the age and sex of the patients, are shown in a separate table.

After primary amputations traumatic complications prove fatal at the rate of 40 per cent., and exhaustion at the rate of 20 per cent. of the total number of deaths.

After secondary amputations exhaustion is the chief cause of death, 38·4 per cent. sinking in this way; 23 per cent die from secondary hæmorrhage.

Of the total of traumatic amputations ending fatally, 28·5 per cent. sink from exhaustion, 25 per cent from traumatic complications, 21·4 per cent. from hæmorrhage, and 7·1 per cent. from pyæmia.

After amputations for disease ending fatally, exhaustion is the cause of death in 28·2 per cent.; pyæmia in 39·1 per cent.; and visceral complications in 15·2 per cent.

Taking the four chief causes of death after all amputations, we obtain the following rates of mortality in the totals of fatal cases:—

Amputations.	Hæmorrhage. Per cent.	Pyæmia. Per cent.	Exhaustion. Per cent.	Visceral Complication. Per cent.
Primary ...	20·0	—	20·0	6·6
Secondary ...	23·0	15·3	38·4	15·3
All traumatic	21·4	7·1	28·5	10·7
For disease...	4·3	39·1	28·2	15·2

Of the total 74 fatal cases, 24·3 per cent. die from exhaustion, 27 per cent. from pyæmia, 12·1 per cent. from hæmorrhage, 16·1 per cent. from visceral complications.

After giving the particulars of the cause of death in each fatal case, and the injury or the disease for which the operation was performed, the days in which 74 cases terminated fatally are shown in a tabular form. From this it appears that deaths from shock, or from other injuries, or from both combined, take place within the first twenty-four hours, and within forty-eight hours the deaths from recurrent hæmorrhage occur. Exhaustion is most fatal about the fourth day; secondary hæmorrhage is a cause of death from the fifth to the twelfth day; pyæmia from the seventh to the twenty-fourth.

Three cases of amputation are referred to, in which death was not accelerated by the operation, the patients dying on the 109th, the 102nd, and 93rd day respectively; and the paper concludes with an account of certain cases, and of certain sequences of fatal cases and recoveries, showing how necessary it is to mass together a considerable number of consecutive operations before we have a chance of arriving at tolerably just conclusions.

Mr. BRYANT, after remarking on the value of Mr. Callender's paper, said that he was surprised to find some startling difference in the results he had obtained, and in those he (Mr. Bryant) had deduced from a similar kind of analysis of the cases at Guy's Hospital. As regards numbers his and Mr. Callender's statistics were pretty much alike, but the rate of mortality was very different—in the former twenty per cent., in the latter twenty-five; when, for injuries, the difference was greater still, the mortality at Guy's being nearly double. In amputation for disease, however, it was the reverse. Mr. Bryant asked if it were possible that a difference of practice at the two hospitals could reconcile these differences? At Guy's, conservative surgery was carried to an extreme degree, and possibly too far. Then, perhaps, at St. Bartholomew's the practice might run a little towards the other extreme. He spoke, however, on this subject with great diffidence. Mr. Bryant then alluded to the very marked difference in the mortality after amputation of the upper extremity, in his and in Mr. Callender's series. Mr. Bryant then asked for the simple results as regards amputation of the thigh for disease of the knee-joint, as he wished to compare the mortality of this operation and that of excision of the knee-joint. The mortality of the latter was about one in five; whilst at Guy's and St. Georges that of amputation of the thigh was one in eight.

Mr. SOLLY suggested that, as regards the discrepancy in the gross results of amputation for traumatic injuries, the difference in severity of the injuries should be taken into account. At the Borough Hospitals there were many severe railway accidents.

Mr. SPENCER WELLS said that the surgeons of St. Bartholomew's and Guy's Hospitals might very justly cite the facts brought before the Society by Mr. Callender and Mr. Bryant, to prove that the mortality after amputations was very much less in these London hospitals than in the large hospitals of Paris and other continental cities. There the mortality ranged from forty to fifty per cent, while here it was twenty to twenty-five per cent. The surgeons of our hospitals might regard this comparison with great satisfaction, but it might still be true that the mortality here was excessive. He (Mr. Wells) believed that it was excessive, and that it ought to be and would be reduced. A mortality of one in four or five after amputations, including those of the forearm and leg, must be very much larger than it would be if hospital patients were placed more nearly in the condition of those who were operated on in private houses. It might be difficult or impossible to prove this by statistics, because any conclusions drawn from the few cases of amputation which any one surgeon could bring forward from his experience in naval or military or private practice would be met by some such curious facts as those just adduced by Mr. Callender. If he (Mr. Wells) or any one else were to say that of ten, or twenty, or thirty amputations, not one had died within six months after operation, the answer would be that such a result was as purely accidental as the fact that all the women who underwent amputation in St. Bartholomew's in one year died, and all in the next year recovered; and it would not be easy to reply to this argument, however firmly a surgeon might be convinced that his success was due to the care which he bestowed upon his patients, and that many of the causes of the excessive mortality in hospital practice might be avoided. A private patient clearly escaped any contagious influence from other patients in the same ward, and arrangement might perhaps be made to give greater protection against contagion to hospital patients. First year's students acting as dressers and dissecting on the same day might explain a portion of the avoidable mortality in hospitals from erysipelas and pyæmia. By attention to such matters as these, and by careful study of all those minor details in the mode of

operating and in after treatment, which, though apparently trivial, might assist in turning the scale one way or the other, it was well known that some important operations had been performed much more successfully in small than in large hospitals; and it was to be expected that similar care would also lead to greater success in all operations. The different sanitary condition of the hospitals of London and Paris was accompanied by a death rate of twenty to twenty-five per cent. in one city, and forty to fifty per cent. in the other. A great deal had been gained already, but a great deal more might be done; and when it is done, he (Mr. Wells) felt certain that the mortality after amputations would fall very far indeed below the present proportion of twenty per cent.

Mr. CALLENDER said that the great discrepancy Mr. Bryant had alluded to was accounted for by the difference in the ages of the patients in his own and in Mr. Bryant's series. Many of the traumatic cases were lads from printing offices in the neighbourhood, and the injuries were less severe than those from railway accidents. Then as regards the great mortality after amputation of the upper extremity, several of the cases were exceptional. Two died of erysipelas, and two were at death's door when the operation was done. He had not made an analysis as to the mortality from amputation above the knee, but would add a note on this point to his paper. In reference to the remarks by Mr. Spencer Wells, he said that, at St. Bartholomew's, great pains had been taken to improve the condition of the wards; and, moreover, a surgical registrar had been appointed, not merely to take notes of the cases of individual patients, but to watch the general health of the patients in the wards, to report upon any epidemics that might appear, and generally to supervise the hygienic arrangements, under the direction of the surgical staff.

In reply to the President, Mr. CALLENDER said that the gentleman appointed was not a student. He had been house-surgeon, and was highly qualified for the registrarship.

The PRESIDENT thought that, from the want of such registration, a vast amount of medical and surgical scientific material was utterly wasted. He should have thought, speaking in reference to Mr. Spencer Wells' suggestion, that dressers were not appointed from first year's students.

Mr. CALLENDER said they were not at St. Bartholomew's Hospital.

Mr. SPENCER WELLS said second and third year's students dissected as well as the first, and he had not heard of any restriction upon dressing by students who were dissecting.

J. W. HULKE, Esq., F.R.C.S., presented a

MEMORANDUM OF A CASE OF STRANGULATED FEMORAL HERNIA, WHERE, ON A FORMER OCCASION, THE NECK HAD BEEN TORN FROM THE BODY OF THE SAC IN THE TAXIS, AND THE EXTRUDING BOWEL HAD FORMED A LARGE POUCH OUTSIDE THE PERITONEUM.

A woman, aged seventy, was admitted into the Middlesex Hospital on Oct. 12th, 1863, with a strangulated femoral hernia of moderate size. The strangulation was relieved by herniotomy, but the bowel could not be fairly put back into the belly. Death occurred about seventeen hours after the operation. At the post-mortem examination, the body of the sac was found *in situ*. The femoral ring opened into a large subperitoneal pouch, which contained eight feet of gut, and communicated by a round aperture, the original neck of the sac, with the peritoneal cavity.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

FEBRUARY 15.

INSANE PRISONERS ACT AMENDMENT BILL.

In the House of Commons, on the order for the second reading of this bill,

Mr. G. HARDY adverted to the case of Townley to show what amendments of the law were, in his opinion, required, and pointed out in what respects he thought the bill did not provide an adequate remedy, especially with reference to prisoners under sentence of death; suggesting, at the same time, certain alterations in a future stage of the bill. He noticed the extraordinary confusion and conflict of opinions in Townley's case.

Mr. MACDONOGH reiterated his argument that the words "it shall be lawful" in the Act the 3rd and 4th of Victoria were not imperative, but permissive, and objected that this Bill was founded upon a wrong principle; that it should be declaratory only of the construction to be put upon the words of the particular Act.

Sir C. O'LOGHLEN did not oppose the second reading of the Bill, which he thought should not be confined to England, and he explained the state of the law in Ireland in this particular, insisting that there should be uniformity in the law in England, Scotland, and Ireland.

Mr. SCOURFIELD thought there was not one of the provisions in the Bill which was objectionable, though some might not go far enough. Every step in the measure, however, seemed to him to be in the right direction.

Mr. W. D. SEYMOUR asked how it was proposed to deal under the Bill with cases like that of Townley.

Mr. HUNT called attention to and reiterated some of the objections urged by Mr. Hardy. He thought the Bill, so far as it went, would not place the law in a satisfactory state.

Lord ENFIELD suggested objections to certain provisions of the Bill.

Mr. M. SMITH, having considered the defects of the law and the provisions of the Bill, had come to the same conclusion as Mr. Hardy. He urged that the question of the supervening insanity of a prisoner should be determined by the old constitutional form of inquiry by a jury.

Remarks were made upon various provisions and details of the Bill and suggestions offered by Mr. Evans, Sir G. Bowyer, Sir F. Goldsmid, and Sir W. Jolliffe.

Sir. F. KELLY, after reviewing the state of the common and statute laws upon this subject, and showing the imperfections of the Act 3rd and 4th Victoria, pointed out what he regarded as defects in the Bill, which provided, he said, no remedy for an important error in that Act. It made no distinction between one kind of unsoundness of mind which exempts an offender from responsibility for his actions, and another kind which leaves him responsible. Referring to the case of Townley he insisted upon the unconstitutional character of the jurisdiction exercised by the Secretary of State.

After some observations by Mr. M'Mahon and Alderman Rose,

Sir G. GREY discussed the suggestions which had been thrown out in the course of the debate (as to some of which, he said, he should not express a decided opinion), especially the main suggestion of Mr. Hardy, that cases of prisoners udder a capital sentence should be dealt with in a separate manner. There was nothing in the Bill, he said, to prevent the capital sentence in a case similar to Townley's being legally carried into execution. He remarked, with reference to that case, that the inquiry after conviction was no revision of the verdict of the jury, but was consequent upon alleged insanity supervening after conviction. Admitting that the law respecting criminal lunatics in Scotland and Ireland was not satisfactory, he stated reasons why it was not expedient to extend the Bill to those parts of the United Kingdom.

The Bill was then read a second time.

LEGAL INTELLIGENCE.

COUNTY COURT, THAME, JANUARY 30TH.

Before J. B. PARRY, Esq.

WALKER *v.* GUARDIANS OF THE THAME UNION.

This was a claim of 3*l.* 10s. for Medical attendance in seven cases of childbirth. The plaintiff said—I reside at

Brill, and am a Medical district officer in the Thame Union. In that capacity I am called on to attend cases of midwifery. I have done so in accordance with instructions issued by the Poor-law Commissioners. I have now been kept out of my claim for three-quarters of a year: my charge is 10s. per case, contract with the board of guardians, and as their Medical officer I am bound to attend cases upon receiving an order to that effect from an overseer. Brill, with a population of 1400 inhabitants, has no resident midwife, and the relieving officer lives at Thame, a distance of seven miles. I was told by the board that I had no claim upon them. If I have no claim upon them, am I bound to attend to the orders of overseers? Mr. Walker read two articles in which it was stated that Medical officers must attend cases of childbirth upon receipt of an order from a guardian, relieving officer, or overseer.

The JUDGE—The question is whether an overseer is a proper person to give an order in cases of midwifery.

The defendant's attorney referred his Honour to the latter part of Article 48, where it stated that orders issued by overseers must be in cases of sudden and urgent necessity.

The JUDGE—What I should term cases of sudden and urgent necessity would be supposing that a woman was taken ill with childbirth on the road or in a field. I should then have no difficulty in coming to a conclusion for the plaintiff. Are these cases so? The question is who is to pay you. I am clearly of opinion that an ordinary case of midwifery is not one of sudden and urgent necessity, and therefore not one for which the guardians would be liable to pay. The board are not in this instance guardians of their own purse, but of the public purse. Judgment will be for defendant. Plaintiff is nonsuited.

After some conversation the overseers were called, and Mr. HOME, in reply to plaintiff, said, as overseer he was applied to for the orders, and he considered they were cases of necessity. Once or twice the births took place in a few minutes after Mr. Walker arrived there. He (the overseer) considered they were all cases requiring immediate assistance; that some of the poor had not means to pay; and in one or two instances the parties for whom the orders were given were really in distressed circumstances.

Mr. WALKER applied that the case might be adjourned to get the advice of counsel.

The JUDGE, however, declined to grant an adjournment, observing that he sat there to act upon the matter to the best of his knowledge, and that judgment would be given for the defendants. If it were not so Brill would soon become a lying-in district; persons would go there in cases of childbirth, to have attendance free. Upon that principle any one by giving notice to the overseer, at the last moment, would be able to get an order, and the expense would be charged to the Union.

[We agree with several of our contemporaries in thinking that this decision is contrary to law, as it certainly is to justice and humanity.—ED. MED. CIRCULAR.]

Births, Marriages, and Deaths.

BIRTHS.

BARNES.—On the 12th inst., at Pembroke place, Liverpool, the wife of J. H. Barnes, M.R.C.S.E., of a son.

BENNETT.—On the 31st ult., at Potter street, Worksop, the wife of E. Bennett, M.R.C.S., of a daughter.

BISHOP.—On the 9th inst., at Tunbridge, the wife of H. Bishop, M.R.C.S.E., of a son.

CORFE.—On the 13th inst., at Nottingham terrace, Regent's-park, the wife of G. Corfe, M.D., of a daughter.

CREWE.—On the 24th of Dec., at Bhaugulpore, Bengal, the wife of A. G. Crewe, Civil Surgeon, of a son.

DIVER.—On the 5th inst., at Yately, the wife of E. Diver, M.D., of a daughter.

HASSE.—On the 11th inst., at Illenau, Grand Duchy of Baden, the wife of J. P. Hasse, M.D., of a son.

MURPHY.—On the 1st inst., at Dingle, Co. Kerry, the wife of P. Murphy, M.D., of a son.

PARSONS.—On the 9th inst., the wife of W. D. Parsons, M.R.C.S.E., of a daughter.

MARRIAGES.

CADGE—QUAIN.—On the 9th inst., at St. Marylebone Church, W. Cadge, F.R.C.S.E., of Norwich, to Mary, daughter of the late John Quain, Esq., of Mallow, Ireland.

CHISHOLM—GARDNER.—On the 4th inst., at St. John's Church, Paddington, E. Chisholm, M.R.C.S.E., late of Calder house, Newtown, Sydney, to Emily, daughter of W. Gardner, Esq., of Dover.

MAYBURY—CRAWSHAY.—On the 16th inst., at St. Matthias's Church, Richmond hill, Augustus Kingston Maybury, M.D., of Richmond, Surrey, to Julia, youngest daughter of the late Richard Crawshay, Esq., of Ottershow park.

MEYHOFFER—ELTON.—On the 8th inst., at Nice, J. J. Meyhoffer, M.D., of Berne, Switzerland, to Mary Anne, daughter of the late E. W. Elton, Esq., of London.

M'NAB—HUMBER.—On the 4th inst., at Preston, R. M'Nab, M.D., Surgeon 53rd Regiment, to Ellenor Esther, daughter of J. Humber, Esq.

SECCOMB—WILCOCKS.—On the 6th inst., at St. James's Devonport, T. Seccomb, M.R.C.S.E., Surgeon H.M's Ship "Cambridge," to Julia, daughter of J. B. Wilcocks, Esq., of Stoke Cottage, near Plymouth.

SMYLY—PLUNKET.—On the 1st inst., at Dublin, P. C. Smyly, M.D., eldest son of the late J. Smyly, F.R.C.S.I., to Selina Maria, daughter of the Hon. J. Plunket, of Sherrington, Bray.

DEATHS.

BRIERLY.—On the 7th ult., at Davenport House, Staleybridge, John Brierly, M.R.C.S.E., aged 55.

BULL.—On the 30th ult., at Cittadella, Joshua Bull, M.D.

CORY.—On the 17th of Dec., at Bridport, suddenly, S. S. Cory, M.R.C.S., one of the Coroners for the County of Dorset, and J.P.

COWCHER.—On the 31st ult., E. Cowcher, M.R.C.S.E., of Abingdon, one of the Coroners for the County of Berks, aged 77.

GARDNER.—On the 27th of Dec., at Toronto, Canada West, C. Gardner, M.D., aged 40.

GRANGER.—On the 4th ult., at Exeter, F. Granger, M.B., Consulting Physician to the Devon and Exeter Hospital, aged 73.

GUNN.—On the 8th inst., at Edinburgh, John Gunn, L.R.C.S.Ed., Surgeon, R.N., Jan. 26th, 1855.

JONES.—On the 3rd inst., W. Vaughan Jones, M.R.C.S.E., of Festiniog, Merionethshire, aged 41.

LAWSON.—On the 11th ult., at Horbury crescent, Notting hill, Joseph A. Lawson, M.D., Deputy Inspector-General of Hospitals Army, aged 57.

O'BRIEN.—On the 2nd of Dec. G. W. O'Brien, M.D., of Bellevue, Ennis.

PARTRIDGE.—On the 6th inst., W. Strowd Partridge, L.SA., of High street, Bordesley, Birmingham, aged 43.

RIND.—On the 17th of Dec., at Sangor, Central India, M. M'N. Rind, Deputy Inspector-General of Hospitals, Sangor Circle, Bengal.

ROSS.—On the 12th inst., at Pembridge crescent, Bayswater, Dr. A. Ross, late of the H.E.I.Co's Service, aged 67.

SHORLAND.—On the 18th of Dec., T. Shorland, L.S.A., of High street, Alderney, Admiralty Surgeon and Agent.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 15th inst., the following gentleman, having undergone the necessary examination, was duly admitted a member of the College:—Scholes Butler Birch, M.D. St. Andrew's, Gore Lodge, Upper Kensington Gore.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Henry Brietzcke, Deptford; Charles Cameron, H. M. Bengal Army; William Gill, Truro, Cornwall; Duncan Maclachlan Maclure, 16 Harley street; Arthur George Mickley, Buntingford; Cosby William Morgan, Newcastle, New South Wales; Henry Hitchcock Parry, Allington, Devizes; George Frederick Thomas, Taranaki, New Zealand; Kenrick Henry Bold Williams, Llansaintffraid, Conway.

The following gentlemen were reported by the Examiners to have passed the first part of the Professional Examination:—Samuel Freeman Bagnell, King's College; William Bell, King's College; Frederick John Burge, King's College; Thomas Collier, Guy's Hospital; Benjamin Lamb Powne, St. Bartholomew's; George William Rigden, University College.

DEATH OF DR. ELFINGER.—Dr. Elfinger, so celebrated in Germany as a painter of pathological objects, died suddenly last month in Vienna from an attack of hæmoptysis, having been only an hour before engaged in taking some laryngoscopic views for Dr. Türk, in the Vienna General Hospital. Our readers must be well aware of his powers as a faithful pathological artist, through the plates of skin diseases he has brought out in co-operation with Hebra, several of which have been republished by the New Sydenham Society.

THE PROPOSED SPANISH MEDICAL CONGRESS.—The period for the assembling of this congress at Madrid is fixed for September 24 next. It will be held during six days, the two first being devoted to verbal or written communications, and the others to discussions. Foreigners must speak either in Spanish or French. A written communication must not occupy more than twenty minutes in duration, and a verbal one-half that time. In the discussion, the speakers are to be allowed a quarter of an hour, and must only address the congress once upon the same subject. The following are the questions proposed for discussion:—1. The importance of quarantine and lazarettos. 2. The value of surgery in the treatment of cancer. 3. The causes of pulmonary consumption, and the means of preventing or diminishing its ravages. 4. The criterium of moral liberty in the perpetration of crime. Any one possessed of a diploma in Medicine or Surgery or the accessory sciences may take part in the congress on the subscription of 60 reals (12s. 6d.), for which a copy of the proceedings will be furnished. All communications upon the subject are to be addressed, post free, to Dr. De Lugue, 8 Calle Atochia, Madrid.

INSANE PRISONERS.—Sir George Grey's bill provided that the inquiry by two or more justices into the insanity of a prisoner is to be conducted by visiting justices, "if the prison is one to which visiting justices are appointed." Also, instead of the enactment, that the two justices are to inquire "with the aid of" two Medical men, this bill directs the two justices "to call to their assistance" two Medical men, thus making the justices responsible for the selection of the Medical men. The Medical men are to be persons registered under the Medical Registration Act. On receiving from the justices and the Medical men a certificate that a prisoner is insane, the Secretary of State "may, if he shall think fit," direct that the prisoner be removed to a lunatic asylum. In regard to the very important subject of the release of a prisoner who has been insane, the bill proposes that if two registered Medical men shall "duly certify" to the Secretary of State that the prisoner "is sane," the Secretary of State shall be "authorised" to direct that he be discharged out of custody if his sentence has expired by efflux of time.

AUTHORITY OF MILITARY COMMANDERS OVER GENERAL HOSPITALS IN AMERICA.—The case of Assistant-Surgeon Warren Webster, U.S.A., tried for disobedience and conduct prejudicial to military discipline, embraces the following facts:—General Canby, commanding the city and harbour of New York, ordered General Brown, commanding the post at Fort Schuyler, to arrest and send to Governor's Island a soldier represented to be at that post. The man being not at the post, but in the McDougall General Hospital, General Brown ordered Dr. Webster of the regular service, in charge of hospital, to arrest the soldier and send him as before mentioned. The man was at the time confined to his ward by the results of a severe surgical operation just performed, and could not be removed with safety. The surgeon in charge reported to Gen. Brown that since General Hospitals were under the control of the Surgeon-General he considered it his duty to remove patients only when orders came through the Medical Director; and for this report he was put on trial. Orders heretofore given had been through the Medical Director or the Surgeon-General. The court-martial found Surgeon Webster guilty, and sentenced him to "be confined to the limits of his post for six months, and to be reprimanded in General orders by the general commanding the department." General Dix modified the sentence, confining him to his post for sixty days. This case raises some nice points affecting the position of Surgeons in charge of hospitals.—'American Medical Times.'

SURGEON-GENERAL HAMMOND OF THE U.S. ARMY.—We are glad to learn that the severe injury which this gentleman received by a fall at Nashville, is not likely to produce permanent ill-effects. At first he was deprived of the use of his lower limbs, but the most serious symptom has in some measure disappeared. It is now confidently anticipated that his recovery will finally be complete.—'American Medical Times.'

ARMY MEDICAL DEPARTMENT.—The Director-General of the Army Medical Department, presents his compliments to the Editor of the MEDICAL CIRCULAR, and begs to enclose a list of the candidates who were successful at the competitive Examination in August last, and who have passed through a course at the Army Medical School.

6 Whitehall yard, London,
February 16th, 1864.

Names.	Studied at	No. of Marks.
R. W. Troup	Aberdeen	5,210
W. R. Kynsey	Dublin	5,100
R. W. Lawless	Dublin	4,946
J. F. Beattie	Aberdeen	4,572
F. B. Cunynghame	Edinburgh	4,492
A. Thomson	Aberdeen	4,192
A. Turner	Aberdeen	4,015
A. F. Preston	Dublin	3,926
R. W. Forsayeth	Dublin	3,776
J. Delmege	Dublin	3,756
C. McD. Cuffe	Dublin	3,743
V. S. Gouldsbury	Galway	3,729
J. A. Shaw	Dublin	3,710
Charles Haines	Cork	3,707
F. Dick	Edinburgh	3,693
H. C. Collier	Edinburgh	3,622
J. E. Barker	Dublin	3,619
J. R. Greenhill	London	3,572
H. R. Greene	Dublin	3,511
R. H. Bolton	Dublin	3,315
Henry Morris	London	3,289
P. P. Lyons	Dublin	3,259
E. H. Condon	Dublin	3,251
James Barker	Dublin	3,224
James Barry	Cork	3,100
C. A. Atkins	London	3,092
W. P. Smith	Dublin	3,052
George Fearon	Dublin	3,032
C. J. Weir	Dublin	3,029
Franc. Howard	Dublin	2,989
Fred. T. Byrne	Dublin	2,983
William Elger	Dublin	2,784
Thomas White	Dublin	2,573

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 24.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Markham, "On the Uses of Bloodletting in Disease;" Junior Medical Society of London, 8 p.m.; Meeting at the Whittington Club, Arundel street, Strand: Mr. J. Warrington Haward, "On the Treatment of Hernia.

THURSDAY, FEB. 25.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Experimental Optics," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, FEB. 26.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Gulstonian Lectures: Dr. Markham, "On the Uses of Bloodletting in Disease;" Royal Institution, 8 p.m.—J. Prestwich, Esq., "On the Quarternary Flint Implements of Abbeville, &c."

SATURDAY, FEB. 27.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, FEB. 29.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAR. 1.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Phthisis and the Stethoscope: or the Physical Signs of Consumption. By Richard Payne Cotton, M.D., &c. Third Edition. London: John Churchill and Son.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

THE ARMY MEDICAL DEPARTMENT.—The list has been received.

A CANDIDATE.—Certainly.

Dr. SISSON'S letter is inserted.

THE HARVEIAN SOCIETY.—The Report has been received.

JOHN LACEY, whose case was reported on page 308 of the CIRCULAR of June 3rd, 1863, appeared before the Medical Council on 10th July following, and having satisfied them that the allegations against him were not true, they ordered his name to be entered upon the 'Medical Register,' which was accordingly done forthwith.

ANTI-HUMBUG.—We are willing to allow the subject to be discussed in our columns, but we must be excused at present from taking one side or other in the controversy.

Dr. M.—The question is entirely a private one, and should be settled by referring it to a mutual friend.

A TRADESMAN.—There is no doubt that the adulteration alluded to is practised to a very considerable extent, but unfortunately the chemical analysis of many organic bodies is beset with great difficulties, and the results are very uncertain.

A STUDENT.—The skin disease in question is now ascertained to be caused by the presence of a cryptogamic plant, of the nature of a fungus.

A DRUGGIST.—Pyroxylin and pyroxylic spirit have no relation to one another, except in name. The first is the scientific name given to gun-cotton, the second is the hydrated oxide of methyle, popularly, but erroneously, called naphtha.

A UNION SURGEON.—We have expressed our opinion, in another part of our Journal, that the judgment was wrong.

Dr. B.—The question having now been settled in the manner originally proposed, it is better to allow the subject to drop.

A SURGEON, *Birmingham.*—We have received the newspaper, and have mentioned the case.

Mr. MCGREEVY, *Lurgan.*—Contribution received, and is under consideration.

HERTS.—We do not agree with the concluding part of the note, and we must decline to insert the communication.

THE MANAGER OF THE ALEXANDRA PARK.—The Report has been received.

Saint Saviour's Union.—District MEDICAL OFFICER.—The Guardians of the above Union hereby give notice, that they will, on Thursday, the 3rd day of March next, at Three o'clock in the afternoon, hold a meeting at the Board Room of the said Union, situate in John street West, Blackfriars road, in the county of Surrey, for the purpose of APPOINTING a duly qualified MEDICAL OFFICER for the St. Saviour's District of the said Union. The salary will be 75*l.* per annum, with extra Medical fees for Midwifery and Surgical Cases, as provided by the Orders of the Poor Law Board.

The gentleman appointed will also have the contract for Vaccination, and will have to reside in the District.

Candidates are requested to send in applications, with Testimonials and particulars of their qualifications, to my office, as above, on or before the 2nd day of March next. Canvassing the Guardians is strictly prohibited.

Dated this 18th day of February, 1864.

JAMES J. BLAKE, Clerk to the Guardians.

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Norwich Union Fire and Life Offices. NOTICE OF REMOVAL.

The Directors HEREBY GIVE NOTICE, that in consequence of the immediate extension of the London, Chatham, and Dover Railway they have vacated their Offices, No. 6 Crescent, New Bridge street, and REMOVED to their NEW PREMISES, No. 29 FLEET STREET, E.C.

February 4, 1864.

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The Medical Circular.

CLINICAL LECTURES.

MIDDLESEX HOSPITAL.

ABSTRACT OF A LECTURE

ON CERTAIN DISPLACEMENTS OF THE UTERUS,

DELIVERED BY

DR. HALL DAVIS,

In the Theatre of the Middlesex Hospital.

Continued from page 132.)

Dr. Wm. Hunter, in his remarks on Mr. Wall's case, observes :—

"After the case was suspected, from the suppression of urine, and then certainly known by the examination with the finger, both in the vagina and rectum, the urine was first completely drawn off by the catheter: then a sufficiently stimulating clyster was thrown up; and after the bowels were well emptied, it was found easy to replace the uterus. In one instance, the uterus of itself recovered its natural position immediately after the above-mentioned evacuations had taken place. In another case, there were several relapses before the uterus grew so large that it could no longer fall back."

Dr. Francis Ramsbotham cites eight cases in which the womb righted itself, the only means adopted for the reduction being the keeping of the bladder from any, even the slightest, degree of distension. In addition to this plan, recommended by Dr. Ramsbotham, Drs. Blundell and Duncan advise that the patient be placed on her elbows and knees for some time each day.

We should strongly enjoin upon our patient to sit as little as possible, and to preserve, as much as she can, the horizontal pronate position.

But the case may assume a more formidable appearance than that we have been just describing, and we may be called upon to bleed from the arm, if there be considerable swelling, irritation, or inflammation; also to foment well the external parts, and to make use of hip-baths before we endeavour to obtain a reduction of the displaced organ.

Some seek to effect reduction by means of the *finger* in the rectum, but with a piece of cane to the end of which a small portion of sponge is attached we are better able to reach the tumour, and can exercise more decided pressure. It has been proposed that the entire of the hand should be passed into the bowel, when the finger or fingers are not sufficient, but this is very questionable treatment, produces excessive pain, and tends rather to evil than to good results.

Dr. Churchill considers that we might be justified in using a pair of hooked forceps for the purpose of seizing the cervix, in order to bring it down, while we are tilting upwards and forwards the fundus uteri.

Dugès introduces a sound into the bladder, and with it depresses the cervix uteri, at the same time that the fundus is elevated into its natural situation.

Dr. Halpin, of Cavan, in Ireland, has practised, and with success, the introducing of a bladder into the vagina and its subsequent inflation, so as literally to force the displaced womb out of its unnatural into its accustomed berth. The following are Mr. Halpin's own words: "It suddenly occurred to me that, with the assistance of the bladder, I should be able to inflate the pelvis and thus raise its contents into the abdomen.

"We acted on this suggestion; I attached a small bladder to the tube of a stomach-pump, with an air-tight piston, and having immersed it for a few moments in warm water to bring it to the heat of the body, I introduced it empty into the vagina, between the fundus of the uterus and the rectum. Retaining it within the vagina by holding my hand firmly across its orifice, it was inflated slowly and steadily. After a time she complained of tension, or bursting, but no pain. We then ceased throwing air into the bladder, allowing what was in already to remain, keeping up, as it did, a steady, equal, well-directed pressure on the tumour. After the expiration of five minutes, we threw more air into the bladder, when the patient exclaimed slowly, 'Oh! now you are forcing something up to my stomach!' I retained the bladder sometime longer in its situation, and then, previous to withdrawing it, permitting the escape of some air, I introduced my finger, and had the satisfaction of finding that the tumour was no longer in the pelvis, and that the os uteri lay within reach of my finger, pointing downwards and backwards. I then, and not till then, removed the apparatus."

M. Favrot advises the passage of an india-rubber bottle into the rectum, and its subsequent injection in the same manner as mentioned by Mr. Halpin; and Dr. Churchill has successfully employed the bottle, passing it, however, not into the rectum, but into the vagina.

Dr. Bond, in the 'American Journal of Medical Sciences' for April, 1849, describes an instrument which he had constructed for restoring the womb when it has been retroverted: there are two branches, both of them being curved, and terminating in a button-shaped extremity, the rectal of which is longer than that intended to pass into the vagina; this latter branch can, however, at pleasure be shortened or lengthened. The object sought to be obtained is pressure on the fundus by the rectal and upon the os uteri by the vaginal branch.

When pyrexia and irritation supervene they must be treated accordingly.

Of cases of early pregnancy, coexistent with the retroversion, Dr. Blundell writes:—"Where the catheter could not be introduced nor the rectum emptied, I should feel myself inclined to consider the propriety of tapping the uterus, which might perhaps be found, on the whole, to be as desirable an operation as tapping the bladder, or dividing the symphysis pubis. I should not like a great trocar and canula, as if I were going to tap for ascites: I should prefer an instrument of very small size, by which I could perform a sort of acupuncturation. A good deal of the liquor Amnii, might be drawn off.

If the uterus were thus evacuated of the liquor Amnii, there would immediately be a considerable reduction of its bulk, and, perhaps, at length an expulsion of the ovum.

The womb might be tapped either from the vagina or the rectum; but vaginal tapping would, I conceive be preferable.

Dr. William Hunter was the original deviser of the plan just mentioned as being strongly advised by Dr. Blundell.

Callisen has even gone so far as to advise gastrotomy, in order to admit the hand to seize directly the uterus and restore it to its wonted situation. But this is, indeed, heroic treatment, and certainly by no means preferable to tapping.

Others have advised the section of the symphysis pubis on the hypothesis that more space would be allowed for the return of the dislocated viscus.

Anteversion is the very reverse of the lesion, which we have been describing, the fundus being thrown forwards while the os looks more directly backwards than in the natural condition of the parts; the entire cervix is made to project unusually backwards.

Owing to the manner in which the fundus lies so as to be easily felt through the bladder, the case has been mistaken for one of calculus, the patient was submitted to an operation for the removal of the supposed stone, death resulted

the post-mortem showed no stone, but revealed the anteversion. (See Capuron : 'Mal. des Femmes.')

Symptoms are not by any means so well marked as in retroversion or retro-flexion, and as a natural consequence the distress is not so great. There may be some irregularity of the menstrual functions, and some amount of leucorrhœa may be present, as well as pains in the perinæum, or uneasiness, not amounting to pain, all over the pelvic region, and a dragging sensation about the loins; constipation, if it occur, will be not the obstinate form attendant upon displacement of the womb backwards, amounting rather to a difficulty in defæcation than to any actual constipation; retention of urine is rare, but may be produced by the pressure exercised upon the neck of the bladder or upon the urethra; ordinarily, however, the symptoms of this anterior displacement are not well marked.

Causes.—The uterus may be top-heavy, and then a blow, a fall, a sudden leap or start may dislocate the organ. The causes of the top-heaviness will be the same as obtain in retroversion and retroflexion, but somewhat altered as to the site of the uterine walls.

Relaxation of the uterine ligaments is a predisposing cause.

Early pregnancy, that is, before the woman has quickened, may effect the displacement by giving to the fundus uteri an unwonted heaviness.

It may happen that on the emptying of the bladder a sudden and forcible expulsive effort is made, and the lesion thus occasioned. This is most likely to obtain in delicate women, in whom the uterine ligaments and supports have become relaxed, or in those in whom the same kind of relaxation exists as a sequence of parturiency.

Accumulations of fæces in the larger intestines or, again, a severe diarrhœa, though two diametric conditions, are assigned as causes.

Dr. West saw a patient, to whom the accident occurred probably by the straining efforts she used in turning a mangle; she was the mother of four children; another case, in which there was hæmorrhage; great epigastric pain supervened; an examination demonstrated the existence of anteversion.

The fundus usually deviates to one or other side; this has been supposed by some to be due to gaseous or fæculent accumulations in the sigmoid flexure of the colon, or in the upper part of the rectum; or to the ligaments and supports on one side being shorter than on the other, or to some irregularity in the original bilateral development of the uterus, one half being more weighty than the other.

Treatment.—A cure may be effected by means of different kinds of pessaries, and by the patient maintaining the horizontal supine posture.

Dr. Simpson and M. Valliex employ stem pessaries; but these are open to objection, owing to the irritation produced in the womb, or to the inflammation excited in it by their presence in its cavity.

Nauche recommends a hollow pessary, so that the neck of the womb may rest in it, and be thus supported.

In some instances the displacement will be reduced by merely filling the bladder at the same time that the rectum be emptied.

In order to restore, not the uterus alone, but also the other parts in this region, to their normal vigour, we should prescribe the frequent use in the day of cold sponging and of cold vaginal injections; and they will be found valuable adjuvants in our treatment, both before and subsequent to our restoring the affected organ to its natural position.

DR. THOMAS E. HEADLAM, of Newcastle-upon-Tyne, who occupied a prominent position in his native town as a physician and a member of the corporation, died on the 18th inst., at the advanced age of eighty six. He was an active member of the local parliament, and a strenuous supporter of the Whig interest. His name is not associated with any medical discoveries or writings; but he was highly respected, and is deeply lamented.

ORIGINAL COMMUNICATIONS.

Clinical Observations ON CHLOROFORM,

WITH SPECIAL REFERENCE TO PUERPERAL CONVULSIONS, AND A NEW DISTINCTION OF THESE CASES.

BY CHARLES KIDD, M.D., M.R.C.S.

While studying recently the general phenomena of chloroform administration in midwifery, more especially the stage of convulsive excitement that usually precedes the stage of deep narcotism, attention has been drawn particularly to a physiological fact of some importance, viz., that black venous blood in muscles, or pressure exerted on the *venæ cavæ*, always increases this condition of chloroform excitement; in a word, that black blood acts as a stimulus to muscles, and most probably such pressure as that of a gravid uterus on the cavæ and other venous vessels in the abdomen in some patients, may be one of the causes, or more correctly, the immediate or chief cause of one of the forms of puerperal convulsions; very possibly that form said to be so much relieved by bleeding from the arm, where this back tide or *remora* of venous blood is taken directly out of the system. Of the fact, physiologically, there is no doubt that such convulsion and black blood in muscles from impediment to respiration, are almost inseparable from chloroform administration. The diaphragm, as one of these muscles (and an important one), is not free from these convulsive actions; the cardiac orifice of the stomach, too, which passes immediately through a foramen of this muscle, and is always, like this muscle, intensely sensitive to such pressure or convulsion (though the pyloric end is not), both re-act, hence the violent vomiting so often under chloroform, or vomiting and hiccup occasionally in ordinary labour cases, where the labour is rather slow, hence, probably, the misery of "sea sickness" from the up and down, dragging of the cardiac orifice or end of the stomach in the foramen of the diaphragm, and hence, probably, the "morning sickness" of pregnancy, the enlarging womb pushing up the stomach. The author submits these as reasons why puerperal convulsions *during* labour or *previous* to it, are always more tedious or troublesome to deal with than the convulsions which sometimes follow labour—the pressure of the gravid uterus conveyed to an impacted state of the bowels or congested liver, will keep up this form of pressure on the larger veins, and thus throw back a quantity of dark blood into the muscles. The analogy of numerous experiments on the lower animals would also indicate that mere black venous blood of itself is sufficient, and that the blood need not be poisoned with the elements of retained urea, carbonate of ammonia, &c., as theoretically supposed. Hyperæmia alone appears as a sufficient predisposing cause of convulsions, and chiefly by causing congestion of the muscles, and not, as usually supposed, of the vessels of the brain. Even albumen in the urine is of no importance whatever!

As to the form of puerperal convulsions which is seen *after* labour, he is anxious to procure the experience of readers whether this is not usually, or more often "reflex," induced (as in epilepsy) by irritation of uterine nerves, reflected back to the medulla oblongata and spinal column; thus, several cases of puerperal convulsions of late, when carefully examined, were cured by chloroform, and found to be caused by the necessary irritating manipulation of passing a hand into the uterus to remove an adherent placenta; here an irritation purely nervous, starts from the nerves of the uterus or vagina, reaches the spinal cord and

medulla oblongata, and is reflected back upon these very centres (whether through their nutrient nerves or otherwise may be a little doubtful, and not very important to decide), hence morbidly increased action and puerperal convulsions, which differ in a most marked degree from the previous variety caused by dark blood in the muscles or albumen in the urine.

Among these curious sympathies or associations of the genital organs in females, with convulsive diseases, as seen in passing a hand into the uterus, the author would further cite several cases of epilepsy or epileptoid affections, like convulsions, decidedly improved, if not cured, by cauterisation or excision of the genito urinary nerves in irritable parts, as the clitoris, which he has seen during the past two years; a corroborative fact, the converse of this, too, has been noted, that in bad vesico-vaginal fistula cases, or recto-vaginal injury in hospitals, where the normal condition or sympathy of the vagina for a time with the ovary, has been disturbed or paralysed, menstruation usually ceases, but the moment the urine, previously trickling through the vagina, is re-directed into its proper channel by an operation, menstruation is set up again with increased facility of flow; tied and bound together thus, so to speak, are the nerves and nervous associations of the vagina or uterus, and its appendages, each acting, as in puerperal convulsions, through the medulla oblongata and spine.

Irritated ovary, associated with constant bleedings and enlargement, simulating fibrous disease of the uterus, with most marked anæmia (the patient appearing as white as paper), the author has known to resist all tonic or steel hospital medicines (which, in fact, made the pain and anæmia worse), but yield in a few days to a removal of the primary cause of the disease, under chloroform, namely, excision of irritable peripheral nerves as just mentioned; these cases were different from strictured or occluded os or cervix, which they were supposed to be; in 313 cases of puerperal convulsions, treated by chloroform chiefly, and given by Sinclair and Johnson alone in their practice, the chloroform had a decidedly good effect in lessening the "impressionableness," so to term it, of the spinal cord, in all these puerperal convulsions are cases of a reflex nature, but one is *not* so sure of the cases where the irritation, so to speak, is mechanical, by a back current of blood or hyperæmia of the muscles.

It is probable that the use of some medicines, such as opium, tends in no indirect manner to predispose the patient to these hyperæmic convulsions in the puerperal state, not necessarily perhaps so much by inducing uræmia, as by causing an obstinate condition of the bowels and sluggishness of the liver. We are not now concerned with the exact function of the bile or the liver, or if calomel acts on the liver (which some are supposed to doubt!) but these cases are perhaps those where 5 or 10 grain doses of calomel have been supposed to do so much good by unloading the bowels, and preventing pressure on the abdominal veins.

Some of the nervous associations of the uterus are singular and unexpected, like the pain at the tip of the right shoulder from liver disease, is a severe neuralgic pain, well known in hospitals as "hysteric knee-joint," and Mr. Hilton ascribes it to a nerve which he has demonstrated, which goes to the ovary, and sends a long unexpected branch through the obturator opening to the knee-joint, and another to its inside! so that even injury of a knee-joint might simulate ovarian derangement, or *vice versâ* these unusual cases of nervous association, to some persons unintelligible, are mentioned to illustrate why passing a hand into a uterus may produce puerperal convulsions.

There can no longer be any doubt as to the exceeding value of chloroform in ordinary midwifery practice—it is a great charity to the agonised patient in many cases, as when properly administered, it need never interfere with the progress of the labour "pains." One hears occasionally of a case of a labour which partly stopped while the patient was taking chloroform, but we forget that a labour may stop midway without any chloroform at all; one hears often, too, of women rendered deeply insensible for hours together through a labour, but this need not be, as we find it scarcely ever necessary in labour to narcotise the great reflex centre, or destroy consciousness; there are several errors afloat in so-called leading journals as to parturition without pain, and dilution of the chloroform so as to prevent its entering the blood, but such fictions cannot deceive scientific observers. Chloroform, by rigid experiment, is found always to enter the blood in inhalation of the vapour, but not at all to be decomposed in the blood under such conditions.

The writer submits whether this great difference between these two varieties of puerperal convulsions, may not reconcile the vast differences of opinion that exist, even amongst the most experienced accoucheurs as to the usefulness of chloroform in puerperal convulsions. In one class of cases, that from congestion, it can scarcely be expected to act so well, as it undoubtedly acts in the instance where the convulsions depend on abnormal nervous reflex action—it should not be forgotten, indeed, that even in the most ordinary "labour," reflex excitability is much increased by the process of evolution of the child in the uterus, especially if the membranes be once ruptured, when the fœtus becomes, as it were, a foreign body to be then thrown off. If this be subsequently continued by passing the hand into the uterus to remove a placenta, convulsions, as we know, are often excited. But the author believes that in none of the cases is the blood poisoned as usually supposed: *dark venous blood alone excites convulsions.*

It has been recently noted in practice of midwifery that chloroform has a tendency to induce a slight form of *inflammation of the lungs*, by direct action as supposed of the chloroform vapour as an irritant on the air-vessels, but I have never seen this inflammation in hundreds of patients who had had chloroform in hospitals administered for various operations, nor in a considerable experience of midwifery patients who had had the same anæsthetic during labour. I am inclined to believe that in one or two patients in Dublin, for instance, where it was seen it was caused by unnecessary deluging the patient's chest with iced cold water, as a restorative from apprehended syncope; bad chloroform, no doubt, acts when taken internally as a violent irritant or narcotico-acrid, and externally blisters the skin; impure acid chloroform may excite the delicate bronchial capillaries also, but mere chloroform has not been observed to do so, except possibly where slight bronchitis already existed, or the patient's chest was deluged with cold water.

Finally, the ultimate practical conclusions to be deduced from direct experiment on animals—viz., that convulsions ensue where mechanical pressure is made on the *venæ cavæ*, as also from the almost invariable concomitant of chloroform administration (where respiration is impeded), that black blood collects in the veins, seems to be:—I. That similar pressure of a mechanical kind on the abdominal veins by a gravid uterus is one of the causes, or, more correctly, the immediate or chief exciting cause, of one form of puerperal convulsions, the true remedy being to empty the uterus and remove the mechanical pressure.

II. That another very marked form of puerperal convulsions is caused by such irritation as that excited by passing a hand into the uterus, and here chloroform administration is eminently beneficial. And, III. That there is probably no real blood-poisoning in these convulsions, as theoretically supposed in books copied from one to the other, the carbonate ammonia or urea leading to coma, &c.; but rather a state of simple hyperæmia or *remora* of black blood into the muscles in one class of cases, possibly with albumen in the urine, the *bete noir* of practitioners but in reality of no moment whatever, and simple reflex irritability of the uterine organs in the other, as now abundantly proved by sundry forms of convulsive diseases so superinduced, but only recently studied, since the introduction of chloroform, and of clearer views on epileptic convulsive and other allied forms of uterine irritation.

UNIVERSITY COLLEGE HOSPITAL.—Charles Dickens, Esq., has consented to preside at the annual dinner in aid of the funds of this hospital on the 12th of April.

CERTAIN AFFECTIONS OF THE FINGERS AND HANDS.

By Dr. G. de Gorrequer Griffith.

Contraction of the fingers may be dependent on mere spasm of the muscles, or a rigid condition of the tendons; on rigidity and contraction of the palmar aponeurosis or the same condition of the thecæ or sheaths of the tendons, or even upon an alteration of the palmar cellular tissue into ligamentous, which afterwards becomes rigid and contracted.

This incurvation of the fingers from contraction of the palmar aponeurosis has been described as being very frequently, perhaps most frequently, met in letter-stampers, or indeed in any persons, who constantly expose the palm of the hand to pressure; even the having to use a round headed cane in walking, and thus throwing the weight of the body upon the hollow of the palm in each act of progression, has been known to originate the affection. The contraction usually begins in the little finger, and thence spreads to the ring and middle fingers: in many instances it will be traceable to no certain cause, while in many others we may be able to recognise the gouty-rheumatic diathesis, or even the previous existence of inflammation of the deformed digit in connection with this peculiar habit.

The integuments over the ridges formed by the tightly-stretched palmar aponeurosis, or whatever other tissue is the cause of the contraction, may or may not be adherent to them.

It was Dupuytren who, by careful dissection of a hand in which this condition existed, first called attention to the true seat of the deformity, and showed it to arise from the tension and diminution in size of the palmar fascia, and of certain fibrous cord-like bands that above were attached to it, but below had spread themselves out upon the fingers. M. Goyrand considers these bands to be hypertrophied portions of the cellular tissue, rather than prolongations of the dense fibrous aponeurosis.

Sometimes a condition of the hand obtains, to which the nomenclature of club-hand would not be inappropriately applied. We make reference to those cases wherein the *flexor* muscles, being in a state of rigid contraction, curve the hand upon the wrist with varying degrees of intensity, or in which the extensors being at fault draw it forcibly backwards. In either case there will often be found a true congenital dislocation of the wrist or some malformation of the carpal extremity of the radius. To this subject Mr. Smith, of Dublin, Cruveilhier, and Voillermier have devoted themselves and described it minutely. The first mentions the presence in one of his cases of an additional semilunar bone in the affected carpus. The treatment is obvious: division of the tendons, if not of all of them, at least of the most tense; but, in truth, little good can be expected, when the bones themselves are participators in the general malformation.

There is a somewhat rare affection known to the Germans by the name of Schreibekrampf, and to us by that of "Writer's Cramp," in which the following symptoms are demonstrated:—Involuntary spasmodic contractions and tremors of the muscles of the fingers, not, however, at all times present, but perhaps only when the hands are engaged in the performance of acts, requiring nice and delicate manipulation; as in the grasping of a pen or pencil, and the endeavouring to use the one or the other; or in the playing upon an instrument. The conditions may be present individually or both simultaneously, when efforts are being made with the fingers and hands, or even when these latter are not employed in any way. Usually we see the index and the middle fingers and the thumb associated in the lesion; very often these only are affected, while in some other instances the entire hand, or the hand and forearm or even muscles in other parts of the body, are implicated. A not very infrequent complication is torticollis or wry neck from this spastic contraction of the sterno-mastoid muscle on one side, combined or not with the same faulty condition of the antero-clavicular margin of the trapezius.

From M. Duchesne the affection has received the name of functional spasm and functional muscular paralysis.

There may or may not be pain coexistent with the contraction, and the spasm or rigidity may become permanent, having been at first present only when the person attempted the use of the fingers, or paralysis may supervene. The etiology is yet involved in some obscurity. M. Duchesne supposes it to be a deviation from the normal functions of the muscles, dependent upon their too frequent or too long continued excitability or exercise, resulting in either the spastic rigidity or the condition of paralysis; and further considers that the disease at first localised many become extended to the spinal cord, so as ultimately to involve it.

The treatment by Faradisation in some instance will be attended with success, while in others it will prove wholly inefficient, and then we must resort to mechanical contrivances for the relief of the overtaxed and exhausted muscles.

We are quite conversant with the facts, that the smaller the object to be held and the greater the amount of labour thrown upon any particular set or sets of muscles, the more weariness and exhaustion will be induced, and the more readily will this malady be excited; while by maintaining a continuance of these excitant causes of the affection aggravation will be the sequence and this in turn will result in a chronic form of the malady, if no treatment be pursued.

Based upon the knowledge of these facts are the objects sought to be obtained by the different appliances put into requisition.

Cazenave mentions the case of a clerk, who, suffering from the disease under consideration, and unable to prosecute his work, devised an instrument by which the stress was taken off the affected muscles and writing performed by means of the muscles of the forearm. The contraction and spasms may be removed by bracing the entire forearm in an elastic or even an unyielding bandage.

Some instruments are fixed between the index and second fingers, so that the entire hand from the wrist can be used and with little, if any, fatigue to the patient.

"This plan has a similar effect to that of the wire and pin combined; by repeated tightenings, the wire gradually effects a passage by ulceration through the veins, which are obliterated by the same process."

The objection urged against the radical cure is, that though the disease be removed, there is in its stead, induced atrophy of the testicle.

M. Mathieu's plan is to fix the pen to the first finger by means of rings, at the same time that the thumb is firmly supported by a semilunar rest, which also keeps it apart from the index finger; by this contrivance, great mobility of the hand and facility of writing are gained at the expense of very little exercise; the muscles of the hand being incorporated with the instrument and remaining almost passive agents.

The instrument constructed by M. Velpeau consists in a fluted ovoid ball, which, to suit the convenience of the patient, may be made of any size; the ball fits into the hollow of the hand and has affixed to its narrow extremity a moveable penholder, which on account of this mobility, can be adjusted to any angle that will enable the writer to use his pen with the greatest ease; the fingers are supported by rings, and are thus relieved of the weariness, which otherwise would result from their long-continued and constant use. The wider the fingers are kept apart by the instrument, the greater is the comfort afforded the sufferer, and of course the longer is the period during which he can pursue his avocation. It is of advantage to change the instrument from time to time, or to vary it in some way or other; nor should we lose sight of the fact, that, not at all times nor in all cases are the same muscles affected.

Messrs. Charriere and Mathieu have variously modified the pen-holder of M. Velpeau.

A cure of this affection may be attempted—and with success—by means of the hypodermic injection of the muriate or acetate of morphia, or the sulphate of atropine.

M. Stromeyer resorted to the acupuncture of the small muscles of the thumb, but the relief being merely temporary he then employed setons, which he introduced through the same muscles; the setons were each morning saturated with the extract of belladonna or with a solution of opium.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. IV.

ARSENIOUS ACID.—A process for the purification of arsenious acid has been introduced into the British Pharmacopœia from that of the Dublin College. It consists in submitting the "arsenious acid of commerce" to re-sublimation. If by "arsenious acid of commerce" we are to understand the common powdered arsenic of the shops, the resublimation is advisable, since this article is sometimes largely adulterated with sulphate of lime or baryta, and may also contain some sulphide of arsenic, which latter, however, will not be got rid of by the Pharmacopœia process. But the vitreous acid, in opaque or semi-transparent masses, described by the London College in 1851, and which is always procurable, is sufficiently pure for all purposes, and needs no further treatment. Either this, then, must be employed in pharmacy, or the powdered arsenic must be sublimed as directed.

Arsenious acid is obtained by roasting arseniferous minerals, chiefly arsenical pyrites, in a current of air. The double sulphide of arsenic and iron is decomposed, metallic arsenic is vaporised and oxidised by the air, and sulphide of iron remains behind. The first product is deposited in the flues or chambers of the furnaces as a dirty grey powder, and is usually contaminated with metallic arsenic, sulphide of arsenic, and some earthy impurities. This is resublimed with a little potash to retain the sulphur, and arsenious acid is then obtained as a transparent colourless glass, which in the course of a short time becomes opaque externally, and gradually so throughout. This opacity has been variously ascribed to a simple molecular change, and to the absorption of water. In contradiction of the latter supposition, Dr. Christison asserts that the glass will keep transparent under water for years.

When resublimed in small quantities according to the directions of the British Pharmacopœia, arsenious acid is obtained in the form of a heavy white powder. Two tests are given for determining its purity. First, it is said to be entirely volatilised by heat, which has been already proved by the sublimation. The second is a volumetric determination by means of a standard solution of iodine, directions for the preparation of which are given in appendix B. A solution is there directed to be prepared which shall contain $\frac{1}{10}$th of an equivalent in grains of iodine in 100 measures. Some iodide of potassium is also ordered merely to promote the solution of the iodine. Four grains of arsenious acid dissolved with eight grains of bicarbonate of soda will decolorise 80·8 measures of the solution of iodine.

The rationale of this process is extremely simple. Iodine is an energetic oxidizer, and arsenious acid, As O_3 has a great disposition to form arsenic acid, As O_5. When, therefore, arsenious acid is brought into contact with iodine in the presence of water and an alkali, it is converted into arsenic acid.

There are two points worthy of notice in this process: In the first place, the iodine solution should be freshly prepared, since by keeping the iodine is liable to decompose water, and form hydriodic acid, by which the strength of the solution would be materially altered. In the next place, the termination of the reaction is inferred when the iodine solution ceases to be decolourised. A plainer indication is afforded by adding a little "mucilage of starch" to the arsenical solution, which gives the well pronounced blue colour as soon as the iodine is in the smallest excess.

For those unused to the practice of volumetric analysis, the directions of the Pharmacopœia of 1851 offer a much simpler method of ascertaining the purity of arsenious acid. In that work it is stated that "if 100 grains of this acid are boiled with hydrochloric acid and sulphuretted hydrogen added when the solution is cool, 124 grains of sulphuret of arsenic are precipitated."

The chemical characters of arsenious acid are very briefly described in the Pharmacopœia. It is said to be "sparingly soluble in water;" but the solubility is much influenced by the circumstances under which it is effected. If a great excess of arsenic is boiled for some time in water, the hot solution will contain about 1 of arsenious acid in 8 or 9 of water; if it be allowed to cool for some hours it will contain about 1 in 20; after three days, about 1 in 40; after a week, about 1 in 50, and in a fortnight, about 1 in 60, which is the normal proportion. But if arsenic is merely shaken with cold water, the solution is exceedingly slow. The solution gives with ammonio-nitrate of silver, a canary-yellow precipitate, insoluble in water, but soluble in ammonia and nitric acid. This test often fails in the hands of inexperienced experimenters, but will always succeed if the ammoniacal nitrate solution be prepared according to the directions of the Pharmacopœia adopted from that of the Edinburgh College. The chief source of failure is the presence of an excess of ammonia, which instantly re-dissolves the precipitate. In preparing the test solution, it is therefore recommended that the ammonia be added cautiously to the nitrate of silver, so as nearly, but not quite, to dissolve the oxide of silver first thrown down.

The foregoing tests will suffice for the recognition and determination of arsenious acid, so far as pharmaceutists are concerned. The toxicological relations of the acid may require notice at a future time. Liquor arsenicalis, for the preparation of which arsenious acid is placed in the Materia Medica, will be noticed in its proper place.

BENZOIC ACID.—This acid is a constituent of several resins, gum-resins and oleo resins—as dragon's-blood, gum benzoin, vanilla, storax, and the balsams of Peru and tolu. It is directed by the Pharmacopœia to be prepared from gum benzoin by sublimation. Elaborate directions are given for putting the benzoin into an iron pot, and covering it with a pasteboard cylinder twice its diameter, which is to collect the benzoic acid when heat is applied to the bottom of the pot. The yield of acid obtained in this way is small (only 4 or 5 per cent.), but it is pure, and, moreover, very fragrant, from the presence of a small quantity of a volatile oil which accompanies it. A larger amount of the acid (from 12 to 18 per cent.) is procured by first digesting and then boiling the benzoin with milk of lime, so forming a soluble benzoate of lime, from which the benzoic acid may be thrown down by the addition of hydrochloric acid. The benzoic acid so obtained may be collected and pressed, and then sublimed to free it from any adhering chloride of calcium; but the product is never so fragrant as that sublimed directly from the benzoin. It may be used, however, for the preparation of benzoate of ammonia.

The physical characters of benzoic acid are well known. It is sparingly soluble in cold water to the extent of about 1 part in 480 of water. It is much more soluble in boiling water, (1 in 24), and freely in alcohol. It is also freely soluble in alkalies and lime, but separates on the addition of hydrochloric acid, unless the solution be very dilute, when the benzoic acid is held in solution by the water.

The test, complete sublimation on the application of heat, will prove the absence of fixed impurities, but would not reveal the presence of benzoate of ammonia, if a manufacturer were disposed to practise that not very profitable adulteration. Benzoic acid melts at about 248° Fah. and begins to sublime at 309°, boiling freely at 462°.

Benzoic acid is employed in the Pharmacopœia for the production of benzoate of ammonia, in speaking of which we shall have to notice the change which the acid undergoes when taken into the system. It is also an ingredient in Tinctura Camphoræ cum Opio, as Paregoric, is now called.

CITRIC ACID.—In the British Pharmacopœia, the formula 3 HO, C_{12} H_5 O_{11} + HO = 201, is ascribed to citric acid. An acid of this composition, however, is never found in commerce, nor is it likely to be obtained by the Pharmacopœia process, unless the solution is boiled down almost to dryness, when only small crystals will be formed.

The ordinary acid of commerce is crystallised with two atoms of water 3 HO, C_{12} H_5 O_{11} + 2 HO = 210, a fact of some importance to remember, when it is wished exactly to neutralise the acid with an alkali.

Citric acid is found in lemon-juice, together with mucilage and other vegetable matters. To separate these, the Pharmacopœia has recourse to an old and very good process, which consists in submitting the juice to fermentation before the acid is precipitated by lime. It is of importance that the fermentation should be complete before the addition of the lime, as the neutralised acid would otherwise also ferment and form acetic and butyric acids. Much of the vegetable matter is decomposed by the fermentation, and the juice is clarified by the subsidence of the yeast. When the fermentation is over the clear juice is run off, boiled, and while hot, is neutralised with chalk. The precipitate is collected and washed with hot water, in which citrate of lime is less soluble than in cold. It is precipitated from a hot solution for the same reason.

After the precipitate has been well washed, it is mixed with distilled water, and decomposed by means of sulphuric acid. The sulphuric acid must be added very gradually, and the mixture kept constantly stirred, or it gets lumpy. The reaction is very simple: sulphate of lime is precipitated, and the citric acid is set free. After the sulphate of lime has deposited, the clear solution is run off, the precipitate is washed, and the washings added to the clear liquor. The whole is then evaporated to the density 1.21, and allowed to stand for twenty-four hours for any sulphate of lime to crystallize out. The liquor, separated from these crystals, is further evaporated, until a pellicle forms, and then set aside for the citric acid to crystallize.

Citric acid is an example of a tribasic acid, that is, an acid requiring three equivalents of a base to form a completely neutral salt. Hence it is stated in the Pharmacopœia, "that sixty-seven grains," (one-third of an equivalent), "are neutralized by 100 measures of the volumetric solution of soda," which contain one equivalent (31 grains) of soda.

It is important to remember the tribasic nature of citric acid when prescribing and calculating the amount of alkaline carbonates to be employed in effervescing mixtures, or to form neutral salts. We append a table of the quantities of the most commonly prescribed carbonates that are necessary to exactly neutralize twenty grains of the acid.

Sesquicarbonate of ammonia	16·86	grains
Bicarbonate of potash	28·56	„
Carbonate of potash	24·85	„
Bicarbonate of soda	24·00	„
Carbonate of soda (crystals)	40·85	„

The above numbers are, of course, calculated for the acid of commerce, the equivalent of which is 210.

The acid is soluble in three-fourths its weight of cold water and in half its weight of hot; and it is also soluble, but not to the same extent, in spirit.

Citric acid, when gradually heated without access of air, yields a variety of products of much interest to the chemist, but not to the Medical practitioner or pharmaceutist. When burned with free access of air, it is completely consumed, which would not be the case if, by carelessness or

design, the crystals of sulphate of lime were not separated. Its aqueous solution is not darkened by sulphuretted hydrogen, showing the absence of metallic impurities. It gives no precipitate when dropped (sparingly) into lime water, but a cloudiness will be produced if the mixture is boiled. No precipitate is produced when the solution is added in excess to a solution of acetate of potash, which distinguishes citric from tartaric acid. Lastly, no precipitate is obtained with chloride of barium, which proves the absence of sulphuric acid.

A neutral citrate of potash has now been introduced into the Pharmacopœia, which will save the trouble of writing prescriptions for the production of this salt *extempore*.

THE MEDICAL PROFESSION AND CERTIFICATES OF LUNACY.

At an extraordinary meeting of the Royal College of Physicians of Edinburgh, held on February 19, 1864, the following resolutions were moved, seconded, and unanimously agreed to:—

"1. That the Royal College of Physicians of Edinburgh recognises it to be its duty, in accordance with its original charter (1681), to promote Medical science, and also to protect the interests of the Medical Profession and of the public; and that, accordingly, the College has endeavoured, on various occasions, to establish a sound relation between the Profession and the public in the matter of certificates in lunacy.

"2. That the duty of signing certificates in lunacy is one at all times painful and disagreeable, and one peculiarly liable to bring the Medical man discharging it into collision with the patient or his friends; and therefore one, of which, were it practicable, the College feels satisfied the Professson would gladly be relieved.

"3. That the duty of signing certificates in lunacy appears, nevertheless, to the College, indispensable as a part of Medical practice; and that both the public interest and the welfare of the insane themselves require that it shall be performed as freely as is consistent with proper securities against abuse.

"4. That the peculiarity of the position of Medical men in signing such certificates is, that they are thereby brought in contact with persons who are not in full possession of their senses, and who, even after their discharge from an asylum, frequently retain a prejudiced or revengeful feeling against those by whom they were placed under treatment.

"5. That the Royal College of Physicians approves of every reasonable security being given to patients and their friends, in regard to confinement in asylums, and therefore was in favour of Section XXXVIII. of the Lunacy Act (Vict. 20 and 21, cap. 71), which provides that, 'If any person shall grant any such certificate or statement as aforesaid without having seen and carefully examined the person to whom it relates, at the time and in the manner specified in such certificate, with a view to ascertain the condition of such person to the best of his knowledge and power, he shall be guilty of an offence, and shall for every such offence be liable in a penalty not exceeding 50*l.*; and if any person shall wilfully and falsely grant any such certificate, to the effect of any person being a lunatic, the person so granting such certificate shall be guilty of an offence, and for every such offence be liable in a penalty not exceeding 300*l.*, or be liable to imprisonment for any period not exceeding twelve months.' Prosecutions for these offences would be undertaken by a public prosecutor, who may be supposed to act without prejudice in the matter.

"6. That the Royal College of Physicians has repeatedly endeavoured, during the progress of recent legislation in lunacy, to secure the introduction into bills before Parliament, of clauses extending to Medical men some protection, unless in cases where they have signed certificates in lunacy without 'probable cause.'

"7. That the Royal College of Physicians is still of opinion that the legislature, which imposes by statute on Medical men the duty of signing certificates in lunacy, is bound to give them some protection in honestly endeavouring to discharge that duty. The College therefore instructs the Council to spare no efforts to secure the introduction of a clause affording some protection, into any measure which may be brought before Parliament during the present Session."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

FEBRUARY 23.

VACCINATION OF SHEEP.

Sir J. C. JERVOISE asked the Secretary of State for the Home Department whether the experiments in vaccinating sheep were yet concluded; and, if so, when the results would be laid before Parliament.

Mr. LOWE said,—The experiments in vaccinating sheep concluded last Michaelmas, and I am sorry to say that the result is exceedingly unsatisfactory. I am also sorry to say that the report is not yet ready to be laid before Parliament. The framing of that report is in the hands of a gentleman who is not officially connected with the Government, and who, I think, has taken a deal more time than was necessary in its preparation. I am assured, however, that it will be ready by Easter. As I am not able to produce the report, I may state its general effect. The experiments that have been made are of two kinds. One has consisted in vaccinating sheep with lymph taken from the human subject, and this has succeeded in some measure. The sheep took the disease, though in an irregular and abnormal form (laughter), but when we came to test the value of that vaccination, we found that the sheep took the virus either by inoculation or in the natural manner from other sheep, so that vaccination thus accomplished appears to be futile. The next plan was to inoculate cows with matter taken from sheep, in order, if possible, to produce a vaccine disease in cows which would stand in the same relation to sheep as cow-pox does to the human subject. But we entirely failed in producing that disease (laughter), and therefore the result of the experiments was altogether unsatisfactory.

INSANE PRISONERS' ACT AMENDMENT BILL.

Sir G. GREY moved that the report on this Bill be agreed to.

Mr. HUNT said that when the Bill was in Committee he had stated that "Dr. Forbes Winslow had based his opinion of Townley's insanity chiefly on his extraordinary perverted moral sense." It had been represented to him that this was not a correct statement of Dr. F. Winslow's theory of the case, which was that there was great moral obliquity in Townley, and with this a mental aberration; and, viewing these conjoint conditions, Dr. Forbes Winslow came to the conclusion that he was not of sound intellect. He (Mr. Hunt) did not see much variance between this correction and what he had himself stated, but he was anxious not, in any degree, to misrepresent Dr. Forbes Winslow to the House. He protested against moral obliquity being taken into consideration at all in estimating the sanity or insanity of a prisoner. (Hear, hear.)

The report was then agreed to.

FEBRUARY 24.

The Insane Prisoners' Act Amendment Bill was read a third time and passed.

POOR LAWS.

The following members were nominated to form the Committee on the Poor Laws:—Sir J. Acton, Mr. Bazley, Mr. Bouverie, Sir G. Bowyer, Mr. Caird, Lord R. Cecil, Lord Fermoy, Lord E. Howard, Sir W. Jolliffe, Mr. Locke, Mr. Lowe, Mr. Lyall, Mr. Kekewich, Mr. Neate, Colonel Pennant, Mr. Alderman Sidney, Mr. Tollemache, Mr. Walpole, and Mr. Villiers.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 2, 1864.

GRATUITOUS MEDICAL SERVICES.

The subject of gratuitous Medical services has often been discussed, but it is impossible that the topic should be exhausted while the manifold evils engendered by the present system are in operation. The solution of the question really rests with the Profession itself, for if Medical men would combine together to discourage the present state of matters, the public would be compelled to adopt more equitable views as to the remuneration of Medical labour. But while we afford our services gratuitously and indiscriminately, the recipients of our generosity estimate them at the value we ourselves set upon them, which is nothing at all. That which is easily obtained is lightly esteemed, and labours which are gratuitously performed are considered worthless.

It is probably in the large towns and cities where the system acts most injuriously upon the Medical Profession. In the country districts, the pittance, small as it is, which is doled out by the Poor-law Guardians, is supplemented by the annual payments made in most localities by the members of clubs, and thus, independently of private connexions, a Medical practitioner may eke out a tolerable income. In fact, in these rural regions, the system of gratuitous Medical services can scarcely be said to exist, for the lowest classes fall under the operation of the Poor-law, the class just above these obtain Medical relief by means of their clubs, and those who are tolerably well to do in the world, of course remunerate their Medical attendants.

But in the great centres of population and industry, where poverty is necessarily wide-spread, the benevolence of individuals and communities has furnished for the destitute and the diseased, the means of obtaining the best Medical and Surgical advice by means of the establishment of hospitals and dispensaries, against which, as long as they exercise their legitimate functions, no objection whatever can be raised. But it is a very different thing when the stream of charity is diverted from the channel in which it was intended to flow, and is poured out in lavish abundance before a class of society who are not at all entitled to partake of the benefits it confers. The indiscriminate administration of Medical relief at many of our large hospitals and dispensaries, is calculated only to pauperise the Medical Profession, and to lower the value of Medical and Surgical labours in the eyes of the populace. Nor is this all: for the enormous number of patients who avail themselves of the boon thus offered, and the comparatively small staff by whom the benefits are distributed, necessarily lead to careless habits of prescribing and administering medicines, and thereby bring Medicine itself into general disrepute. The labours of the assistant-physicians and assistant surgeons at our large hospitals are perfectly herculean, and they are undertaken only in the hope that the labourers may one day reach to the superior posts; while the results must be unsatisfactory to the patients from the little care bestowed upon individual cases. The private Medical practitioners in the neighbourhood of these great institutions are seriously injured by this abuse of charity, and the profits which they might naturally anticipate from attendance on the sick, are ruthlessly snatched from their grasp.

But not only is the out-patients' room of a large hospital filled with a motley crowd, many of which ought to be attended by the Poor-law surgeons, and many who are quite able to pay for Medical advice, but well-to-do tradesmen and others avail themselves of the advantages offered by the interior of the hospitals, and thus cheat the charity in the first place, and the Medical Profession in the second. We have heard of persons in what are called the middle ranks of life, and even persons possessing considerable property, who have from mere sordid motives availed themselves of the food, shelter, medicines, and appliances obtainable in the wards of our great hospitals, and have thus alienated from the pockets of the general practitioner a portion of his legitimate income. We are quite aware that in some hospitals, private wards exist for the accommodation of persons who, being alone in our great cities, repair to these institutions for the benefit of Medical advice and good nursing, and who pay a certain definite sum for the advantages thus conferred upon them, and to such cases our remarks do not apply; but surely it is a monstrous perversion of charity for people who are able to pay their butcher and baker, and perchance their publican and their gin-shop keeper, to apply for and to accept Medical attendance and medicines as if they were paupers, and thus to defraud some struggling member of our Profession of his emoluments.

The dispensaries, again, as they are at present too generally conducted, exhibit merely the abuse of Medical charity, doing but little good to the sick, doing nothing for the Medical staff, and hardly anything for the advancement of Medical Science. They were no doubt originally intended to meet the wants of a class of persons, who were above the grade of paupers, but below the paying part of the community; and this class is a pretty well defined one, consisting of servants, persons receiving small wages, small shopkeepers, and numerous artisans. We do not allege that many such persons are not fully entitled to the benefits which a dispensary can bestow, but the fact is, that those for whom the dispensaries were designed, are thrust out of the way by the pauper class on the one hand, and by those who can afford to pay on the other. Hence the waiting-room at a dispensary presents an incongruous assemblage of wretched creatures, who require food and raiment rather than medicines, mingled with persons whose attire and demeanour prove that they are quite able to pay for medicine as well as the other necessaries of life. By the one group, the Poor-law surgeon diminishes his visiting list; by the other, the private practitioner suffers an appreciable loss of emolument. The

dispensary physician or surgeon goes through his duties in a merely perfunctory manner, as in ninety-nine cases out of a hundred he gets nothing for his services, and the recipients of his kindness perhaps secretly despise him for rendering it.

The remedy for this state of things is, as we commenced by remarking, in our own hands, and we are bound to discourage, by every means in our power, the present system of gratuitous Medical relief. The present dearth of candidates for the Medical Department of the Army, and the consequent concessions, few as they at present are, made by that Department, prove that combination is essential towards gaining a desirable object, or suppressing or remedying an abuse, and, in like manner, if the members of our Profession would steadily set their faces against the acceptance of gratuitous appointments, the latter would no longer be offered, and it would at last be admitted, in fact as well as in theory, that "the labourer is worthy of his hire."

SUMMARY OF THE WEEK.

MEDICAL EDUCATION.

The subject of Medical Education, and the improvements of which the present system is susceptible, are at present beginning very justly to occupy the attention of the Profession. The observations made by Mr. Syme on this topic, and the extravagant views which he has propounded in a recently published pamphlet, have been fully commented upon by ourselves, but the theme is too important in all its bearings not to require much further discussion. What may have been Mr. Syme's own motives in ventilating the question, whether for the purpose of damaging some of his own colleagues, or decrying the English and Irish Schools of Medicine we do not pretend to determine, but we are at any rate gratified to find that our own opinions as to the absurdity of his views are pretty generally received, even in the city and in the university where they were first promulgated. In our further remarks upon this important subject, we shall lose sight of Mr. Syme, and examine it in its broad bearings upon the intellectual and scientific training of the Profession, and consequently upon the welfare of the community. It unfortunately happens that the lips of those who are most competent to give their opinions are sealed; for the teachers, on the one hand, are naturally unwilling to make disclosures which may affect their own pupils, and the examiners, on the other hand, are bound in honour not to reveal the shortcomings of those who present themselves as candidates for professional diplomas or licenses. In the absence, therefore, of all correct knowledge on the subject, it is the custom to believe that all students are diligent searchers after professional knowledge, and unsuccessful in the attainment of that object; that most teachers are careless and inefficient; that all licensing bodies are extravagant in their demands upon the student's time; and that most examiners are unfair in their mode of conducting examinations. The natural waywardness and fickleness of youth are hardly ever alluded to; the difficulties experienced by the most zealous teachers in engaging the attention or encouraging the zeal of their pupils are very rarely touched upon, if at all; and the puzzling problem often presented to examiners as to the real or fictitious character of the pretensions of candidates, is seldom alluded to. In fine, all the defects of the present system are attributed to the teachers, the examiners, and the licensing bodies, and none to the students themselves; while it might with far more truth be urged that, inasmuch as every one is, in fact, the architect of his own fortune and reputation, the evils of any system might be overcome by individual energy and perseverance. It is true that in some schemes of Medical education the students are overworked, but in very many cases the fault lies in exactly the opposite direction.

THE ARMY MEDICAL DEPARTMENT.

We by no means agree with some of our contemporaries in their wholesale denunciations of the Army Medical Department, and we entirely disapprove of that unfair spirit of exclusive nationality which can point to the number of Irish successful candidates as a proof of the inferiority of the present Medical Officers as a class. Indeed, without wishing to make any unfair comparisons, we consider the Irish School of Medicine to be in the highest state of efficiency, and that its alumni are, therefore, qualified to spread the lustre of their *alma mater* throughout the world. In former days, the success of the Scotch in a similar manner was pointed at with something like envy and detraction, but for our own parts we look upon the natives of every part of the British Islands as one united brotherhood, inheriting the zeal and energy of the Anglo-Saxon race, from which they all have their common origin, and qualified to carry the glory of British arms and British science to every part of the globe. We consider it, therefore, no discredit to the Army that the number of its Medical Officers should be largely recruited from the natives of the Emerald Isle, but we certainly regret that the competition for the vacant appointments has not been greater than it actually has been. Much of this disinclination is undoubtedly to be attributed to the vehement attacks made upon the Medical Department by some of the Medical Journals, though probably many other reasons, both of a public and a personal nature, have contributed to the result. It ought to be the object of the chief Military authorities to attract the best-educated class of students to the Medical Department, and the late deeply lamented Lord Herbert and the late Mr. Alexander, the chief of the Medical Department, laboured earnestly to that end; and it is very much to be regretted that the present Director-General appears to have pursued a retrograde course, the effect of which has been to create distrust and dissatisfaction among the Medical Officers. Under the circumstances of the case, and in order to supply the existing vacancies, some of the restrictions relating to candidates have been removed, and all persons, legally qualified to practise, and under thirty years of age, are admissible as candidates for the service, and another

examination will be held during the present month for the purpose of determining the successful competitors.

MR. GRIFFIN AND THE POOR-LAW MEDICAL SERVICE.

While the Army Medical Service is languishing for want of candidates, the Poor-law Medical officers continue to fulfil their ill-remunerated duties, and when any one resigns his appointment there are plenty of aspirants to fill his place. It is not very easy to explain the preference thus entertained and acted upon for the sway of the Poor-law local Guardians over that of the commanding officers of regiments. With all their faults, these latter are for the most part gentlemen, and the former are for the most part not so. Perhaps the strong tie of home, even with many attendant discomforts and annoyances, outweighs the love of enterprise which characterises a soldier's life, but otherwise it strikes us that the tyranny of the local guardians is even worse than the tyranny of the Army. We wonder, however, that the same tactics which are now being so successfully tried in the case of the Army, are not practised with the Poor-law Board. If the wretched pittances offered by the Guardians were contemptuously rejected by the Profession, and our brethren would combine together in the determination not to apply for offices unattended with suitable remuneration, there cannot be a doubt that the salaries would be arranged on a more equitable scale. In the meantime, it is only right to press upon the attention of the Legislature the hardships now endured by the Poor-law Medical officers, and it will be perceived, by reference to another part of our columns, that our indefatigable friend, Mr. Griffin, is again at work, vigorously doing battle in a good cause. We regret to find that he recives but inadequate support from his fellow-sufferers of the Poor-law service, but we hope that his present appeal will not be made in vain.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. REDWOOD, of the Pharmaceutical Society, contributes his First Lecture on the "British Pharmacopœia." He contrasts the present Pharmacopœia with the last London Pharmacopœia, pointing out the substances which have been omitted, those which have been introduced, and those which have changed their names. The lecture consists, for the most part, of a pretty sharp criticism of the new work, and it shows that many of the processes detailed are unsuitable for the purpose for which they are intended, and that many of the drugs have not, and cannot have the composition which is assigned to them. Thus, in the preparation of hydrochloric acid, the compilers of the Pharmacopœia have accidentally omitted to direct the application of heat; the sulphuric acid described (HO SO_3) is not suited for general use, and is not the acid of sp. gr. 1·846; the carbonate of potash is an inconvenient product; the spirit of nitrous ether cannot be obtained by the process recommended, and the same remark applies to collodium.

Mr. PRESCOTT HEWITT concludes his Clinical Lecture on "Caries and Necrosis of the Bones of the Skull," and describes a number of cases illustrating these affections. In some instances, serious consecutive symptoms have attended caries of the cranial bones, as inflammation of the membranes of the brain, softening of the brain, hernia cerebri and fatal hæmorrhage from some artery, or sinus, or vein, between the skull and the brain. As to the treatment of these affections, the plan in the present day is, for the most part, to let them alone, and not to attempt to destroy the diseased bone, as was formerly done, but in a few instances the cautious use of the trephine may be necessary. Dr. MURCHISON offers some "Observations on Gastro-Colic Fistula," an affection to which he has previously directed the attention of the Profession. He relates the particulars of two cases of the kind, one of which occurred in his own practice, confirming the views he has already expressed. He considers that a careful study of the cases already on record leads to the conclusion that the concurrence of lienteria and fæcal vomiting, following on the symptoms of cancer, or of simple ulcer of the stomach, renders the diagnosis of gastro-colic fistula almost certain.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. GARROD continues his lectures, delivered at the College of Physicians, on the "British Pharmacopœia." We have already given an abstract of the subjects introduced by Dr. Garrod, in our number of the 10th of February. In reference to the use of manganese in medicine, the following are the experimental proofs of the dubious efficacy of this metal:

"Some few years since, the *Sulphate of Manganese* was proposed as a purgative, and was considered to be useful as a cholagogue. In doses, of from an eighth to a quarter of an ounce, it purges somewhat like the sulphate of magnesia, and bilious actions are often the result; but I am not certain whether it influences the biliary organs more than other cathartics; it can scarcely be said to be used for this purpose at the present day.

"Lately, however, first in France and afterwards in this country, some of the salts of manganese, more especially the carbonate, have been introduced as remedial agents; and it has been argued that the blood corpuscle contains manganese as well as iron, and that a variety of anæmia may exist, dependent not upon any deficiency of the ferruginous compounds, but from the want of manganese; and that when such is the case, the exhibition of the salts of this metal proves curative, even when iron has been previously administered without advantage. About five years since I had an opportunity of trying the action of manganese salts in several cases of well-marked anæmia, accompanied with amenorrhœa, and the mode in which the observations were conducted was as follows:—

"After admission into the hospital, the patients were placed for a week or two upon a generous diet, without medicine, and the influence of this treatment noted. This precaution was necessary, especially in hospital patients, as anæmia may be kept up, if not produced, by bad air, hard work, and insufficient food. If no marked amelioration ensued, the manganese was administered to some in the form of the crystallised sulphate in doses of about five grains. To others a mixture was exhibited, made as Mistura Ferri, or Griffiths' Mixture, with the substitution of sulphate of manganese in place of sulphate of iron; and to a third set, the carbonate of manganese was ordered in the form of powder. In no single case could the hæmatinic powers of manganese be discovered, although the use of

the preparations was continued for some weeks; but in every instance where iron salts were afterwards administered, speedy recovery ensued.

"It is a somewhat remarkable and suspicious circumstance, that when manganese was first proposed as a remedy in anæmia it was given alone; but after a time, double salts of manganese and iron were substituted. These are, doubtless, of value, if only from the iron contained in them. I have no experience of the use of the manganese salts in other forms of disease, and, with regard to their power in restoring the condition of the blood in anæmia, can only say that as yet it has not fallen to my lot to find any case that has been cured by them; and I think I have had sufficient experience in their use to justify my feeling some considerable doubt of their hæmatinic properties."

The following clinical evidence is given as to the value of glycerine used internally.

"Glycerine has been proposed and frequently given as a substitute for cod-liver oil. Even as far back as 1848, when this principle was little known, I made many trials of its value, employing it in cases where I should otherwise have ordered cod-liver oil; the results of these observations may be thus summed up:—although in phthisis it not unfrequently allayed the irritation of the cough, probably in the same manner as syrups and mucilaginous fluids would do, yet it exerted no marked influence over the progress of the tubercular disease, and in no way could it be looked upon as a substitute for cod-liver oil.

"Within the last few years I have not only verified the general truth of this statement, but have likewise been able to make some definite clinical observations upon its action. A patient was selected with a small amount of tubercular deposition, one in whom the activity of the disease appeared to be arrested, but who had not regained flesh; his weight was accurately determined, and he was then placed on cod-liver oil; a steady increase of weight ensued, averaging a pound each four days; after a short time the use of the oil was discontinued, and with this there was a check to increase of weight. Glycerine in the same doses was next given, but with no further increase of weight during a week or so. Cod-liver oil was afterwards again administered, and the same result followed as on the first occasion.

"Observations of a similar kind upon several patients have convinced me that glycerine possesses none of the therapeutic properties for which cod-liver oil is so highly prized—no power, in fact, of arresting waste in the system. Glycerine may be made use of for the purpose of sweetening articles of diet when sugar is objectionable, for example, in diabetes."

Mr. JOHN WOOD continues his paper on "Rupture," and describes some truss-pads devised by himself for the treatment of oblique and direct hernia. He remarks, however, that trusses seldom effect a cure, and he has, therefore, invented and practised a surgical operation which has been successfully introduced with this object. Mr. F. A. BULLEY describes a case of "Rupture of the Ligamentum Patellæ occurring some time after a Fracture of the Bone." Mr. Bulley believes that no case exactly similar has ever been recorded by Surgical writers.

THE 'MEDICAL MIRROR,' FEBRUARY, 1864.

The present number of this new journal contains several original communications of considerable interest. The first is by MR. HENRY SMITH of King's College Hospital, on some "Cases of Tracheotomy, with Observations on its Employment in Diphtheria." Mr. Smith has published some former papers on the same subject, but of late years the operation has become comparatively much more frequent, and in consequence of its earlier performance, much more successful. Mr. Smith relates the particulars of several successful cases, and proposes to continue the series. DR. T. HILLIER offers some "Clinical Remarks on Cerebral Diseases in Children," and shows the difficulty of distinguishing tubercular from other diseases of the brain and its membranes. In one of the cases supposed to be connected with tubercular disease, no tubercles were discovered after death, and in another, which Dr. Hillier believes to have been an instance of tubercle in the brain, the patient recovered under the use of cod-liver oil and iodide of iron. MR. HENRY POWER relates some "Cases of Irido-Choroiditis treated by Division of the Ciliary Muscle, with Remarks on the Relative Value of this Operation and Iridectomy." Mr. Power gives the preference to the division of the ciliary muscle, which, he thinks, affords the necessary amount of relief without the dangers attendant on the injury to the iris caused by iridectomy. DR. CHARLES DRYSDALE communicates a paper on the "Evidence against the Internal Use of Mercury in Syphilis and other Diseases." The arguments adduced by Dr. Drysdale have been frequently noticed in our columns, and a similar remark may be made on the next paper which is entitled "Suggestions Respecting the Best Method of Establishing and Conducting a Village Hospital." The rest of the journal is made up of a Review of Books, and a Retrospect of British and Foreign Medical Journals, together with the news of the past month.

THE 'SOCIAL SCIENCE REVIEW.' Edited by B. W. RICHARDSON, M.A., M.D. February, 1864.

DR. RICHARDSON continues his paper on the "Diseases of Overworked Men," and he now treats of "Broken Heart," not of course in the literal signification of that term, but in reference to the fatal diseases, in which the heart is more or less affected in consequence of undue exertion and disappointed hopes. In an article entitled Journeying through the Air, the writer proves, perhaps rather unnecessarily, that a man cannot fly, but he shows that a parachute may in some measure be guided in its course downwards. MR. J. N. RADCLIFFE, who is a Medical man, and was attached to the staff of Omer Pascha, in the Crimean war, contributes the substance of a lecture lately delivered by him, entitled "Under Canvas, or the Real and Ideal of a Volunteer's Life," in which he gives some graphic descriptions of the memorable transactions in the Crimea, and comments on the great waste of human life produced in time of war, not by the hands of the enemy, but by preventible causes. Under the title of "Capital Murder," the subject of capital punishment is ably discussed, and the practice vigorously denounced as being inoperative in its results, and as inconsistent with the doctrines of Christianity. DR. HUNT'S book on "The Negro's Place in Nature" is the subject of a review, the reviewer disagreeing with the opinions advanced by the author. Among the miscellaneous intelligence is an interesting case in which a man, who was a prisoner at Brisbane, and who appeared to be labouring under religious delusion, refused food for forty days, but recovered after that time, and in the Correspondence column there is a very temperate and well-written letter on the subject of the

"Social Evil," the writer showing that little good is to be expected from legislation on the subject, but much from the inculcation of sound moral doctrines into the minds of the young of both sexes. On the whole, this Journal seems to thrive and to improve under the auspices of its accomplished Editor.

THE 'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

Aneurism of the Wrist; Ligature of the Brachial Artery.—Malignant Anthrax cured by Cauterisation.—Acute Orchitis; Injections of Tincture of Iodine—Nasal Polypus.

We recently published a case of hæmorrhage in the palm of the hand, in which Mr. Duprez, a Belgian military surgeon, resorted with success to ligature of the radial and ulnar arteries at the wrist, and we stated at the time that, under similar circumstances, Mr. Jarjavay had deemed it safer to secure at once the brachial artery. In general, we believe that the plan adopted by Mr. Duprez is the best, but the surgeon must not lose sight of the fact that the ligature of the arteries at the wrist may be insufficient and that it may be necessary to take up the brachial artery. A case in point recently occurred in the wards of Professor Jobert at the Hotel Dieu.

In this instance it was not primary hæmorrhage, but traumatic aneurism of the ulnar, consequent on a wound of the artery with a fragment of glass, which called for surgical interposition. Mr. Jobert kindly permitted us to examine his patient, a wine merchant's servant, aged twenty-four, who, in the discharge of his duties, cut his arm with a broken bottle. At first the hæmorrhage seems to have been insignificant, but in the course of a few days, a small fluctuant and throbbing tumour made its appearance in the wounded part, presenting all the characteristics of traumatic aneurism. The man was admitted into hospital on the 24th of September, 1863, and for a month pressure was applied perseveringly, but without any benefit. On the 4th, 6th, 11th, and 13th of November, Mr. Jobert performed coagulating injections with the sesquichloride of iron, at 30°, areom., but as hæmorrhage again occurred on the 20th of the month, the Professor secured the radial artery, an operation which did not succeed in intercepting the circulation in the tumour. On the 22nd he applied a ligature with the same ill-success over the ulnar artery, and hæmorrhage recurring with increased frequency, Mr. Jobert was at last obliged to take up the brachial artery. This operation effected the desired result, and the patient is now on the eve of being discharged from the wards.

This case is not destitute of practical interest, and shows that even performed by the most dexterous hands, pressure and coagulating injections may fail in justifying the expectations legitimately founded on their occasional success. We learn, in addition, that the numerous anastomotic branches which establish the communication between the radial and ulnar arteries, and more particularly the preternatural development of the inter-osseous branch may suffice to cause a return of the blood through the inferior part of the injured blood-vessel even after the two main branches have been secured with a ligature.

A costermonger, aged fifty-three, is at present undergoing treatment in Mr. Jobert's wards for malignant anthrax. We take this opportunity of referring our readers to a lecture delivered by the Professor, on the benignant form of the disease. At this period, 1858, he explicitly stated that, in his opinion, even the mildest manifestations of the affection were connected with general disturbance of the system. "If the distinctive character of carbuncle be attentively watched," said he, "it will always be observed to have a tendency to spread in the cellular tissue, and to extend towards deep-seated organs. With regard to the general condition of the patient, the blood will invariably be found to have undergone remarkable modifications in its principal constituents, fibrin and corpuscles, consequent upon the deleterious influence of physical or mental distress, insufficient diet, great fatigue, or unwholesome food. A tree withers because the soil is poor; the human textures likewise become diseased when the nutrimental fluids are adulterated; a peculiar noxious atmospherical influence also predisposes the skin to become the seat, not of genuine inflammation, but of a special mode of inflammatory action, such as erysipelas, zona, boils or carbuncles, or, under different circumstances, numerous abscesses are observed without any putrid infection being clearly ascertained to exist."

Mr. Jobert's remarks on benignant carbuncle, apply with even greater force to the pathology of malignant anthrax, which according to Mr. Bourgeois, of Etampes, differs from *charbon*, or malignant pustule, merely by the fact that it is preceded by a pecular feverish excitement, of which the carbuncle would seem to be a critical manifestation, whereas the general symptoms are secondary in malignant pustule. The two diseases may, however, be discriminated by other signs which it is not our purpose to dwell on at present, but we merely alluded to pustula maligna because the local treatment of both affections should be conducted on the same principles. In malignant anthrax debilitating causes are concerned in the production of the disease, and Mr. Jobert opines that residence in a damp habitation greatly promotes its development. He further remarks that animals fed in marshy pastures are more liable to carbuncle than those which graze on dry hills, and in this respect the pathogenic influence is the same on the human subject.

A partial illustration of this view may be derived from the history of the patient at present lying in the wards of the Hotel Dieu. The man was in the enjoyment of perfect health when the disease set in; his diet was nutritious, and he had undergone no unusual fatigue, but he resided in a damp apartment situated on the ground-floor. After a few days discomfort, he experienced pain in the right lumbar region, and after his admission into the wards, a tumour was discovered lying at the side of the vertebral column, resting on a broad, ill-circumscribed, and dusky coloured basis, and black at its centre, from which escaped a serous liquid. The intense pain and the feverishness usually concomitant with benignant carbuncle were not present. The disease was not in this case the result of the inflammation of the cellular tissue included in the fibrous areolæ of the derm, as a protection to the capillaries and nerves which run from the inferior to the superior surface of the latter; malignant anthrax occupies the cellular structures situated beneath the skin, and is an affection of a putrid nature, which runs a peculiar course, and requires something beyond the cruciform incision appropriate in cases of common carbuncle.

Incision would here almost infallibly be followed by hæmorrhage, which, however trifling in amount, might, on account of the low state of the system, give rise to considerable aggravation of the symptoms. Mr. Jobert, therefore, does not resort, under the circumstances, to the use of the knife. In the case under consideration, he transfixed the tumour on two successive days with troches of chloride of zinc. This operation was instituted on the 6th, and repeated on the 7th of December. The eschar was detached on the 14th, and from this date healthy granulation set in, and under the influence of tonics and generous diet, a complete cure soon followed, without the loss of a single drop of blood.

We have more than once alluded to the good effects of the iodine injection in acute orchitis. We again revert to this innocuous and efficient method of treatment, because it has now received the sanction of experience, and not only appears to promote the cure, but promptly relieves the pain.

This circumstance was peculiarly conspicuous in the case of a man, aged thirty-five, who was admitted into Mr. Jobert's wards on the 30th of November, for the treatment of orchitis which had supervened three days after the disappearance of a gonorrhœal discharge. The right testis was affected; Mr. Jobert inserted the trochar obliquely

into the tunica vaginalis, a few drops of fluid escaped, and the operator injected a small quantity of tincture of iodine. All pain promptly ceased, a warm bath and two saline aperients were prescribed, and the man is now retained in hospital but for the treatment of the gonorrhœa which has returned.

To relieve the sufferings of the patient is assuredly an important result; but the chief merit of the method consists in the prevention of the protracted induration of the epidydimis observable in cases treated on a different plan, and which interferes with the healthy performance of the functions of the organ.

We may add to the above particulars of Mr. Jobert's practice, supplied by Mr. T. Lucas Championnière, a prescription of the same professor in the case of a girl affected with nasal polypus.

1. To sniff each morning a pinch of the following powder:—

℞ Pulv. Tragacanthæ, ʒs.;
Aluminus pulv. gr. v.;
Zinci sulphatis, gr. iij.
M.

2. To inhale twice a day elder flower water.
3. To take every morning two table spoonsful of—

℞ Vini cinchonæ, ʒviij.;
Ferri sesquicarbonatis, ʒss.

Mr. Jobert opines that recently developed polypi may thus be destroyed in lymphatic subjects without operation. But even after the latter has been performed, the same remedies, both local and internal, will be found useful in preventing a relapse.

Strophulus, or Tooth-Rash. Pruriginous Strophulus.

No disease is more common or less known than strophulus, of which Mr. Hardy describes two varieties, the simple and the pruriginous form.

Simple strophulus is frequent in children at the period of teething, and affects more especially the face; the eruption consists of red or whitish papulæ, slightly acuminated, and sometimes complicated by the presence of erythema. This is an unimportant complaint, which requires interference only when it is attended with sufficient local irritation, to oblige the infant to scratch the affected part, which induces oozing of a serous fluid, and the formation of yellowish scabs. In this case, Mr. Hardy prescribes diluents, baths, and starch, or lycopodium powder externally. If necessary laxatives may also be exhibited.

Pruriginous strophulus, which in Mr. Bazin's opinion is one of the manifestations of scrofula, is more interesting to the pathologist, and Mr. Hardy conceives it to be distinct in its nature from common tooth-rash, and often mistaken for prurigo and scabies.

The eruption is not confined to the face, but extends to the entire body, occupying more frequently the arms, where the papules, whether red or colourless, occasion an irritation which increases in the evening, and deprives the patient of his natural rest. Mr. Hardy lays much stress on what he views as the pathognomonic character of pruriginous strophulus, viz., the simultaneous presence of the peculiar lichen, together with that of pimples tipped with black, which belong to the order prurigo. Between the latter eruption and pruriginous strophulus the discrimination is easy; but even experienced practitioners have mistaken at first sight the latter for scabies. In both affections the same complications, prurigo and ecthyma, are met with; and in addition, the local irritation is as great in one as in the other, and gives rise to violent scratching. One circumstance, however, establishes the difference, or at least supplies strong presumptive evidence in favour of strophulus, namely, the existence of papulæ on the face. In itch this seldom occurs, but in strophulus the rash is very generally observed on this part of the skin. Scabies, it is true, is not unfrequently accompanied by other eruptions, but they are to be found on the abdomen or the inner surface of the thighs (prurigo), or on the nates (ecthyma). These signs, confirmed by the discovery of the sulci of the acarus, will remove all doubt as to the true nature of the case.

Mr. Tranquebalme, a pupil of Mr. Hardy, records in his thesis upwards of sixty cases, which show that strophulus seldom appears after adolescence. The professor himself opines that it is a disease caused by poverty of blood, but he does not, like Mr. Bazin, connect it with the scrofulous diathesis.

According to Mr. Hardy, strophulus is not a contagious affection.

The gravity of the disease consists in its tendency to relapse if the patient does not alter the hygienic conditions which give rise to it. The adulterated blood must be reconstituted, and the deleterious influences which unfavourably modified its component parts must be removed. It is therefore necessary to recommend change of residence, country air, and healthy exercise. If these, the most efficient measures, cannot be complied with, chalybeates, bark, and cod-liver oil, should be prescribed; the local treatment should consist in alkaline or sulphurous baths, and as a sedative of the very distressing local irritation, the part affected should be dusted with the following powder, which Mr. Hardy also employs in zona:

℞ Pulveris amyli, ʒiij.;
Zinci oxydi, ʒj. M.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged for space for the annexed letter, which will inform the Poor-law Medical Officers that the Select Committee on Poor Relief have been re-appointed, and now I trust we shall have such resolutions passed as will induce Parliament to amend the laws relating to the Medical relief of the poor. Since last July I have only received the following subscriptions:—W. Smith, Bromsgrove, 5s.; C. C. Claremont, St. Pancras, 10s. 6d.; W. H. Pilkington, Blackburn, 1*l.*; Medical Officers, Rotherham, 1*l.* I need scarcely say that, having already expended over 20*l.* more than I have received, it cannot be expected of me to take any very active measures unless the Poor-law Medical Officers will come forward in the same liberal manner which they did some three or four years since. The Select Committee must, I feel sure, recommend something, but a mere recommendation will do nothing, unless we place ourselves in a position to compel its being carried out. You are probably aware that a milk and water superannuation bill has been put in circulation amongst the guardians by the Poor-law Board, and although it is only a permissive and not a compulsory measure, the guardians have in many unions objected to it, and so they will to any Bill that may be sent them; therefore, if the Poor-law Board desire to shelve a measure they have only to send it to the guardians for their opinion, and the affair is at once settled. The registrars throughout the kingdom have lately been in correspondence, and are endeavouring to obtain one shilling for each vaccination registration instead of the threepence now paid.

I wish them success, but I think when their measure comes forward we ought to get a clause inserted that our 1s. 6d. for vaccination should be increased, but unless we have a fund in hand of at least 100*l.* we can do nothing.

I am, &c., RICHARD GRIFFIN.

12 Royal Terrace, Weymouth,
23rd February, 1864.

12 Royal Terrace. Weymouth,
22nd February, 1864.

SIR,—I have the honour to forward to you by railway, evidence on the Medical relief of the poor, supported by an extensive series of tables which I respectively beg you will lay before the Select Committee on Poor Relief, which I perceive by the newspapers has been re-appointed. The evidence which I now submit to the notice of the committee, will, I feel confident, convince them that the evidence laid by me before them in 1861, is substantially correct, and that the evidence of Mr. Cane, in April, 1862,

in respect thereof is most incorrect, and tends to conclusions which, if uncontradicted, must mislead the committee and prevent them coming to a right decision on the question. I will give you an instance of the errors committed by Mr. Cane, who says "in 1858 there were 3,307 Medical Officers, and in 1861, 3,479," whereas at this moment there are not more than 3,102, or thereabouts, Mr. Cane having confounded the Medical districts and appointments, with officers. Mr. Cane says (3887) "in 1840 the Medical relief was 151,781*l.*, and in 1861, 238,222*l.*," (3,839). "It has been constantly and largely increasing up to last year," but he omits to inform the committee that since 1840 the area and population of the places brought into account has largely increased, and that in reality the main increase in the payment arises from the formation of new unions and the addition of extra parochial places to the old unions, parishes, and incorporations. Mr. Cane has thought fit to impugn my figures, but I can assure the committee they are in the main correct. A few places, no doubt, are erroneously spelt, Retford for instance, which Mr. Cane has most unfairly commented on, although he must have known the place referred to was Thetford, for had I meant Retford, I should have called it by its right name, East Retford, and not have dropped part of the name as Mr. Cane has done.

These quotations will prove how little his evidence is to be relied on; I, therefore, respectfully trust the Select Committee will admit my evidence in refutation of that of Mr. Cane's, not only in justice to myself, but to the large body of Medical Officers I have the honour to represent, and I may add, in justice to the poor, for I feel confident that, if the views advocated by me be fairly carried out, much good will accrue to the poor, and ultimate benefit to the ratepayers. There is one point I wish should be brought before the committee, which is the establishment of dispensaries in all populous places, and that the drugs should be found by the Poor-law Board, and in thinly-populated places, where dispensaries could not be established, an allowance, say 2s. per case, should be paid to the Medical Officers for drugs. In payment, I would advise that the money now voted by parliament for half the salaries, should be applied to this purpose; the guardians being compelled to pay a sum not less than 2s. per case in towns as salary, with mileage in country places.

I am, &., RICHARD GRIFFIN.

The Right Hon. C. P. Villiers, M P., Chairman
Select Committee Poor Relief.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

Sir,—As I have observed by the MEDICAL CIRCULAR, that a paper has been read lately at the Harveian Society, by Dr. Charles Drysdale, entitled "Evidence against the Internal use of Mercury in Syphilis, and other Diseases;" and as the subject is one of most vital importance, not only to the Medical Profession, but to the public generally, I trust you will be kind enough to allow me, through the medium of your most useful and impartial Journal, to make a few remarks regarding it, more especially as I am opposed to the views and opinions of Dr. Drysdale, as set forth in his paper; and although Dr. Drysdale may have been able to occupy the attention of the Harveian Society for two evenings with the reading of this paper, and that fifteen gentlemen had spoken upon it, during the debate, as the Doctor has informed us, still that is no reason that the public or the Profession should be led away by it. For what can the public think now, or what can the Profession say for itself, if Dr. Drysdale's paper is to be tolerated by a single member? But for Dr. Drysdale to stand up, and tell the whole Profession that all the Medical practice of both the past and present centuries was, not only useless and nugatory, but actually homicidal in its results, is to say the least of it, rather a strong statement. But since Dr. Drysdale has taken upon himself to condemn the use of mercury in every kind of disease, what kind of substitute does he propose to introduce in its stead? Is it possible, Sir, that he has nothing to give us, but some farrago or ideal goddess of his, called "Hygiene," and some sort of external application, and Epsom salts. This is the sum total, of all that we can find in Dr. Drysdale's paper.

Now, it has been asked, what is the natural history of syphilis if left to itself without any treatment? Yet, I should think it far more consistent, under present circumstances, to ask first, what is the natural history, or the real effects of mercury on the animal or human system, when it has been taken during health, or when the system is labouring under disease? But while Dr. Drysdale and Dr. Graily Hewitt, Dr. Ballard, and also Dr. Hughes Bennett, have all informed us that mercury is not only useless, but actually injurious when administered in cases of acute hydrocephalus, puerperal peritonitis, and certain other acute and inflammatory diseases, still they have not, one of them, as yet, endeavoured to inform us why or how it is that mercury acts in this manner in almost all such cases? Now, far be it from me to say, that mercury, under the form of both calomel and blue-pill, is not a most dangerous drug to tamper with, or that it has not been often grossly abused in the hands of the ignorant; still we must all own and acknowledge that it is a useful remedy in many cases. But as mercury is known to act very differently on different constitutions, it ought therefore to be used with very great caution in some diseases, and most particularly so when the person is known to be the least tainted with the scrofulous diathesis. But the chief reason, in my humble opinion, why mercury acts so injuriously in acute hydrocephalus and other inflammatory diseases, is because it always acts as a kind of stimulant in the first instance, and must, therefore, only tend to increase and heighten the violent fever that is already going on;—yes, and may drive or force on this acute disease to a suppurative or, perhaps, fatal termination, and that more particularly when such extremely delicate organs as the membranes of the brain are the parts engaged. But I am surprised that Dr. Drysdale should begin now to tell us that mercury is of no use whatever in any disease, and boldly assert all this, by merely quoting and referring us to a whole catalogue of foreign and unknown names, and to the opinions of other Medical men, without having shown us that he has ever made any experiment of his own, so as to be able to prove his case is rather too much.

Yes, to a whole host of names, English, Irish, German, French, and even of Medical gentlemen in America he refers us,—not to speak of the names of Dr. Hughes Bennett and Mr. Allingham—but why Dr. Drysdale does quote to us so often the name of Dr. Hughes Bennett is more than I can understand. But the last and greatest cut of all is, when Dr. Drysdale takes on himself to advise all your great London Medical men to go back to school again, either to Mr. Lane, or some other experienced gentleman like him, to see if he can now unteach or expunge from their minds in any way the erroneous and homicidal doctrine, which they all seem to have so largely imbibed from the teachings of the late Mr. John Hunter, and other mercurial gentlemen since his day. So, is it possible then that we can find nothing of any use under the sun to cure any sore or disease whatever, as far, at least, as Dr. Drysdale would try to make us believe, unless it be the charms of the undefined and wonderful goddess called "Hygiene," with some external applications and Epsom salts.

Such is the end and aim of Dr. Drysdale's learned and voluminous paper. Such the value, and such the whole amount of all the accurate and exact statistics with which he has occupied the time and attention of the Harveian Society.

I am, &c., N. MCGREEVY, L.R.C.S.E.
Lurgan, Feb. 18, 1864. and L.S.A., &c.

ALLOWANCE OF FORAGE TO ARMY MEDICAL OFFICERS.—By a Warrant lately issued from the War Office, all Medical officers above the rank of Assistant-Surgeon will be henceforth entitled to horse forage, or an equivalent allowance, according to relative rank. An Assistant-Surgeon will be allowed forage for a horse if his duty oblige him to keep one. This is a restoration of one of the clauses of the Medical Warrant of 1858.

LEGAL INTELLIGENCE.

VICE-CHANCELLORS' COURT. FEB. 25.

(Before Vice-Chancellor SIR W. P. WOOD.)

EX PARTE THE GOVERNORS OF ST. THOMAS'S HOSPITAL.

This case comes before the Court by adjournment from chambers, for the purpose of obtaining the sanction of the Court to a conditional contract for the purchase by the governors of St. Thomas's Hospital from the Metropolitan Board of Works of certain lands on the river side at Stangate (abutting on the south end of Westminster-bridge) as a site for the new hospital. The present proceedings arise out of the necessity of providing a new site for St. Thomas's Hospital, the site of the original hospital, near London-bridge, having been taken by the Charing-cross Railway at a sum fixed by arbitration at 296,000*l.*, and now invested in 317,409*l.* 11s. 7d. Bank Annuities. By an order of this Court made in May, 1862, the governors of the hospital were authorized to apply to Parliament for an Act for the purpose of enabling them to sell to the Charing-cross Railway Company the fee-simple of the late hospital, and to build and re-establish a new hospital, and to provide for the temporary accommodation in the meantime for the patients thereof, and for other purposes connected with the administration of the charity, &c. The draught of the Bill for this Act was approved by the Vice-Chancellor, and the Act, (the short title of which is "the St. Thomas's Hospital Act, 1862") received the Royal assent in August, 1862. This Act enabled (section 2) the governors "to purchase by agreement any lands which may be approved by the Court of Chancery on a summary application at the chambers of one of the judges of that court, of which application the Attorney-General shall have notice, for a new site for the said hospital, or of buildings to be used for any of the same purposes as the present hospital, or which may be convenient to be held, with any such site, not exceeding in the whole 50 acres." The governors were alse authorized by the Act to provide temporary accommodation for the patients. This temporary accommodation had, with the sanction of this Court, been provided in the Surrey-gardens. Various sites were proposed to the governors for their new hospital during the course of last year, and, as it will be remembered, the question was from time to time discussed in our columns by the advocates of the different schemes, which included a removal to the Surrey-hills, far away from the metropolis. The proposed sites became at length practically reduced by elimination to four:—1. The Stangate site, between Lambeth Palace and Westminster-bridge, immediately fronting the river, comprising about 8½ acres; 2. The site of Bethlehem Hospital in St. George's fields, comprising 11 acres; 3. The Surrey gardens, of about 14½ acres; 4. A tract of ground, partially built upon, at the back of Newington Church. Considerable negotiations took place between February and July last in reference to the purchase of Bethlehem Hospital, the terms proposed by the governors of that institution being that the governors of St. Thomas's Hospital should either provide for them a new Bedlam equal in every respect to the present, or else pay them 200,000*l.* for the purchase of the site of the present building. These terms were not accepted by the governors of St. Thomas's Hospital, and the negotiation went off. In the meantime the governors were offered the site at Stangate for 95,000*l.* by the Metropolitan Board of Works. The Medical officers of the hospital reported strongly in favour of this situation as a site for the new hospital, and on the 19th of November, 1863, the governors entered into a conditional contract with the Metropolitan Board of Works for the purchase. A summons was taken out in chambers for the purpose of obtaining the Vice-Chancellor's sanction (as required by the Act of 1862) to this contract, and the question now came before the Court by adjournment.

The arguments were continued on Saturday, and at their conclusion the Vice-Chancellor in the course of a long and elaborate judgment, said that it was important to bear in mind that the question was not as to selling the old hospital, but as to the application of the purchase-money in providing a new site. The form and scope of the Act of 1782 was clearly to vest in the governing body the power and control which up to that time had been assumed by them. The acting governors were invested with powers over the real estate of the charity, and the corporation could neither dispose of the property adverse to the views of the governors, nor even without their consent apply for an Act of Parliament to authorise such disposal. With respect to the Act of 1862, the corporation, if they had been so minded, might then have raised their present contention, and objected to the sale of the real estates for which it was proposed to obtain Parliamentary authority. Not having done so, they must be taken to have ratified the sale as a dealing with the property by the governing body, authorised by the Act of 1782, in the best possible way. The sale which had been thus ratified and sanctioned as a proper sale under the Act of 1782 had been effected, and the money was ready to be laid out in the purchase of a fresh site. He was clearly of opinion, therefore, that the corporation had not established their claim to be the body in which alone the power of choosing a new site was vested, and that, on this ground, he ought not to interfere with the acting governors, and withhold his sanction to the site chosen by them. The remaining question then was whether with all the evidence that had been adduced in favour of the Surrey Gardens he ought to hesitate in confirming the arrangement made by the governors. The real question was between the Surrey Gardens and Stangate, for the much larger price asked for Bethlehem, without any corresponding advantages, put that site out of consideration. The Act of 1862 gave a very wide discretion as to situation. In fact, the choice was clearly not thereby confined to the metropolis proper. At the same time it was intended that all persons interested should have the right of raising objections to the proposed site, and of being heard in the matter. No one, therefore, could complain of the corporation appearing upon the present application in their corporate capacity. The Legislature, though it gave the governors a wide scope within which to make their choice, restricted that choice by requiring that any site which the governors might select for the erection of a new hospital should be subject to the approval of the Court of Chancery. But the Court was not thereby vested with an arbitrary power of rejecting any site that the governors might submit for its approval, and taking upon itself to choose a fresh site. Unless it could be shown that the governors were influenced by improper motives in making their selection, the Court ought not to withhold its sanction. No such improper motives had been shown or even suggested, nor could he come to the conclusion that the governors had not carefully and after much deliberation decided upon the Stangate site. With the unanimous consent of the Grand Committee and the unanimous consent of their medical officers they had come to the conclusion that Stangate would be a proper situation for the new hospital. It was not, therefore, the function of the court to interfere with a choice thus deliberately and unanimously made, when no improper motive or influence could be shown to have prevailed. His Honour then proceeded to consider the evidence and the objections raised to Stangate, and came to the conclusion that the objections raised were not sufficient to show that that site ought not to be sanctioned. The Milbank Penitentiary, immediately opposite to the bone nuisance, and on the banks of the Thames, showed by its healthy state the results that might be obtained in such a situation by good management. The death-rate proved that Stangate was rather more healthy than other parts of the metropolis. The situation was very accessible, and would have the large river area in front, which could never be built over. Some disadvantages, no doubt, there must be in any situation in the metropolis itself, but those disadvantages were by no means prominent at Stangate. The objection to the river situation was also answered by the success of the Hôtel Dieu on the Banks of the Seine, one of the largest hospitals in Europe. It appeared upon the evidence that, although a new model hospital had been recently established in Paris

with a much larger area around it, the Hôtel Dieu had still retained its rank and success. No doubt, as to size, cheapness, proximity to the original hospital, and more immediate occupation, there was evidence in favour of the Surrey Gardens; but unless persuaded that the Stangate site was absolutely improper, and that there were overwhelming reasons for preferring the Surrey gardens, he ought not to disturb the deliberate choice of the governors. He was not so persuaded, and the choice of the Stangate site would therefore be sanctioned by the Court.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th ult.:—Henry Osborn Fawcett Butcher, Ware, Herts.; Jabez Bunting Jackson, Leicester; William Burt Shorto, Charing cross hospital.

The following gentleman on the same day passed his first examination:—Frederick John Burge, King's College hospital.

A certificate to practise was received on the 18th ult., by the gentleman whose name is subjoined:—Edward Carpenter, St. Thomas's hospital.

The following gentlemen also on the same day passed their first examination:—William Bell, King's College; Edmund Farrington Boult, King's College; Griffith Griffith, University College; Alex. Clement Rayner, Charing cross hospital; George William Rigden, University College; Francis Henry Wickham Taylor, St. Thomas's hospital; M. S. W. Wilson, King's College.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—William Lawton Eames, Cork; James Hogg, Edinburgh; Joseph Jackson, Cumberland; Thomas Macdonald, Ross-shire; John N. O'Keeffe, co. Kerry; James Simpson, Cumberland; Thomas Simpson, Yorkshire.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—James Hinds, Notts; Patrick Callan Horan, co. Cavan; Joseph Lindsay Kingston, co. Cork; Latham Blacker M'Culloch, Drogheda.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Robert Anderson, Haddingtonshire; James Ingram, Orkney.

The following gentlemen passed their final examinations and obtained the diploma of the College:—Robert Pearson Dunbar, Perthshire; James Godfrey, Glasgow; Heinrich Frederik Lawatz Melladew, London; John Middleton, Glasgow; Frederick Montizambert, Quebec; William John Taggart, Antrim.

THE ROYAL POLYTECHNIC INSTITUTION.—The report of the indefatigable manager of the Royal Polytechnic Institution, Professor Pepper, just presented to the shareholders, shows that the receipts for the past year were 13,000*l.* against the receipts of the Exhibition year, which were only 10,000*l.* The directors have paid the highest compliments to the Professor for his exertions on behalf of this institution, and, under the patronage of the Prince of Wales, they augur a prosperous future. We regret that the proposition of one of the shareholders to present Mr. Pepper with a gratuity of 1,000*l.* was not carried. The prosperity of the institution is so completely identified with his services, that not to acknowledge them in a handsome manner can only be regarded as a false economy.

CONSUMPTION OF VICHY WATER.—The consumption of this alkaline water has assumed in France, and especially in Paris, gigantic proportions. In 1863, there were despatched from Vichy 1,460,000 bottles; and 180,000 baths were administered. Paris alone received 900,000 bottles. Since the 18th January, the public has been allowed free access to these as to the other Medical waters in France, without the intervention of Medical Inspectors of Mineral Waters heretofore necessary.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAR. 2. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Croonian Lectures: Dr. Basham, "On Dropsy: its Significance as a Symptom in Renal, Cardiac, and Hepatic Diseases;" Obstetrical Society of London, 8 p.m.—"Cases of Ovariotomy," by Dr. Tyler Smith; and Papers by Mr. Squire and others.

THURSDAY, MAR. 3. — *Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Marshall, "On Animal Life," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia;" Chemical Society, 8 p.m.—Professor Abel, "On the Non-Metallic Impurities of Refined Copper:" Harveian Society, 8 p.m.—Mr. Weeden Cooke, "On the Tumours affecting the Female Breast."

FRIDAY, MAR. 4.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures: Dr. Barclay, "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine;', Royal Institution, 8 p.m.—Professor Stokes, "On the Discrimination of Organic Bodies."

SATURDAY, MAR. 5.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, MAR. 7.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAR. 8.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Paralysis, Neuralgia, and other Affections of the Nervous System, and their Successful Treatment by Galvanisation and Faradisation. By J. Althaus, M.D., &c. Third Edition. London: Trübner and Co., 60 Paternoster row, E.C.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

Mr. GRIFFIN'S letter has been received, and is inserted.

THE HARVEIAN SOCIETY.—The notice has been received.

THE ROYAL INSTITUTION.—The paper has been received.

PHARMACOPOLA.—The radical, as it is called, of benzoic acid and of the oil of bitter almonds, is the same—namely, the hypothetical substance, benzule. Benzoic acid may be obtained by exposing oil of bitter almonds for a long period to atmospheric air, by which oxidation is effected.

X. Y., *Manchester.*—A deed of apprenticeship is not absolutely necessary.

A NORTHERN.—The whole population of Scotland is about the same as that of the English Metropolis alone.

Mr. PEPPERCORN.—The letter has been received, and will appear next week.

Mr. W. B. MURRAY.—The Report has been received, but is unavoidably postponed till next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,
Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 80.)

The *cause* of the sounds of the heart is a subject still involved in considerable obscurity, not so much because there are no phenomena to account for them, as because so many concurrent circumstances attend the sounds that it is not easy to determine which are the most efficient in their production. It is the most difficult problem to account for the *first* sound, owing to the reason just mentioned; to explain the *second* is more easy, because the attendant circumstances are fewer in number.

The order of succession in which the functions of the heart take place is as follows:—The cavities having received from the venæ cavæ and the pulmonary veins the necessary supply of blood, the auricles suddenly contract, and their contraction is immediately followed by the contraction of the ventricles, and the apex of the heart is tilted forwards against the walls of the chest. At the same moment, the auriculo-ventricular valves are closed in order to prevent the regurgitation of blood into the auricles, and the current is, therefore, driven towards the aorta and pulmonary artery, the semilunar valves at the origin of these vessels being raised and thrown back against the arterial walls. During these operations the first sound of the heart is produced.

Immediately after the contraction of the ventricles, follows their relaxation and dilatation, and the semilunar valves of the aorta and the pulmonary artery suddenly close, and prevent the regurgitation of blood into the right and left ventricles, and at this period the second sound of the heart is heard.

Before the ventricles are quite empty, the blood from the system and from the lungs is filling the auricles, and flowing in by the systemic and pulmonary veins, and passes through the mitral and tricuspid valves. Almost all this takes place during the period of silence which follows the second sound of the heart, and at the end of this period of silence the contraction of the auricles takes place.

From a consideration of these facts, the cause of the sounds has been sought in some of the actions which occur, or it has been attributed to their joint operation, and some theories have been rejected as being inconsistent with the known sequence of cardiac functions. Thus Laennec attributed the first sound to the contraction of the ventricles, and the second to the contraction of the auricles, but as the contraction of the auricles is proved to be coincident with *the period of silence*, and to take place immediately *before* and not *after* the first sound, it is impossible that Laennec's explanation can be the true one.

Some of the causes of the sounds are traceable to the heart itself, some to the passage of the blood, some to the relations existing between the heart and surrounding parts, and the following analysis abbreviated from the last edition of Barth and Roger's 'Traité Pratique d'Auscultation,' will exhibit the variety of opinions which have been entertained on this subject.

Corrigan attributed the first sound to the impulse of the blood against the walls of the ventricles during the diastole, and the second sound to the reciprocal impulse of the internal surface of the opposite walls of the ventricles during the systole. The objection to this theory is that there is no proof that the ventricles are ever completely emptied of blood. Hope, in 1831, attributed the first sound to the collision of the molecules of the blood during the systole, and the second to the same kind of collision during the diastole, but in 1839 he came much nearer to the true explanation by referring the first sound to the tension of the valves, the sound of muscular extension, and the rotatory sound during the systole, and the second sound to the closure of the aortic valves during the diastole. Majendie explained the first sound by the impulse of the apex of the heart against the chest at the moment of the systole; and the second by the impulse of the anterior surface at the heart during the diastole. Bouillaud attributed the first sound to the sudden elevation and impulse of the auriculo ventricular valves, and sudden depression of the semilunar valves during the systole, and the second to the elevation of the semilunar valves and the meeting of their opposite surfaces, and sudden depression of the auriculo-ventricular valves during the diastole. Skoda, whose notions on this and other auscultatory phenomena are eccentric, although highly ingenious, supposes that the first and second sounds of the heart are produced simultaneously in both ventricles and in the aorta and pulmonary artery, both of them in each of these four points at the same time. He attributes the sounds to various causes, as the impulse of the blood against the valves, the impulse of the apex of the heart against the walls of the chest, the impulse of the blood against the walls of the aorta and pulmonary artery, the retrograde impulse of the arterial blood against the semilunar valves, all these causes acting together, although the sounds are heard consecutively. Dr. C. J. B. Williams attributes the first sound to the muscular contraction of the ventricles during the systole, and the second to the retrograde impulse of the arterial currents against the semilunar valves during the diastole. The Committee of Dublin, which met for the determination of this question in 1835, under the presidency of Dr. Macartney, confirmed the views of Dr. Williams, and referred the first sound to the muscular contraction and the friction of the blood against the walls of the ventricles during the systole; and the second to the tension of the semilunar valves and the retrograde impulse of the arterial columns during the diastole. As the Dublin committee did not consider all the questions proposed to be definitely settled, a committe was formed in London, which confirmed the previous results. This committee found that the first sound was due to the sudden muscular tension of the ventricles during the systole and the impulse of the heart against the chest; and the second to the sudden closure of the semilunar valves by the arterial columns.

It is now generally admitted that the first sound is compound in its nature, being produced by a number of causes. The circumstances which accompany this sound are the muscular contraction of the ventricles, the impulse of the heart against the thorax, the sudden elevation of the semilunar valves against the walls of the arteries, the sudden tension of the mitral and tricuspid valves, the collision of the blood against the valves, the reciprocal influence of their corresponding surfaces, the molecular collision of the blood compressed and propelled towards the orifices, and the friction of the blood against the walls of the ventricles.

The efficient causes of the first sound seem to be—1. The muscular contraction of the ventricles; for the sound may be perceived, although less distinctly, when the heart has been removed from the body, and emptied of its blood, as was proved by the London committee. 2. The impulse of the apex of the heart against the chest; for when the parietes of the chest, against which the apex usually beats, were removed, the sound was very much diminished in intensity, although not extinguished. 3. The tension of the auriculo-ventricular valves; inferred to be a cause of the sound from their analogy with the semilunar valves, although their closure is not nearly so sudden as that of the latter. 4. The impulse given by the blood to the lower surface of the semilunar valves and to the base of the arterial columns

of the aorta and pulmonary artery; a view supported by experiments made upon tubes out of the body, and by comparing the intensity of the sound at the base of the heart where it was loudest, and over the region of the auriculo-ventricular valves where it was inaudible.

The principal phenomena which accompany the second sound are the dilatation of the ventricles and the collision of the blood which flows into their cavities, the sudden depression of the auriculo-ventricular valves, the sudden tension of the semilunar valves, and the retrograde impulse on their upper surfaces of the columns of blood thrown into the aorta and the pulmonary artery. It is now generally admitted that the cause of the second sound is the sudden closure of the semilunar valves of the aorta and pulmonary artery, for in the experiments made upon the lower animals, it was found that when the valve was held back against the side of the artery, by a curved needle, the sound was entirely absent.

(To be continued.)

HOSPITAL REPORTS.

ABSTRACT OF A CASE IN WHICH AMAUROSIS SUPERVENED ON EIGHT SUCCESSIVE PARTURIENT PERIODS.

This case occurred in the practice of Dr. Eastlake, Physician to the British Lying-in Hospital and some time since was read by him before the London Obstetrical Society. It is as follows:—

The patient was thirty-four years of age, married, the wife of a painter, and the mother of nine children, with all of whom she had accomplished her full time; there had been no miscarriages, and all the labours were ascertained to have been natural; nor was there with each any loss of blood greater than usual; nay more, at the last the hæmorrhage was peculiarly slight.

The first accouchement was unattended by any untoward symptom, and convalescence was speedy; however, two or three days after the birth of her second child, she became suddenly and completely blind, as well as partially unconscious; when the consciousness was regained, the amaurosis still continued.

These conditions have now occurred after all her last eight labours, and on an average the defective vision persisted for three to five weeks.

The following was the state in which Dr. Eastlake found her on the occasion of his first visit, she having been then delivered three days:—Pulse rather weak, but no marked pallor in face, nor much general debility; intellect clear, though it had been aberrant on the previous day. There had been no ergot given at the time of her labour, nor was there suppression of the milk or of the lochia; no exhausting discharge had existed; indeed, all the functions were duly exercised except that of vision, which was so far in abeyance as to hinder even the perception of light.

The ophthalmoscope showed only contraction of the retinal arteries; no strabismus existed, nor could any deviation from the normal condition of the eye-ball be detected.

The treatment pursued was in accordance with the woman's general condition, liberal diet, bark, and mineral acids being allowed and administered, and with most felicitous results.

Dr. Eastlake remarked that none of the ordinary causes of this affection were demonstrable in the present instance, and that the lesion was most probably in direct relation with, and dependent upon, the puerperal condition. The case is replete with interest, inasmuch as it is unique. The author of the paper mentions that Beer reported in 1817 an instance of a patient in whom amaurosis took place at the commencement of pregnancy, but who was perfectly free from it after parturiency. Nausea or uncontrollable vomiting are sometimes found to be co-existent with this affection.

Dr. Eastlake quotes a case of Dr. Ramsbotham, which has been published in the 'Medical Times and Gazette,' as bearing upon the subject under consideration:—"The earlier months had passed over very well, but about six weeks before, the patient had begun to lose the sight of both eyes simultaneously, and continued to get worse by degrees until Dr. Ramsbotham's visit, when she was so completely blind that she could only just point out the situation of the window. She had not suffered any pain in the head, nor any unusual drowsiness; the recollection was perfect, and she was quite sensible; the pupils were much dilated, the right more so than the left; the pulse was quick and small.

"She was cupped, leeched, blistered, and slightly salivated without relief, and continued getting worse, until she could not distinguish the brightest sunshine. On the 23rd day she began to feel a tingling and numbness in the right arm and leg without any loss of power."

Apoplexy or convulsions were apprehended as likely to attack the patient at the time of her labour, so that after consultation with Dr. Blundell it was deemed advisable to continue the mercury, and to extract more blood by the application of leeches to the temples.

"The patient went into labour at mid-day of the 28th, and was delivered on the next day by craniotomy, owing to the pelvis being below the average; the child was putrid; no convulsions occurred, and as far as the labour was concerned, she went on exceedingly well, but the blindness, numbness, and tingling remained without diminution for ten days, after which time she began gradually to amend, so that in a month she could distinguish objects, and in six weeks she told me the hour of my watch, and on the 24th of August she went out of town very weak, but had completely recovered her sight. She had one child afterwards, without any return of the symptoms."

This case of Dr. Eastlake is of immense interest, especially to those who devote themselves to the study of the diseases of women.

The author of the paper refers to a form of amaurosis, commencing with the early stage of pregnancy, disappearing after parturition, and connected with nausea and uncontrollable vomiting, which has been described by Beer, who carefully teaches that it should be distinguished from amaurosis occurring in the latter months of gestation, and which is due to violent and continued congestion of the head, at the same time that the bowels are loaded with fæculent accumulations, constipation having been present for some time.

This affection of the vision is, we think, but one of the multiform varieties of paralysis, to which women are obnoxious during gestation, or after labour has been completed.

Dr. Dewees, in his work on 'Midwifery,' records two cases of convulsions, in which temporary blindness supervened.

Dr. Abercrombie says, when writing on 'Diseases of the Brain:'—"The whole phenomena of palsy do indeed bear evidence that certain cases of it depend upon a cause, which is of a temporary nature, and capable of being very speedily and entirely removed. In certain cases of palsy, we occasionally see the affection continue without any improvement for many weeks or months, and then, from some change which entirely eludes our observation, take a turn for the better, and entirely disappear."

Dr. Fleetwood Churchill, in his chapter on 'Paralysis Occurring during Gestation and in Childbed,' gives the following summary of inferences deduced by him after the examination of various author's works:—First, that hemiplegia, paraplegia, or partial paralysis, may occur previous to, during, or some time after labour; secondly, that by some, the paralysis in paraplegia, especially, is attributed

to pressure upon the muscles or nerves in prolonged labour; but this is also denied, as the same disease follows easy labour, or occurs after the lapse of some days; thirdly, paralysis may terminate convulsions or accompany them; fourthly, paralysis may be the consequence of organic disease, or of effusion into or upon the brain or spinal marrow; fifthly, paralysis may result from reflex action; sixthly, the palsy may depend upon temporary causes, and among such causes albuminuria may be included; seventh, hemiplegia may run on into apoplexy, or it may pass off in a few weeks, or sometimes more slowly. Paraplegia may leave a temporary or more permanent lameness: the local palsies—amaurosis, deafness, &c.—generally last but a moderate time; eighth, a nervous or hysterical paralysis may occur occasionally in the unimpregnated state, or during pregnancy, but it seldom continues after delivery."

We quote a case of amaurosis given by Dr. Lever, in the fifth volume of the 'Guy's Hospital Reports:'—"The patient, æt. thirty-one, had quickened with her fifth child, and being engaged in some plain needle-work, suddenly felt a peculiar sensation in the eye-balls, and found on opening the lids, that she could merely see the outline of objects, their centre being perfectly dark; the pupils large, contracted sluggishly upon the stimulus of light; the eyeballs seemed to have lost, in a measure, their mobility, and to be inordinately fixed; the eyelids altogether or nearly covered the globes, for if they were not protected, she complained of dryness and smarting in them. A week after delivery, an amendment was perceived, and the patient continued steadily to progress, till after the lapse of a few months the sight was perfectly restored."

Another case occurred in the practice of the same gentleman, and is likewise mentioned in the 'Reports:'—"The lady was about thirty years of age, highly sensitive, nearly eight months pregnant, and was suffering from perfect amaurosis in one eye; in the other, the loss of vision was not so complete.

"She had had two fits." Dr. Lever, by her appearance and her evidence, was induced to suspect the presence of albumen in the urine. On the application of the usual tests, this condition was found to exist. As the vision became more and more impaired, the operation for the induction of premature labour was resorted to, and the child was expelled still-born. Recovery quickly supervened.

In Dr. Crosse's 'Cases in Midwifery,' the following occurs:—"Mrs. C., her first pregnancy; under difficulties and depressed spirits; under thirty years of age; labour began with a convulsion; eyesight and sensibility lost; pupils greatly dilated; 'os' was much dilated; delivery effected by forceps.

"Bleeding and blistering being fully practised, the convulsion ceased; eyesight quite lost for several days, at length returned, and there was perfect recovery."

"I have no doubt," writes Dr. Churchill, in his new work on 'Diseases of Women,' page 917, "as Dr. Romberg has observed, that in a number of cases, especially those which occur during gestation, the palsy is due to a reflex action from some organ or structure in a morbid condition, and in which the nervous system seems to be merely the channel of transmission, offering no central disorganisation. In such cases the exciting cause may possibly be some injury or morbid condition of the generative organs, or, perhaps, merely a transient excitement, such as that of pregnancy. It is possible, also, that some of the instances occurring during gestation ought rather to be classed under the head of hysterical paralysis, as described by Drs. Laycock and Romberg, but it is not always easy to make the distinction."

These forms of paralysis or of the other nervous lesions, to which we have above made reference, are sometimes found coexistent with an anæmic condition of the system generally, and are occasioned either by the immediate blood deterioration acting injuriously on the great nervous centres, or on the entire nervous economy, or by the too highly-exalted excitability and sensibility of the nerves themselves.

"In the palsy of pregnant and puerperal women, whether partial or complete, whether local or general, we find that albuminuria may be a marked symptom; and if the observations are yet too few to draw any very positive conclusions, it is probably because our attention has not been drawn to the subject. And when, in addition, we find, as Dr. Lever states, that as the albumen diminishes the paralysis subsides, we can hardly doubt that there is some important connection between them."

There is no necessity for supposing the existence in these lesions under our consideration of that condition of the kidney to which we apply the term Morbus Brightii, since the presence of the albumen in such instances is "depending upon a cause which is of a temporary nature, and capable of being speedily and entirely removed."

To these remarks we append, inasmuch as they bear upon the subject, certain inferences of Dr. Leyfort, and which have been published by him in the 'Edinburgh Monthly Journal,' of February, 1854; they are these:—"First, albuminuria is not an essential accompaniment of normal, healthy pregnancy; second, the theory ascribing albuminuria to the pressure of the enlarged uterus on the renal vessels is inadmissible; third, when anasarca from Bright's disease occurs during pregnancy, the patients are seldom attacked by eclampsia; fourth, the albuminuria in cases of eclampsia *is occasioned by the interruption of the functions of the respiration and circulation by the attack;* fifth, in such cases the albuminuria terminates with the attack; sixth, albuminuria is not present in all cases of eclampsia; seventh, albumen is found in large quantities in the urine of epileptics immediately after an attack, but not invariably after every seizure or in every case of the disease; eight, provided there be no Bright's disease, this albuminuria among the epileptics ceases soon after the convulsions, and only returns after the next attack."

University Intelligence.—Cambridge, February 22, 1864. An examination for four minor scholarships will be held in Downing College on Monday, May 30 next, and the two following days, and will begin at 9 a.m. on Monday. The examination will be chiefly in classics and elementary mathematics, but some weight will be given to proficiency in French and German. Two additional papers will be set, one on moral philosophy in connection with the principles of Jurisprudence, the other on the elements of the natural sciences in connection with Medicine; and in awarding two of these scholarships considerable importance will be attached to any special proficiency in the legal or in the Medical subject. Foundation scholars will, by the same examination, be elected from among the undergraduates of the College. Persons who have not been entered at any College in the University, or who have not resided one entire term in any such College, are eligible to these minor scholarships, which will be of the value of 40*l.* per annum, and tenable for two years, or until their holders are elected to foundation scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the College. Satisfactory testimonials as to their moral character must be sent to the master by all candidates for these minor scholarships, on or before Wednesday, May 25.

Army Medical Department.—Owing to the scarcity of medical officers in the Indian army, the Army Medical Department is about to hold another competitive examination for assistant-surgeoncies in the royal army on the 21st of March. The age within which candidates may be admitted is extended to thirty years. We feel bound to add that the Indian medical department has stronger grounds of dissatisfaction than the home service; and that the want of officers is only the necessary consequence of the extreme discontent and sense of injury under which the medical officers smart. The Indian papers are full of their unredressed grievances. It will be remembered that the promised Indian Medical Warrant was at the last moment withdrawn; and that the Indian medical officers, between the long debated scheme of amalgamation and a separate Warrant, have been made the playthings of men in office.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. V.

GALLIC ACID.—This acid is found in small quantities in various parts of a great number of plants. It is present in the flowers of arnica, in the seeds of sabadilla, in the leaves of tea and uva ursi, and in the roots of ipecacuanha and rhubarb. But it is found most abundantly, together with another acid, tannic or gallo-tannin, in nut-galls. The amount of gallic acid which exists ready formed in the gall-nut in proportion to the gallo-tannin is, however, but small, and the object of the process given in the British Pharmacopœia is the formation of gallic acid from the former substance.

Gallo-tannic acid belongs to a class of conjugated bodies termed *glucosides*; these bodies are easily broken up under the influence of dilute acids or natural ferments assimilating water, and yielding glucose as one of the products of the change. The Pharmacopœia adopts the fermentation process. Galls in coarse powder are directed to be made into a thick paste with water, and this paste, kept moist by occasional additions of water, is left exposed to the air at a temperature from 60° to 70° F., for a period of six weeks. The changes which take place during this time are somewhat complicated. In general, it is said that oxygen is absorbed from the air, carbonic acid is given off, and gallic acid formed. The actual changes, however, are not quite so simple. Some ellagic acid is always produced, together with alcohol, and most probably other bodies. The ferment which sets up these changes is a nitrogenized body contained in the galls termed *pectase*.

At the end of six weeks, when the fermentation is supposed to be completed, the paste is boiled with water for twenty minutes, and strained through calico while hot. On cooling, the liquor deposits the gallic acid in minute crystals, and any undecomposed tannin is left in the mother liquid. These crystals are to be pressed, and then purified by re-dissolving them in a small quantity of boiling water, from which the acid now deposits in the form of the minute acicular crystals, usually of a pale fawn colour, well known to all who employ the acid.

The above is the process most generally followed in procuring gallic acid, but some modifications have been proposed. It has been recommended to make use of some beer yeast to promote the fermentation, but this ferment is said by Robiquet to have the opposite effect of retarding the process.

A fermentation process, more or less resembling that of the Pharmacopœia, is, we believe, always employed in producing gallic acid commercially; but, as we have said, it can also be obtained by breaking up the gallo-tannic acid by means of a dilute mineral acid. For this purpose the powdered galls have only to be boiled for a short time with dilute sulphuric or hydrochloric acid, whereby the gallo-tannin is resolved into gallic acid and glucose.

$$C_{54}H_{22}O_{34} + 8HO = 3C_{14}H_6O_{10} + C_{12}H_{12}O_{12}$$

Gallo-tannin. Gallic Acid. Glucose.

According to Dr. Stenhouse, when a properly diluted acid is employed, nearly the whole of the tannic acid may be obtained in the form of gallic acid. The crystals are deposited from the strained liquor on cooling as in the former process, and may be purified by re-dissolving them in boiling water as before.

Gallic acid is soluble in 100 parts of cold water, and in three parts of boiling water, and freely soluble in alcohol and ether. Its solution gives no precipitate with a solution of gelatine, which would detect the presence of any tannic acid, from which gallic acid is also distinguished by occasioning no precipitate with the vegetable alkaloids. It is tribasic, and crystallises with two atoms of water; the formula given in the Pharmacopœia is $3HO, C_{14}H_5O_7 + 2HO$. Not one of its salts is employed in Medicine. If carefully heated to 210° or 215° Cent. it gives a sublimate of pyro-gallic acid, meta-gallic acid being left as a residue. When burned with free access of air, gallic acid leaves no residue.

Pyro-gallic acid is largely used in photography as a reducing agent, and in gas analysis to absorb oxygen; it has not yet, however, been employed in Medicine.

ACIDUM HYDROCHLORICUM is a solution of hydrochloric acid gas in water. The solution directed by the British Pharmacopœia is to have the specific gravity 1·7, and will, therefore, contain about 34 per cent. of the gaseous acid. It is a little stronger than the acid of the London Pharmacopœia, which had the density 1·6.

The process given in the British Pharmacopœia would be unexceptionable, but for an unfortunate omission, which has provoked a good deal of criticism. The directions are as follows:—"Take of chloride of sodium, dried, three pounds; sulphuric acid, forty-four fluid ounces; water, thirty-six fluid ounces; distilled water, fifty fluid ounces. Dilute the sulphuric acid with thirty-two ounces of the water, and when the mixture has cooled, pour it upon the chloride of sodium, previously introduced into a flask, having the capacity of at least one gallon. Connect the flask by corks, and a bent glass-tube with a three-necked bottle, furnished with a safety-tube, and containing the remaining four ounces of the water; and from this, conduct the gas into a second bottle, containing the distilled water, by means of a bent tube, dipping about half an inch below its surface; and let the process be continued until the product measures sixty-eight fluid ounces." In the foregoing directions it has been forgotten to state that heat must be applied to the mixture of chloride of sodium and diluted sulphuric acid, without which, little or no hydrochloric acid gas will be evolved. Towards the end of the process,

indeed, it will be necessary to raise the heat almost to the boiling point.

The above proportion represent two equivalents of sulphuric acid, and one equivalent of chloride of sodium, so the changes which take place in the process will be represented by the following equation :—

$$Na\,Cl + 2\,SO_3 + 2\,HO = H\,Cl + Na\,O, H\,O, 2\,SO_3.$$

The commercial acid is usually made by heating one equivalent of chloride of sodium and one equivalent of sulphuric acid ; but with these proportions a much higher temperature is required, and the operation is conducted in cast-iron cylinders. Several impurities are ordinarily found in the commercial acid, some of which may also be present in that prepared according to the Pharmacopœia process. To these we shall presently allude.

Hydrochloric acid gas is a compound of one equivalent of hydrogen (1), and one equivalent of chlorine (35·5). By cold and pressure it may be condensed into a colourless fluid. On escaping into the air it fumes on account of absorbing water. Water dissolves nearly an equal weight or about 500 times its volume of the gas, and this saturated solution has the density 1·20. When pure, the solutions of the gas are perfectly colourless.

By operating with pure chloride of sodium, and pure sulphuric acid, a perfectly pure hydrochloric acid will be procured by the Pharmacopœia process ; but as such an acid will probably remain an extremely scarce article, we proceed to point out the impurities commonly found in the commercial acid. The most important is arsenic ; this may be derived both from the chloride of sodium and the sulphuric acid employed, but most probably from the latter. The object of the three-necked bottle with a small quantity of water, directed by the Pharmacopœia, is to detain any chloride of arsenic which may pass over ; and in order that this may be perfectly accomplished, the tube conveying the gas should be made to dip under the water, and the bottle itself should be well cooled.

Arsenic, if present, would be detected on boiling the acid, diluted with an equal volume of water, with a strip of bright copper foil — Reinsch's well-known test. The chloride of arsenic is thereby decomposed, and a steel grey coating, which consists of an alloy of arsenicum and copper, is deposited on the surface of the metal. When a piece of foil so coated is heated in a test tube, the arsenicum is volatilized, and combining with oxygen from the air, is deposited on the sides of the tube in the form of sparkling octohedral crystals of arsenious acid.

When diluted with four times its volume of distilled water, hydrochloric acid gives no precipitate with chloride of barium, proving the absence of any sulphuric acid. When similarly diluted, it gives no precipitate with sulphuretted hydrogen. This further proves the absence of arsenic which would give an orange precipitate of tersulphide of arsenic, and also of nitric and sulphurous acids, both of which would occasion the separation of sulphur.

Commercial hydrochloric acid and pure acid which has been long kept exposed to the light, is coloured yellow by chlorine, which will bleach a solution of indigo. A similar colour is frequently due to organic matter, and sometimes to peroxide of iron ; the latter will be precipitated when the acid is supersaturated with ammonia.

Hydrochloric acid does not combine with metals, or with metallic oxides. When it attacks metals, the hydrogen of the acid is set free ; and when acting on a metallic oxide, the oxygen of the metal combines with the hydrogen of the acid to form water, a simple compound of chlorine and metal resulting in each instance.

ARMY REPORTS.

No. 1.

STATISTICAL, SANITARY, AND MEDICAL REPORTS FOR THE YEAR 1861.

ISSUED BY THE ARMY MEDICAL DEPARTMENT, OCTOBER, 1863. Pp. 552.

Report on the Gun-shot and Sabre Wounds of Invalids sent to Fort Pitt during the Years 1860 *and* 1861. By Thomas Longmore, Esq., Deputy-Inspector General, and Professor of Military Surgery to the Army Medical School. Pp. 30.

A wholesome dread of blue-books has deterred us for some weeks from opening the ponderous blue volume, with its varied type, tables, and contents ; and we confess that even now we would have deferred it till a more convenient season, had not the pamphlet of Mr. Longmore passed into our hands. This pamphlet we have read with such interest as to induce us to cast our eye over the larger work, and, with little trouble, we have seen the vast amount of information collected in these Reports, and the valuable deductions which yearly may be drawn from their contents, not only for the good of Medical science, but also for the increase of our statistical information, which in future wars will render the Director-General an indispensable and important aid to the authorities at the War Office. As our busy readers may have no time to turn over the bulky volume, we shall briefly give an idea of its contents.

It is certain that Dr. Andrew Smith felt, at the outbreak of the Crimean war, that he had not a single document in his office to help him to statistical conclusions. If these reports be carefully and faithfully worked during war, as they now are in time of peace, there is no reason why they should not show the total deaths from disease, the total deaths from wounds, and the per centage of each to the total strength of the army, and also a most important item hitherto not noticed, namely, the probable period that the Army will be deprived of the services of men in hospital from diseases and non-fatal wounds, and consequently the reports will indicate the number of men which will be required at the expiration of a certain fixed period to fill up the gaps of an army in the field. So that, given the strength of an army, and the probable duration of a certain war, an approximate calculation may be made by the Minister at War of the number of recruits required to sustain the army constantly at its necessary numerical strength. From inattention, on the part of military rulers, to these inevitable inquiries, wars have ended when they should have gone on, and governments saved when they should have yielded or have been destroyed, by the total wasting away of armies. Of the former we have a notable instance in the French Army during the late Crimean war ; of the latter many instances both in ancient and modern wars.

The value of these reports would be much increased if tables of the treatment adopted in cases both of wounds and diseases were appended, especially zymotic diseases, for they are the real enfeeblers and destroyers of armies,

not shot, shell, and the bayonet. We learn, from a table in Dr. Fraser's 'Treatise,' that in the Crimean War 16,298 men perished by disease, chiefly of the zymotic class, and only 1,918 from wounds. The same disproportion was observed in the French army, in which 57,741 perished from disease and only 3,981 from wounds.

In illustration of the subjects dealt on in the statistical report of 1861 of 'Troops serving in the United Kingdom,' we give "enthetic" diseases at page 11.

"The admissions on account of venereal diseases continue very high, exceeding in number one-third of the strength. There has been a slight increase in the proportion in the seaport towns, camps, and at London and Windsor; and a decrease in all the other groups of stations, but particularly at Dublin, the dockyards, and arsenals, and the remaining stations." The admissions into hospital from this class of disease have amounted to 354 per 1,000 of the strength. The number constantly in hospital has been with them 23·45 per 1,000, and the average duration of the cases 24·19 days, in other words 31,476 men out of a grand total of 88,955 men have been admitted into hospital for a disease capable of mitigation by police interference. The inefficiency thereby caused has, therefore, been equal to the loss of the services of every soldier at home for 8·56 days, being a trifle under the amount in the preceding year. 1·85 per 1,000 of the strength is lost annually to the country by invaliding from this cause alone. To show the permanency of this evil, we shall take a few figures from the report of 1859. The annual ratio of men admitted to hospital for syphilis and gonorrhœa was in the infantry regiments 399·4 per 1,000; Dragoon Guards 402; Royal Artillery 571; Military Train 580. Thus, the average would be 422 in every 1,000 men serving on home stations. Referring to Mr. Acton's papers, we find in the garrison at Brussels, only 11 men out of 3,500; while at Windsor 64 out of 600 Fusilier Guards were in hospital for this disease. This* subject must sooner or later be met boldly, and if decided steps can be taken, no maudlin sentiments should be allowed to stop the necessary means to improve and continue the health and efficiency of the British army. We cannot carry out all the means for prevention and cure adopted in foreign countries, and truly there is not much inducement to make similar attempts, seeing the utter failure of the strict segregation system adopted at Hamburg, where nevertheless syphilis is found in plenty; but let us at least do all we can by offering a ready means of entering hospitals to all infected women, and promulgate as much as we can a knowledge of the baneful effects of this disease. If a registry of prostitutes were kept, a concealment of labouring under the disease might be made a misdemeanour; but what are we to make of all the hidden and unregistered cases of disease in our Babylon?

Connected with this subject are two most interesting papers by Drs. Milroy and Aitken, p. 423 and 432, and although we are disinclined to accept, as proved, the connection between syphilis and pulmonary disease, which these gentlemen would infer, yet we take their papers as valuable, from drawing attention to this most important subject. For instance at page 435, Dr. Aitken says,—"For reasons already stated, phthisis must be regarded in many cases as the product of syphilis, and I would fully endorse the statement of Dr. Balfour, from what I have seen in the post-mortem rooms, seems," he says, "that a great cause of pulmonary disease among the guards is the amount of syphilis."

We are ready to admit that the depressing effects of the syphilitic taint will, like any other depressing disease, favour the deposit of tubercle, and very often the circumstances under which syphilis is contracted—viz., habits of intemperance, undue exposure to cold and inclement weather, &c., are of themselves sufficient to light up the tubercular diathesis, without concluding that the one disease supplements the other; or that there is any more connection between the two diseases than that the local irritation caused by syphilitic infiltration will hurry on the deposit of tubercle. If this connection be conceded, how are we to explain the innumerable cases of phthisis occurring in persons of all ages and ranks who have never had syphilis, or where no hereditary taint even can be traced or suspected? In those melancholy cases of children born loaded with a syphilitic taint, the presence of tubercle is only incidental and not the rule.

The observations by M. Grassi quoted at p. 428, "that in the advanced stages of syphilis the blood globule is converted into albumen," proves nothing in point, because albumen constitutes a very small proportion of the component parts of tubercle, and he leaves unexplained the source of the various other component parts of tubercle; besides, if this were the true explanation we should detect tubercle in the blood, which, as yet, has only been suspected but not proved, in a very few cases, although one case is given by Alison in which "tubercle was seen in the decolorised lymph in the right ventricle of the heart, adhering to the lining membrane."

Dr. Parkes does not appear to share in the opinions of his colleagues, for at page 310 he says "The enquiries which have appeared to trace the large amount of phthisis prevailing in the army to the inhalation of a vitiated atmosphere, may perhaps eventually be carried a step farther, and may show that the pulmonary effect is not owing to gaseous impurity, but to the mechanical effect of the manifold particles of different kinds which float about in the air of ill-ventilated rooms."

Mr. Hutchinson, an authority of no small importance in this special field distinctly states in aphorism 57, page 218, in his syphilitic diseases, "There is no reason to suppose that heredito-syphilis in the least predisposes to phthisis, or to the tubercular forms of scrofula." He might have added also "acquired syphilis."

(To be continued.)

Life; Its Nature, Varieties, and Phenomena. By Leo H. Grindon, Lecturer on Botany at the Royal School of Medicine, Manchester. Third Edition, pp. 401. London: F. Pitman.

The fact that this book has reached its third edition sufficiently proves that it has been acceptable to the public. It is by no means a Medical or physiological treatise, but embraces a great number of subjects both in the domains of science and those of literature, which render it instructive and amusing to all classes of the community. From this circumstance, we are precluded from entering at large into a consideration of the manifold subjects of which it treats, and of the arguments which the author employs in supporting his views. A book in which the theories of life in animals and plants are discussed in connexion with the past and future eternity, and in which the nature of the human mind and soul is elaborately examined, is evidently one which cannot be despatched without a lengthened analysis such as our limits do not allow us to make. We must therefore, confine ourselves to observing that the pages of Mr. Grindon's treatise exhibit throughout abundant traces of various learning, and a mind keenly alive to all that is beautiful in nature; while the whole tone of the work is a deeply religious one, harmonising the works of the creation with the doctrines of revelation. The principles advocated are not those of an ascetic, but of one who advises mankind to enjoy with moderation the bountiful gifts which are presented for their use, and the perusal of the book is calculated to inspire humble sentiments of gratitude for the blessings we at present enjoy, and well-founded aspirations for the future destiny of the human race.

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* Since the above was written, the authorities have taken an initiative step; an order has been issued from the War Department, strictly forbidding soldiers entering certain streets chiefly inhabited by prostitutes in Woolwich, and sentries are to be placed at each end of such streets night and day to enforce obedience. A letter also has been issued by Lord Hartington to the local civil authorities, offering that at least ten affected females may be sent to and kept in the Lock Hospital at the expense of the Admiralty.

GENERAL CORRESPONDENCE.

THE BRITISH PHARMACOPŒIA.

To the Editor of the Medical Circular.

When in the happy days of my "teens," I was serving my master after the manner of a faithful obedient apprentice, I was more than once in "hot water," from the following circumstance. My excellent preceptor held the appointment of apothecary to one of our largest metropolitan hospitals, and although we had a well arranged "Pharmacopœia Nosocomü," yet, to my sorrow, the staff would not adhere to its formulæ. One of these extrinsic favourites was "Pilula Colocynthidis cum Hyosciamo," the manufacture of which devolved on me, and to shorten labour I was wont to make up a goodly mass of the above compound, and roll out any quantity into pills, as they were required. But we had a body of men selected by the Executive from the Medical practitioners on the committee, known as (at least so-called) "The Annoyance Jury," or "Visiting Justices," not of peace, for they always brought war, but really "Visiting Apothecaries." Their duty consisted in prying into every department of the drug and dispensary establishment, and often did they lay hold of my Col. cum hyos. mass and exhibit it to my master as useless. In truth, it was always getting mouldy, and appeared not only to spoil itself, but the activity of the Colocynth extract also, if kept in bulk; yet such is the love of a formula from the Scotch capital, that this most objectionable mass is now ordered to be kept by the British Pharmacopœia; and the man who buys the same, will soon learn, by practical and pecuniary experience, the folly of such a step, if he heeds not this

I am, &c., VOICE FROM THE DRUG ROOM.

THE DIET HOSPITAL FOR THE POOR.

To the Editor of the Medical Circular.

The Diet Hospital! what can that be? we have heard of a hospital somewhere on the continent where none but dietetic remedies are allowed for any disease, but surely no one has had the temerity to try such an experiment in drug-taking England. Yes: a glance at the latest Report tells us that this Institution is intended to "*supplement* the benevolent labours of those, who, while they *give* Medical attendance and medicine, can but *recommend* suitable nourishment, which is often the most important means of cure and the most difficult to obtain.'

Can it be, then, that this Hospital is intended to supply that great desideratum for which the dispensary doctor often sighs in vain? Yes: that is its object.

"Here day by day a meal is spread,
The sick are gathered round;
By Christian kindness hither led
To feast on Mercy's ground."

And a good meal it is, too; consisting of roast meat, bread, vegetables, and porter, direct from the brewer's. The room formerly a shop and parlour) in which this useful and interesting work is carried on is only 21 feet long by about 15 broad, and is situated in a street where most of the houses are let out in tenements to the poor. The large front-window is shaded by a white blind, on which is printed in large letters "Invalids' Dinner-Table or Diet Hospital." A small tablet on the outside gives the further information, that it is an institution for feeding the Sick Poor; that the dinner houris 12.30, and the price of dinner-tickets, 6d. each. Benevolent persons buy these tickets, and give them to poor persons recovering from illness, or suffering from chronic disease. The recipients have to pay ½d. each if they sit at table, 2d. if they have their dinners home. This difference in favour of *table guests* is made partly because their presence insures that the dinners are really eaten by themselves, instead of being shared by other members of their families, and partly because it gives them an opportunity of hearing what may do them good. The additional charge is so far successful that the larger number of invalids dine at the room. Though the allowance is a liberal one, the plates are generally cleared; and then the good old man, whose duty it is to assist the cook in cutting up and weighing out the food, reads a few verses of scripture, and offers prayer; but, as he is under orders to dismiss the people at half-past one, this does not occupy long.

The diners include men, women, and children, some of the latter being very young. Those who have watched the effects of judicious diet, in even the worst forms of infantile disease, will not be surprised to hear that some of the most successful cases have been those of children. It is pleasing, too, to observe the kind feeling which their presence at table often elicits from older invalids, and to hear the hearty laugh which their amusing ways will sometimes send all round the table.

Towards the close of the winter and early in the spring the number of patients often exceeds 100 in the week, though the room is so small that if more than five and twenty dine there at one time, they can hardly be said to be *accommodated.*

The clean appearance of those present makes us think it must surely be a good thing for the poor spiritless invalid, who sits day after day over his smoky fire, putting off to the last moment the fatiguing and chilly operation of washing, to have a motive for making himself decent, and getting a little change of scene, to say nothing of the more substantial benefit of a good wholesome dinner.

In conclusion, we advise all your readers to look in at 66 Earl street, Lisson grove, some morning at half-past twelve, and see for themselves the Diet Hospital at work, which in point of fact is not an hospital at all, but as its less pretentious name informs us, a "*dinner-table*," around which such of the neighbouring sick poor as can obtain tickets gladly assemble every day.

If a little further advice can be tolerated, we would say leave a handsome donation with the Matron, or send one to the Lady Superintendent, and you will deserve the thanks, not only of the afflicted poor, but of all your professional brethren who labour amongst them.

I am, &c., AMICITIA.

[We willingly insert this communication from a lady correspondent, and at the same time express our best wishes for the success of the institution, which, as we know from personal experience, is already effecting a great amount of good, especially among the out-patients of hospitals and dispensaries, who are often as much, or more in need of diet than of medicines.—[ED. MEDICAL CIRCULAR.]

SWEATING IN DROPSY.

To the Editor of the Medical Circular.

SIR,—I have often thought it singular that with the numerous hot-air, or Turkish baths, now scattered through this country, and more or less patronised by the public and our profession, the effects of *copious sudation*, prescribed with judgment, should not be tried in our hospitals or elsewhere, in cases of anasarca or general dropsy, which purgatives, diuretics, &e., too often fail in efficiently relieving.

Not very long since, I had under my care a lady of about sixty-two years of age, whose legs, higher than the knees, had been affected for months past with great œdema (said to be dropsy), and accompanied by a very irritable eruption, of impetiginous nature, for which numerous remedies had been tried in one of the midland counties without much benefit.

She now took at my request, "a simple hot-air bath," long enough to induce free perspiration, from which she derived such immediate benefit and comfort, that it was repeated after two days, so as to occasion more copious and longer sudation.

Suffice it to say, that after a third bath, not only was the eruption dissipated, but her legs and ankles completely restored to the natural size, and her general health, spirits, and comfort, surprisingly improved.

I could discover in her case no symptoms of diseased heart or kidneys, but her habit of life had long been sedentary and inactive.

Are there not many cases of intractable anasarca, &c., in which this simple means of getting rid of the superfluous fluid might be safely tried with advantage, relieving the poor patient of miserable suffering, and perhaps occasionally effecting a cure? I am, &c.,

FRAS. PEPPERCORNE, M.R.C.S.E.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 9, 1864.

MEDICAL EDUCATION.

The subject of Medical Education must be one of the deepest interest to us all, whether as individuals or as a community. The status of each one of us in the Profession has been obtained in a great measure by the education we received while still in a state of pupilage, and the future interests of our successors will materially depend upon the use they make of their time during their career as students. The choice of a good school, the instruction and example of a good teacher, the judicious employment of time, the perusal of useful books, the influence of good associations, all these circumstances may lay the foundation for an honourable, useful, and prosperous career; while, on the other hand, an injudicious choice in any of the above particulars, and even a single false step, may ruin the brightest prospects, may arrest our career on the very threshold of Professional life, or may drive us from the Profession altogether.

While thus asserting that the future of each of us is in a great measure dependent upon the mode in which our early professional training has been conducted, it is needless to remark that it is still more dependent upon our own individual exertions. The old adage "one man may lead a horse to a well, but a hundred cannot make him drink," is perfectly applicable to Medical study, for a youth may be surrounded with every advantage in the way of well-arranged hospital wards, diligent teachers, eloquent lecturers, and abundant books, and yet he may be unable or unwilling to avail himself of their use; and on the other hand, another youth may, by dint of courage and perseverance, overcome every obstacle which may be presented to him by poverty and privation, and by the absence of the advantages just enumerated, and yet become an ornament to his Profession and to the human race. But schemes of education are intended for the many and not for the few, and it is no disparagement to the best system, to assert that it has been found useless or inapplicable in individual cases, or that certain isolated instances have occurred where persons have made their way in the world without any education at all.

In reference more especially to the Medical Profession, there can be no doubt that the amount of literary and scientific information necessary for its successful pursuit has enormously increased of late years; nay, more, we do not hesitate to assert that a great portion of the current and recent Medical literature is either useless or unavailable to the student, and he requires to have some guide at hand to tell him not only what to seek, but what to avoid. Not only is this the case with much of the floating irrelevant science or pseudo-science of the present day, but many facts and theories accepted in former times have become obsolete by the advance of knowledge, and therefore worthless except to those who study the history of Medicine in an antiquarian spirit.

To tell a youth, therefore, who designs to enter the Medical Profession, that he must rely on himself and distrust those who occupy the position of acknowledged teachers, may be good advice enough in a certain sense—namely, to encourage in him habits of self-reliance and a salutary scepticism as to Medical dogmas; but if it is meant that he is to pursue his studies as his own fancy may dictate, choose the parts of the established curriculum which he prefers, and neglect all the rest, attend what lectures he pleases, and absent himself from others, and amidst a host of books, some of them of enormous dimensions, pick out for himself those he thinks most inviting:—then all we can say is, that he who follows such advice will, in nine hundred and ninety-nine cases out of a thousand, either become an incompetent practitioner in the long run, or rapidly give up the Profession in disgust as a hopeless pursuit.

For many years it has been the fashion to decry what is called the system of apprenticeship; and, undoubtedly, if the relationship between master and apprentice is merely a trading compact, money being exacted on one side and mechanical services rendered on the other, the sooner it is abolished the better. But if the master is a conscientious man, willing and able to impart information, even upon minor points connected with medicine and surgery, and the pupil is docile and industrious, and if, moreover, this preliminary pupilage lasts only for one or two years, then we cannot, on any reasonable ground, see what objection exists to the system. Nay, more, we consider that such a relationship between master and pupil is positively advantageous, and that the present neglect of the opportunities afforded by provincial hospitals, infirmaries, and workhouses, to young Medical pupils, is already producing most disastrous consequences to the rising generation of students.

If, indeed, it be urged that boys should be kept somewhat longer at school for the purpose of pursuing abstract or scientific studies, then it is necessary that their period of Medical study should be prolonged in proportion, and no objection can be urged against such a system, except the following, which, although altogether a pecuniary one, is of very great importance. It must be recollected that the great mass of Medical students must be qualified for practice at twenty-one years of age, at which time they are able to earn their living. Hence, if a boy is to be kept at school learning classics and mathematics until he is eighteen, it is evident that he will require to pursue his Medical studies after he is one and twenty, unless indeed the ingenuity of the present age should discover some royal road to Medical knowledge, which may obviate the usual laborious steps by which that knowledge is attained.

Here, however, we must protest against the notion entertained by some well-meaning people, that the education must be alike for all. It is quite true that the fundamental principles of medicine and surgery are the same, and that a knowledge of anatomy is as essential to a Medical practitioner as an acquaintance with the alphabet. But shall it

be said that a knowledge of anatomy *alone*, even if it be a thorough knowledge, is sufficient for a Medical practitioner of the present day? and yet we fear that not a few candidates rest their claims to admission into practice merely upon a superficial knowledge of this one subject; and what is more, they sometimes succeed in their attempt. But something in addition is certainly required, even to secure a minimum of qualification, and the object of the authorities has been lately to determine how far the minimum should descend. Botany, in very many cases, has been swept away, Physiology has been reduced to two lectures a week, Materia Medica has been contracted into a three months' course, Midwifery has met the same fate, Chemistry is generally neglected, and now the question is, how much is left?

The fact is, as all who are in the least degree acquainted with human nature will admit, that the majority of students will content themselves with the minimum of study, and one of the chief objects of a student's inquiry is, what the minimum is that will enable him to pass. It is equally true that most students, having attained the object of qualifying themselves for the Profession, will pay but little subsequent attention to scientific pursuits, and many have no time to do so, even if they were so inclined.

Such, however, is not the case with all. There are many ambitious spirits who are not satisfied with merely fulfilling their prescribed duties, but who have lofty aims and devote themselves to more severe study. We contend that this latter class deserve higher honours than the former, and that the attempt to amalgamate them all together, is both unfair and unwise; unfair, because he who has worked the hardest ought to reap the greatest reward; and unwise, because it discourages the pursuit of science, which it ought to be the aim of those in authority to promote to the utmost of their power.

SUMMARY OF THE WEEK.

MEDICAL ETHICS AT GREENWICH.

We entirely agree with the 'Lancet,' that the best mode of settling differences among Medical men is by a Court-Medical, instead of by the cumbrous and costly machinery of the law; but at the same time it is only fair to expect that such a Court-Medical should be properly constituted, and that both parties in a dispute should consent to abide by the decision. From information which has reached us, we hardly think that all the rules of fair dealing have been observed in a case which lately occurred at Greenwich, involving some matters of difference between Dr. Purvis and Dr. Moon. It appears that Dr. Purvis, having some cause of complaint against Dr. Moon, called a meeting by a circular marked "strictly private," at which Dr. Moon was requested to attend, but did not do so, owing, it is stated, to his doubt as to the competency of the tribunal, and to his imperfect knowledge of the charges on which he was to be arraigned. It seems that at this "strictly private" meeting a reporter was present, and after the charges made by Dr. Purvis against Dr. Moon, which were three in number, had been heard and discussed, Dr. Purvis withdrew two of them, and the third, which was to the effect that Dr. Moon had written an incorrect certificate, was explained and apologised for by the friends sent to represent the latter gentleman. The result was that Dr. Moon was exculpated from the charge of unprofessional conduct towards Dr. Purvis, and the meeting was satisfied with the explanation. Here the matter might surely have dropped, and Dr. Purvis and Dr. Moon might have shaken hands and forgotten the transaction; but it appears that the 'Lancet' not only published the particulars of this "strictly private" meeting, but actually misrepresented the result, announcing it as condemnatory of Dr. Moon, whereas it was just the reverse. Not only was this done, but we are informed that a garbled report of the meeting, professing to be extracted from the columns of the 'Lancet,' was printed and distributed through the town of Greenwich. This is the version of the affair that we have received, and the 'South London Journal,' in a very temperate and well-written leading article, throws grave doubts on the competency of a Court-Medical to deal with questions affecting professional men, as long as the court is composed in the manner we have described, and its transactions are conducted with such unbecoming irregularity. Dr. Finch, of Blackheath, has written a letter in the same journal, giving what he conceives to be the true version of the whole transaction, and stating that the results of the meeting were exculpatory of Dr. Moon. As we ourselves know but little of any of the parties concerned, but believe them all to be respectable men, we merely make the above remarks in a spirit of justice and fair dealing, hoping that they may help to effect a reconciliation between the belligerents in the late unpleasant misunderstanding.

THE DIET OF PRISONERS.

We have alluded on a previous occasion in terms of remonstrance, to the absurdity of over-feeding prisoners, and thus rendering their condition more desirable than that of the honest and hard-working labourer, and we commented upon a representation made some time since by the Middlesex magistrates to Sir George Grey on this subject. The opinion appears lately to have been gaining ground, that crime is rather encouraged than repressed by the present mode of treating criminals, the excellent diet they receive being a material element among their other comforts. The topic has again been prominently adverted to in a discussion which took place on Friday evening last, in the House of Commons, on the occasion of the second reading of the Penal Servitude Acts' Amendment Bill, many of the members protesting against the excessive dietary allowed to prisoners. Sir George Grey, we are glad to perceive, has directed his attention to the subject, and he stated that a committee had been appointed, comprising three medical men, to inquire and report upon the diet of prisoners, with a view to the alteration of the present system. The object in future would be to allow prisoners only so much food as to preserve them in health. We hope that this view

of the Home Secretary will be fully carried out in practice, and that no morbid sympathy with criminals will induce a perseverance in a course which renders the position of a convict preferable to that of a poor, but honest man.

THE COUP DE GRACE TO SARRACENIA PURPUREA.

We have never failed to denounce the absurdity of vaunting the wonderful powers of a supposed remedy, long before it has been put to the test of experience, and we have still more emphatically condemned the practice of publishing wonderful cures in the columns of the lay journals, inasmuch as such announcements are calculated to raise false hopes and to disseminate error, even if they are not inserted for a mere trading purpose. The last number which has reached us of the 'American Medical Times,' contains a short paper, showing the worthlessness of Sarracenia in Small-pox, and the Editor thus sums up his opinion of the merits of that drug:—

"SARRACENIA PURPUREA IN SMALL-POX.—The Sarracenia has finally been submitted to a trial, which would seem to prove conclusively that it has no specific virtues in small-pox. The cases related by Dr. Levings in another column, where the article was obtained from Major Lane himself, are too accurate to allow a doubt of the fairness of the trial. It is time the Profession put an end to the pretensions of those persons who are endeavouring to palm upon the community a remedy of no value."

THE MEDICAL PROFESSION AND THE PRIZE RING.

For the benefit of any of our readers who may be patrons of the noble art of boxing, we extract the following from the advertising columns of the 'Lancet;' but before we found that it appeared in the pages of our contemporary, we were not aware that the proceedings of prize-fighters had any interest for the members of our Profession. However, we live and learn, and here is the advertisement. For our own part, we did not know that our printing-office was in such close contiguity to the "Academy" referred to, and we are, of course, grateful for the information:—

"SPARRING.—Young Drew (of the P.R.) has opened an Academy for the 'Noble Art,' at Mr. Ashley's, 'White Hart,' Little Windmill street, Haymarket. Hours of attendance from ten till four in the day, and from eight till ten in the evening. Gloves, dumb-bells, &c., found."

The 'Dublin Medical Press' remarks that—"This unworthy touting for the patronage of the P.R. is beneath any respectable journal, let alone that which claims to direct the course of Medical opinion in England."

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

MR. I. BAKER BROWN continues his "Clinical Lectures on some of the Diseases of Women, Remediable by Operation," and his present subject is "Vesico-Vaginal, and Urethro-Vaginal Fistula," the operations for the cure of which are described with the aid of illustrative diagrams. The lesions in question arise, for the most part, from protracted labour, but they arise also occasionally from lithotrity, and from the use of the old wooden pessary. Mr. Brown attributes the present successful treatment of vesico-vaginal fistula to the employment of silver-wire sutures, as recommended by Dr. Marion Sims, of New York, in place of the ordinary twine or silk sutures. The operation is simple enough in theory, consisting solely in paring the edges of the fistulous opening, and bringing them together by the sutures; but in practice, great nicety and considerable time are required. The operation of taking out the sutures is much more difficult than putting them in, and unless every part of the wire is removed, the patient may be exposed to great inconvenience. Inspector A. J. SEMMES, of the Confederate States Army, contributes some "Reports of Cases of Gun-shot Wounds, in the General Military Hospital of Camp Winder, near Richmond, Virginia," and the report is accompanied by some remarks by MR. LONGMORE, of Netley. Mr. W. DUNNETT SPANTON contributes a short paper on the "Use of Collodion as an Application in Cases of Hernia Cerebri." The usual treatment of this affection consists in the application of pads of lint soaked in lime-water, combined with pressure, and if necessary, shaving off the granulations as they spring up. Mr. Alexander Shaw is said to be the first surgeon who employed collodion instead of the ordinary application, and Mr. Spanton employed the same substance in the case he now relates, which was that of a boy whose skull was fractured by the kick of a horse, requiring the depressed bone to be elevated. After a short time, however, the brain protruded, and was treated by the application of collodion with eventual success.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. GARROD continues his "Lectures on the British Pharmacopœia," introducing a variety of subjects, most of which have already been reported or discussed in our pages. Among the more important substances described are scammony resin, podophyllin, the preparations of iodine and of mercury, the alcoholic and ethereal preparations, including the spiritus ætheris, the spiritus chloroformi, and the spiritus ætheris nitrosi. With regard to the latter compound, ordered to be prepared by distilling the nitrite of soda with rectified spirit and sulphuric acid, Dr. Garrod speaks of the new process with commendation, but it is now proved that, however good the plan may be in theory, it is useless in practice, because the nitrite of soda cannot be obtained by the method described. Rectified pyroxylic spirit is the wood or methylic alcohol recommended by some authorities as being useful in phthisis, but its efficacy is very doubtful, and its introduction into the Pharmacopœia is unaccountable. Dr. GEORGE HARLEY continues his "Lectures on the Urine, and Diseases of the Urinary Organs." The amount of urinary solids excreted is sometimes increased, sometimes diminished in disease, the latter being the most usual occurrence, and the same abnormal conditions are induced by medicines; opium, iron, conia, hyoscyamus, and Indian hemp, reducing the quantity, and digitalis, atropine, colchicum, and alcoholic drinks increasing it. Dr. W. O. PRIESTLEY gives a notice of an "Instrument for Dilating the Canal of the Cervix

Uteri," the advantages it possesses being its small size and the facility with which it may be made to assume any required curve. Dr. DAVID H. STIRLING communicates a paper on "Digitalis in Cardiac Disease," and details three cases in which that drug was administered with good effect. The results seem to prove that digitalis has the power of regulating the action of the heart when its functions are disturbed, but none of the cases indicated any structural disease of the organ. Dr. Stirling has employed digitalis in some cases of mitral regurgitation, but without good effects. In cases of weak and irritable heart, digitalis appears to act as a tonic, especially when used in combination with iron.

THE 'DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.'
NO. LXXIII. FEBRUARY, 1864.

Mr. PORTER commences the number with some "Contributions to Operative Surgery," and relates the particulars of two cases, one being an excision of a portion of the ulna, the other an amputation through the condyles of the femur, and he also calls attention to the importance of excising a small portion of the windpipe in the operation of tracheotomy. He adduces several reasons showing his grounds for preferring this proceeding to opening the trachea by a slit-like incision. Dr. HERMANN WEBER offers some "Notes on the Climate of the Swiss Alps, and on some of their Health Resorts and Spas." Dr. Weber enters into the consideration of a number of physiological problems connected with the influence of high altitudes on the human system, and he examines the physical characters of the Alpine regions in their effects upon health, but he admits that our knowledge on these subjects is at present very imperfect. It is proved, however, that cases of disturbed digestion are very much improved by residence on the Swiss mountains. Dr. R. MCDONNELL makes some "Observations on the Treatment of Certain Forms of Epilepsy," and advocates the use in such cases of the bromide of potassium, which he has prescribed with some success. DR. ALFRED M'CLINTOCK relates a "Case of 'Missed Labour,'" by which term he indicates a peculiar condition presented by some women in whom the period of labour passes over, and the decomposing fœtus remains in the uterus. This is a very rare occurrence, but some well-authenticated cases are recorded, and Dr. M'Clintock's case is a very interesting one of the kind. The patient died after many portions of the fœtus had been artificially removed. Dr. H. R. DE RICCI contributes a paper entitled "Iridectomy and Division of the Ciliary Muscle Compared," and although the cases he records are not exactly from his own practice, he writes in favour of Iridectomy as useful in certain conditions. Mr. G. R. SYMES gives a paper on "Amputation at the Ankle-joint, according to the Method of Professor Syme," and illustrates his remarks by the details of two cases in which this operation was performed. Dr. T. W. BELCHER gives a "Description of a Bed intended to be used in Protracted Fever Cases," and which he thinks would be particularly useful in bed-sores, and in typhoid fever where it is necessary to use the bed-pan with as little disturbance as possible. Mr. MAURICE H. COLLIS contributes an article on the "Treatment of Anthrax by Pressure," illustrated by some successful cases, and Mr. THOMAS POWELL gives a paper on the "Forceps in Craniotomy," the object of the writer being to show that, after the perforation of the head is accomplished, the use of the forceps is preferable to that of other instruments in completing the extraction of the fœtus.

THE 'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

Treatment of Hysteria.

The remedies recommended in the treatment of hysteria are almost invariably derived from the class of antispasmodics. Indeed, authors have too long been struck in the history of this disease, with the most prominent symptoms only, and have not taken the trouble of tracing the nervous disturbances to their true cause, nor of inquiring into the manifold morbid conditions which govern their manifestation. Hence the resources of medicine have been applied but to the relief of the paroxysms, and no serious effort has been made to avert their return.

In order to establish the treatment of hysteria on rational grounds, Mr. Beau opines that the fact should never be loft sight of, that the patient is not only afflicted with a nervous temperament, which is a predisposition to undue reflex action, but must also have suffered previously from obstinate dyspepsia; the causes of the latter condition may vary, but its consequence is anæmia, which aggravates the intensity of the nervous symptoms, and adds to their obstinacy.

The mental causes which induce dyspepsia are the same as those which lead to hysteria. The uterus, on the other hand, is a centre from which impressions radiate, and any disturbance of its function may give rise to dyspepsia, and thus indirectly produce hysteria. We recorded on a previous occasion two instances in point, in which the removal of the uterine disease effectually cured the hysteria.

In addition to mental, cerebral, or uterine causes, Mr. Beau believes in the influence of gastric disturbance, whether it be the result of the presence of worms, indigestion, or of a saburral condition of the primæ viæ. In a patient lying in the professor's wards, we were enabled to detect the simultaneous existence of all these causes. Hysterical fits were induced by the most futile annoyances, and the paroxysms invariably reappeared with the catamenia, or after the ingestion of certain articles of food. Thus, a descending action influences the stomach of hysterical subjects, the brain is affected by an ascennding action, and the womb by direct or gastric influence.

The mere fact of the presence of dyspepsia indicates a watery condition of the blood, and anæmia, of all circumstances the most favourable to the development of nervous symptoms. Hysteria, therefore, is seldom observed in vigorous subjects, *sanguis moderator nervorum*. If a strong woman, by exception, becomes affected with the disease, it is but after having first suffered from dyspepsia and consequent anæmia. When the latter supervenes, gastric dyspnœa makes its appearance, rises to the throat, and induces reflex action, which is promptly followed by nervous paroxysms.

These preliminary remarks clearly point out the most appropriate course of treatment in hysteria. It is obvious that the causes must be removed, and in the first place discovered.

If it is impracticable to remove at once the causes of mental distress, which may have induced the malady, it will be proper to endeavour to divert the patients thought into new channels, by amusement, change of scene, and regular and persevering occupation. Some women are liable to nervous paroxysms only when time lies idly on their hands. We are acquainted with one lady who cured herself by severe bodily exertion, and by direct personal superintendence of the management of her house, which

her position and means rendered it unnecessary for her to attend to. Another patient has been greatly benefitted by gymnastic exercise. He was a thoroughly dyspeptic subject, and regular muscular exertion has improved his digestion, and the tone of his system. A month ago he expressed his regret that he had not sufficient firmness to commit suicide, but is now full of hope, and attached to life. In this instance, hydropathy entirely failed in effecting a cure, and yet it is a method of treatment which may often be prescribed with fair prospects of success.

With regard to the womb, it is always necessary to ascertain its condition, and to relieve any local symptom which may be present, as in the two cases above referred to.

The state of the stomach likewise requires attention. Loss of appetite, a foul tongue, &c., will indicate the propriety of an emetic, and if worms be present, anthelmintics should be resorted to.

The nervous symptoms and paroxysms must not be neglected, and for these valerian baths are, in Mr. Beau's opinion, the most efficient remedies.

The diet is of peculiar importance, and should not be systematically laid down, but be appropriated to the taste and digestive aptitude of each patient. The object is to administer food which may be properly assimilated, and every means of attaining this object is justifiable. No practitioner entertains, in this respect, more conciliating and more liberal views than Mr. Beau.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 23RD, 1864.

MR. PARTRIDGE, PRESIDENT.

As soon as the Honorary Secretary had read the minutes of the preceding meeting of the Society,

Mr. HULKE rose and said that he wished to enter his protest against a proceeding which had taken place at the last meeting. His paper had then been read out of the order which had been announced in the journals and elsewhere, and without any notification of the intention to do so having been made to him. He had no personal feeling in the matter, but as a principle it was bad to read a paper in the absence of the author when it could be avoided. Had he been informed that his paper would be read he might have illustrated it by diagrams; and he thought some law should be in force on the point, and that it was the duty of the secretary to acquaint authors when their papers would be read.

MR. BIRKETT explained that the paper was read to suit the time of the Society. He was not aware that there were any illustrations to it; and his notice to an author was not obligatory, but merely one of courtesy.

The PRESIDENT remarked that the custom of the Society was to read the papers in the order announced; but the secretary could not, of course, determine how long the paper might take to read, or how far the discussion upon it might extend. Under these circumstances, it might occasionally be necessary to substitute a short for a long paper.

After a few more observations the subject dropped.

GEORGE NAYLER, Esq., made some remarks.

ON ALOPECIA.

Alopecia circumscripta, or areata, is a disease little noticed by any author except Cazenave, who confounded it with vitiligo of the scalp. It is far more frequent in the female than in the male, the relative proportion being that of seven to four between the two sexes; and it is chiefly observed about the period of puberty. It is a non-contagious disease, and may be represented by almost any number of circular bald patches on the scalp; very protracted in its progress, and tedious to heal. Alopecia is often associated with headache, especially in the female, or with some disorder of the catamenia; and in children, with ascarides or some gastric irritation. No pain or any previous symptom indicates the disease, which is generally unperceived for some time by the patient. The patch is of ivory smoothness, and ends in a circumference of sound unbroken hair.

When recovery takes place, the new hair is finer and softer than the old, and in some instances perfectly white. (The author had recently seen a patch in a lad of eighteen years where the new hair was quite white.) A microscopical examination shows the hair-bulb to be reduced to a fine point, or the bulb to be slender, and sometimes ending in brush-like filaments. In the stages of recovery, the bulb by degrees assumes its normal shape and size; but the hair itself for a long time retains its fineness and lighter colour.

Alopecia is regarded by most French writers as a parasitic disease, as by Bazen, Harding, and others; but no instance of a parasite has been found by Mr. Startin or the author. Mr. Hutchinson once detected it; but this may have been a case of T. tonsurans or Pit. versicolor of the scalp.

The prognosis is favourable, particularly when the disease is recent and the patient of early age or below puberty.

The treatment consists in attention to the general health, and in giving steel. The local treatment is of much importance. The surface affected should be painted from time to time with some blistering fluid, and in the intervals with some form of mercury or sulphur, either as an ointment or a lotion, or a lotion of the tinctura lyttæ. In protracted cases, mercury and arsenic in *small* doses may be given internally.

In general alopecia the prognosis is less favourable, and when the disease is of long standing no good result can be expected. This form of alopecia differs from alopecia areata only in involving a greater extent of surface.

WM. SCOVELL SAVORY, Esq., read a paper

ON THE ABSORPTION OF DEAD BONE.

Can dead bone be absorbed? This question still awaits a satisfactory answer. For while careful and accurate experiments have furnished only negative results, there are unquestionable facts which compel us to admit the possibility of the occurrence. One all important consideration seems to have been hitherto neglected in the inquiry—the influence of pressure in determining the result. Thus, in the experiments which have been performed on the subject, and which have naturally led to the conclusion that dead bone may be kept amidst living tissues for weeks or months without losing the merest fraction of its weight—in these experiments the dead bone was kept in simple contact only with living parts. It appears that no considerable pressure was maintained. Whereas when ivory pegs are driven into bone, extreme pressure is of course produced. In order to test this view, some experiments were performed which are related in the paper. It appeared to the author that the only explanation which can be offered of the results of these several experiments is, that the absorption of dead bone, when in contact with living bone, is determined by the *pressure* to which it is subjected.

The PRESIDENT said the communication was interesting in connexion with the experiments of Mr. Gulliver. The state of the fragments in cases of ununited fracture had been noticed before; but it had not been attributed to the cause which was explained in Mr. Savory's paper.

MR. HILTON said the profession ought to feel obliged to Mr. Savory for having adduced by well-considered and well-arranged experiments such conclusive evidence of the absorption of dead bone by the surrounding living tissues—a fact not usually admitted by surgeons. He (Mr. Hilton) had several times noticed, on looking at two ivory pegs which had been employed in the same case of ununited fracture, and apparently under the same conditions, that the surface of one of them was partially absorbed, whilst the other did not manifest any loss of substance—a difference hitherto inexplicable, but now elucidated by the author's paper, as depending upon the variable pressure to which they had been subjected. An interesting point, however, presented itself for consideration, to which the author had not made any reference—viz., What was the amount and duration of pressure required to induce this absorption? for dead bone was often seen buried within granulations which were undoubtedly capable of exerting much pressure without the slightest appearance of any absorption having occurred.

For instance, in the case of an amputation through the femur, the same end of the bone may come away necrotic after several months' subjection to the pressure of muscles, fascia, granulations, bandaging, and strapping, yet the track of the teeth of the saw used at the amputation would be seen as cleanly cut and as sharply defined as on the day of the original operation. The same kind of facts was quite as discernible in cases of compound fracture of a long bone, where the fractured end of bone, although surrounded deeply by granulations and new bone during several months, would present the sharp, well-defined edge of the fracture as evidently as on the day of the accident, uninfluenced by the pressure of any of the surrounding living tissues. Mr. Hilton had removed from the leg several portions of a comminuted compound fracture of the tibia eight years after the accident and seven years after the closure of the external wound, and upon two of them the well-defined edge of the original fracture was obvious and markedly different from the serrated edge observable where the piece of bone had been separated from the living bone by the slow process of absorption. Mr. Hilton would suggest to the author the inquiry as to how or by what combination of minute events does pressure contribute towards absorption of the dead bone, because the pressure in his (Mr. Savory's) experiments was made equally on both the living and dead bone. No doubt such an investigation could not be placed in better hands than those of the author of the paper.

Mr. Partridge inquired whether the absorption of the pegs was greater in the shaft of the bone or in the medullary canal?

Mr. Savory said absorption was greater in the shaft portion than in the medullary canal.

Mr. Coote said that Mr. Savory's experiments were very interesting in confirming the view entertained by many surgeons that, in the removal of dead bone, the action of the absorbents was possible in the material that had perished. He had himself witnessed the corrosion of the surface of ivory pegs introduced into living bone for the purpose of promoting union in a non-united fracture. The possibility of the fact, which had been doubted, was important; but, after the experiments thus detailed, could not be denied. He (Mr. Coote) thought that perhaps pressure alone was not sufficient to explain the phenomena of removal. He had witnessed the separation of large portions of bone, which he believed to be dead, on which no pressure could have been exerted. But the fact remained the same; and the value of Mr. Savory's observations must be undisputed. He (Mr. Coote) concluded with some remarks on the relative size of sequestra and the bony cavities which contained them.

Mr. Brooke said that he doubted whether the process by which the surface of the pegs was eroded could truly be designated a process of absorption. He thought it probably analogous to the process of disintegration, by which the surface of a sequestrum is acted on by the highly-vascular granulating surface with which it is in contact. That disintegration, and not absorption, is going on in cases of necrosis, may generally be rendered evident by the appearance of the *débris* of bone-tissues in the pus discharged from the cloaca.

Mr. Wood asked the author whether, in each of the experiments detailed, the condition of the medullary membrane in contact with the peg had been observed, as regarded the presence of granulations of other absorbing structure. In many of the cases in which the pegs had been loosely inserted, extensive suppuration, and in some instances death, had followed. Could the action set up in these cases have been that of a process destructive to the absorbing, or vital powers of the bone and medullary membrane operated on, this would of course prevent the occurrence in these experiments of any absorption of the foreign or dead bone. He presumed that in all the experiments pegs made of the same dried bone had been used, and that there was in no case introduction of putrid matter. In most of the pegs shown in the box handed round which exhibited any evidence of roughening, this extended equally through the parts embedded in the bone of the animal, although only the part traversing the compact tissue of the cylinder of bone had been subject to pressure. The intermediate portion had been in contact with the medullary substance. In the specimen from which the drawing was taken the peg seemed even more attenuated in the cavity of the bone than where in contact with its walls.

Mr. Solly remarked that, while agreeing with all the former speakers in the great value of Mr. Savory's paper, he did not think that it subverted all the old opinions that dead bone could not be absorbed except under pressure: for instance, in necrosis of the parietal bones—a good case of which he had in his mind's eye, where the bone died, became black, lost its sensibility, and was then separated from the living bone because it was dead. The sequestrum which was thus cast off was perforated in all directions, as though worm-eaten, and absorbed in patches. Was not this an instance of dead bone being absorbed without pressure? Had not every surgeon in the room seen such cases?

Mr. Savory, in reply, said he had considered it best in the paper simply to demonstrate the fact that the absorption of dead bone is determined by the pressure to which it is subjected. In working at the matter, of course, he had thought of the nature of the influence thus exercised, but he did not consider any opinion which he might have formed on the subject worth expressing. The question was not in relation to the absorption of bone, whether living or dead, but to the effect of pressure on the absorption of dead bone. With respect to the case Mr. Solly mentioned, it was not enough to show that dead portions of bone bore evidence of having been partially absorbed: it must be shown that such absorption occurred after the death of the bone, and thus independently of all pressure. Mr. Savory defended the use of the word "absorption." He had not employed the term without foreseeing the objection that might be urged against it; and so he had been careful to relate how, in some of the experiments, the wounds at once closed, and completely healed without any discharge or other means by which disintegrated fragments of bone might have escaped. Moreover, if the preparations were examined it would be seen that, in some of them, the portions of dead bone which had been removed could not have escaped, for the holes were tightly plugged by the pegs which had been driven in. With reference to the destination of the bone which disappears in disease, Mr. Savory thought that the evidence advanced to prove that this is always disintegrated and cast out was unsatisfactory and inconclusive. Of course, in some forms of ulceration of bone, as in phagedenic ulcers of soft parts, disintegrating fragments might perish and escape; but in other less destructive forms of ulceration bone might disappear through absorption. Much had been made of the fact that the discharge from carious bone contains an unusual abundance of phosphate of lime, this being supposed to represent the dissolved osseous tissue. But while, on the one hand, this would prove too much, the proportion of bone which disappears not being equal to the quantity of phosphate of lime discharged, on the other hand, a better, a more philosophical explanation of the fact might be given. As in health each part assimilates to itself from the blood its own proper constituents, so in abnormal forms of nutrition, it was reasonable to believe that the material furnished by different structures would present characters of composition more or less corresponding with those of the tissue whence it proceeded. Be this as it might, however, in some at least of the experiments described there was no means by which the portion of bone which had disappeared could have escaped externally.

JUNIOR MEDICAL SOCIETY OF LONDON, Feb. 17.

Mr. J. Warrington Haward read a paper on

THE TREATMENT OF HERNIA.

The author considered first the treatment of strangulated hernia, and showed, by statistics and argument, the evils of forcible or prolonged taxis. He next alluded to the auxiliaries to the taxis; deprecating the use of tobacco, purgatives, and

bleeding; recommending ice to the tumour in some cases, but advocating the inhalation of chloroform as by far the most valuable measure.

He strongly insisted upon an early operation, having proved the mortality to be in exact proportion to the time of strangulation, and the amount of taxis used.

He then entered on the question of opening the sac; and examined the arguments for and against this proceeding, proving by statistics, and an analysis of the cases that had occurred at St. George's and other Hospitals, that the mortality is less, and the advantages much greater, in the operation in which the sac is opened, than in that in which this structure is not incised The treatment recommended after the operation was that of keeping the bowel at rest by opiates. Having spoken of irreducible hernia, the reducible variety was then treated of, and the operations for the radical cure, known respectively as Wützer's and Wood's, were explained. The author entered in detail into the latter, which, in his opinion, is by far the most satisfactory that has yet been devised, and one worthy of a trial in appropriate cases.

An interesting discussion ensued, in which Messrs. Freeman, Gill, Smith, Ransford, Edgelow, Bell, &c., took part.

Births, Marriages, and Deaths.

BIRTHS.

BLAIR.—on the 23rd of Jan., at Dailly, Maybole, Ayrshire, the wife of T. Blair, L.F.P. & S. Glasg., of a son.

BUCHANAN.—On the 24th ult., at Douglas street, Blythswood square, Glasgow, the wife of George Buchanan, M.D., of a daughter.

CHAMBERS.—On the 28th ult., at Sunderland street, Warwick square, the wife of T. Chambers, L.R.C.P.Ed., of a son.

COLEBROOKE.—On the 28th ult., at Southborough, Tunbridge Wells, the wife of H. Colebrooke, M.D., of a son.

CÆSAR.—On the 29th ult., at Downton, Wiltshire, the wife of R. T. Cæsar, M.R.C.S.E., of a son.

DEBENHAM.—On the 29th ult., at Heath House, Commercial road East, the wife of Robert Debenham, M.R.C.S.E., of a son.

FINCH.—On the 29th ult., at Stainton Lodge, Blackheath, the wife of R. Finch, M.D., of a daughter.

FRASER.—On the 18th ult., at the Portobello Barracks, Dublin, the wife of T. Fraser, M.D., Surgeon 10th Hussars, of a daughter.

JENNER.—On the 27th ult., at Harley street, the wife of Dr. Jenner, of a son.

LOTHIAN.—On the 25th ult., at Windsor place, Sauchiehall street, Glasgow, the wife of J. A. Lothian, M.D., of a son.

MACKENZIE.—On the 2nd inst., at Sidmouth, the wife of J. Ingleby Mackenzie, M.B., of a son.

MAJOR.—On the 18th ult., at Hungerford, Berks, the wife of Harry P. Major, M.D., of a daughter.

MURRAY.—On the 22nd of Jan., at Tranquebar, the wife of J. Murray, M.D., of a son.

PALFREY.—On the 3rd inst., at Wellington street, London bridge, the wife of Dr. Palfrey, of a son.

POPE.—On the 25th ult., at Ulverton terrace, Dalkey, Co. Dublin, the wife of J. A. Pope, F.R.C.S.E., of a son.

ROBINSON.—On the 21st ult., at Baltimore, Skibbereen, Co. Cork, the wife of S. W. Robinson, M.R.C.S.E., of a son.

SHAW.—On the 26th ult., at Sutton-Coldfield, the wife of H. E. F. Shaw, M.R.C.S.E., of a daughter.

SMITH.—On the 2nd of Dec., at the Kyneton Hospital, Melbourne, the wife of S. Smith, Resident Surgeon, of a daughter.

WEBB.—On the 27th ult., at St. George's road, Pimlico, the wife of Dr. E. L. Webb, of a son.

WORKMAN.—On the 26th ult., at Reading, the wife of F. Workman, M.R.C.S.E., of a son.

MARRIAGES.

HOYSTED—SMITH.—On the 24th ult., at Christchurch, Bradford, Yorkshire, T. N. Hoysted, L.R.C.S.Irel., Staff-Assist. Surg. Army, to Isabella, daughter of the Rev. W. R. Smith, M.A., Incumbent of Christchurch, Bradford.

JOYNSON—BROMILOW.—On the 24th ult., at Christchurch, Harpurhey, G. T. Joynson, L.F.P. & S. Glasg., of Northwich, Cheshire, to Maraquita Beatrice, daughter of the late J. Bromilow, Esq., of St. Helena.

SIBBALD—PHELAN.—On the 27th ult., at St. Mark's Church, St. John's wood, J. Sibbald, M.D., of Lochgilphead, to Sarah Jane, daughter of B. P. Phelan, Esq., of Clonmel.

WEBB—LEWIS.—On the 22nd ult., at Knockmark, Co. Meath, T. W. Webb, M.D., of Dundrum, Co. Tipperary, and Ross House, Co. Meath, to Hesta Henrietta, daughter of the Rev. J. T. Lewis, M.A., Rector of Knockmark.

DEATHS.

GREEN.—On the 23rd ult., J. Green, M.D., late of Great Marlborough street, aged 76.

HEAZLE.—On the 22nd of Nov., at Burgersdorp, Cape of Good Hope, T. Heazle, L.R.C.S.Edin., late Staff Assistant Surgeon Army.

JOHNSTON.—On the 18th ult., at Belfast, F. G. Johnston, M.R.C.S.E., formerly of St. Angelo, Co. Fermanagh, and late of Charlton, Kent.

OSBORNE.—On the 22nd ult., Mrs. Martha Osborne, relict of the late T. Osborne, Surgeon, of Northampton, aged 67.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 25th ult.:—Frederick Isaac Flower, Middlesex Hospital; Henry John Hunt, King's College Hospital; Arthur Long, Barham, near Canterbury; Thomas Mills, Cliff parade, Southend; Herbert Morris Spencer, London Hospital.

The following gentleman also on the same day passed his first examination:—John Comyns Leach, University College.

DEATH OF PROFESSOR CASPER.—This eminent professor of forensic medicine, whose work on this subject is translated into English and published by the Sydenham Society, died at Berlin on the 23rd ult. Dr. Casper was the first and the only one in Prussia who held a professorship in forensic medicine.

THE RIBERI PRIZE.—The Royal Academy of Medicine of Turin announces that this prize (the most magnificent in money value in existence) of 20,000 lire—nearly 1,000*l.*—will be adjudged to the author of the best work, whether in manuscript or published, which has been produced during the three years from the first of January, 1862, to the 31st December, 1864. Any subject in Medicine or Surgery may be chosen, the preference to be given to such work as exhibits a truly important progress in Medical science. The manuscripts or books must be written in Italian, Latin, or French, and of these last two copies must be forwarded. All works, which will become the property of the Academy, are to be delivered, free of expense, to Dr. Marchiandi, Secretary to the Academy, before the 31st of December; and their authors are requested to indicate the portions to which they most particularly wish to draw the attention of the Academy.

DEATH OF DR. JOHN JACOB, OF MARYBOROUGH.—With grief we have to record the death of this distinguished member of our Profession, and to express on the part of our brethren the regret they must entertain for the severe loss they have suffered by the lamentable event. His eminence as a provincial practitioner, his high character for independence as a member of our body, and his unflinching honesty, won for him a position in public estimation which cannot fail to sustain the reputation of those who are engaged in the pursuits to which he was specially devoted. He had been for some years in a precarious state of health from excessive labour in the discharge of his public duties, and has, in fact, fallen a victim to that spirit of determination and energetic devotion to the service in which he was engaged for which he was so remarkable. On a future occasion we hope to enter more largely into some detail as to the part he has taken in Medical affairs.—'Dublin Medical Press.'

TUNBRIDGE WELLS INFIRMARY.—At the annual meeting recently held a memorial was presented by upwards of a hundred subscribers, praying for the addition of fever wards to the institution. After a warm and long discussion it was resolved not to accede to the wishes of the memorialists. Is not this a mistake.

PRESENTATION TO PROVOST ADAMS OF LANARK.—On the 24th ult., the highly-respected Provost of the Burgh, Alexander Maxwell Adams, M.D., was presented, in the hall of the County Buildings, with a flattering testimonial of the great esteem in which he is held by his fellow-townsmen and the gentlemen of the neighbourhood, both for his eminent public services, long and faithfully rendered, and the surpassing worth of his character as a private gentleman. The tea service and salver, forming the presentation plate, are very fine specimens of the silversmith's art, and do great credit to the taste and skill of Mr. Cassels, who provided them. Upon the salver is the following inscription:—"Presented, along with a carriage and silver tea service, by a large number of the inhabitants of Lanark and its neighbourhood, to Alexander Maxwell Adams, Esq., M.D., Provost of Lanark, to testify their high appreciation of his public and professional services and private worth. 25th Feb., 1864." The gold brooch, also supplied by Mr. Cassels, is an exceedingly handsome and massive jewel of great value. The carriage, an elegant little one horse phaeton, from the factory of Mr. Stordy, stood at the door, while the company were leaving. When the Provost entered it, a few of the younger members of the party unharnessed the horse, and drew Mr. Adams home amidst loud cheering.

DEATH OF A MEDICAL MAN IN A SNOWSTORM.—Dr. Gallice, practising in Langeac (Haute Loire), France, perished in the snow, on the 20th ult., whilst returning on horseback from his country rounds. He might have been saved but for the stupidity of some people, who feared to assist him without the aid of the rural police!

DR. HATHAWAY.—We learn that one of the first acts of the new Governor-General of India has been to confirm the appointment of Dr. Hathaway as his private secretary, which has given satisfaction to all parties.

MURDER OF AN ITALIAN MEDICAL MAN.—Dr. Frediannelli, rural practitioner at Santa Croce, in the Val d'Arno, Italy, was stabbed whilst hastening to see a patient reported to be dying. The foul deed was perpetrated in the night from the 11th to the 12th ult., and the stiletto wounded the right common iliac artery and the right kidney. The assassin is said to have been arrested.

TESTIMONIAL TO A SURGEON.—Dr. R. B. Painter, of Brydges street, Covent garden, having, in consequence of removal to South Kensington, resigned the appointment of surgeon to the police at Bow street, was, on the 20th ult., presented by that body with a handsome silver inkstand, bearing the following inscription:—"Presented to Richard Budd Painter, Esq., M.D., F.R.C.S., also Surgeon to the F division of the metropolitan police for several years, by the officers, sergeants, and constables of that district, in appreciation of his excellent qualities, professional and private, and as a small token of their very great esteem for him. Thomas Durkin, Superintendent, Bow street, February, 1864." The presentation is alike honourable to both parties. Dr. Painter has been indefatigable in his duties, and during his period of office did the public good service on several occasions in which he was required as a medical witness.

THE DANISH CAMPAIGN.—Ten military surgeons have been sent from Vienna to bring back by train the wounded Austrians. There are at present in Schleswig, besides the regimental surgeons, fifty-four medical men employed in the hospitals.

PRESENTATION TO A SURGEON.—Dr. Hawkins, of Hitchin, was, on the 27th ult., presented with a magnificent silver salver and a thousand guineas. On settling at Hitchin, in 1820, Dr. Hawkins founded a dispensary, to which he attended single-handed for upwards of twenty years. Finding that the means at his disposal were wholly insufficient to supply the wants of the ever-increasing throng of patients attracted by his professional skill and by that winning kindness which, perhaps, is the true secret of his extreme popularity, Dr. Hawkins directed all his efforts toward supplying them with more effectual means of relief. He made an appeal to the wealthy inhabitants of the town, which was generously responded to, and the result was the erection in 1842 of the present infirmary. Until October last, when he was suddenly struck with paralysis from which he has not recovered, he unremittingly fulfilled the duties of surgeon to the institution; and it was to testify their gratitude for his lengthened services that the subscribers presented him with this splendid token of their regard.

NEW USES OF IODINE.—From the specification, recently issued, of a patent by Professor Hofmann, of London, a new colouring matter, which dyes silk and wool of a beautiful violet, blue violet, or a red violet tint, has been produced by the application of the iodine extracted from seaweed. It has long been thought if iodine could be used as a colouring substance it would be of the most powerful kind known. The patented process consists of mixing in certain proportions the substance called rosaniline with the iodides of ethyl, methyl, or amyl.

POISONING BY ABSORPTION.—An inquest has lately been held at Wissett, near Halesworth, Essex, on a child, aged nine years, to whose head had been applied some "white precipitate powder" to destroy vermin. The viscera had been submitted to Professor Taylor, who was of opinion that no poison had been taken internally; but that all the symptoms were consistent with the fact of the external application. Verdict accordingly.

PETROLEUM.—At a late weekly meeting of the Society of Arts, W. Marcet, M.D., F.R.S., read a paper on the Economic Value of Petroleum. This, with the discusson which ensued, in which several medical gentlemen participated, tended greatly to illustrate the necessity of caution in its use, and several valuable suggestions were made, which were calculated to lessen the danger which now exists in its employment.

REMARKABLE DEATH THROUGH A MEDICATED LOZENGE. On Wednesday week an inquest was held by Dr. Lankester, at the Lord Nelson, Upper Charlton street, Fitzroy square, on the body of a male child, aged three weeks, the son of John Mason, who died through the administration of a medicated lozenge containing the 48th part of a grain of morphia, by its mother, to alleviate a cough. The medical gentleman in the case stated his conviction that the death of the child was produced by the above-mentioned small dose of morphia in the lozenge, and related the case of a child a month old which had died from the administration of the 180th part of a grain of morphia. A statement having been made by an attendant for the manufacturer of the lozenges as to the quantity of morphia contained in them, the Coroner summed up, remarking that from what they had heard a warning was given that young children should not be given cough lozenges. The jury returned a verdict of "Death through Accidental Poisoning by Morphia."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAR. 9. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures: Dr. Barclay, "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine."

THURSDAY, MAR. 10.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Marshall, "On Animal Life," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, MAR. 11.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Lumleian Lectures: Dr. Barclay, "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine;" Royal Institution, 8 p.m.—Rev. W. H. Brookfield, "On the Use of Books."

SATURDAY, MAR. 12.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, MAR. 14.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAR. 15.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Vindication of Aural Surgery. By a Member of the New Sydenham Society. London: John Churchill and Sons, New Burlington street.

A Practical Treatise on Diseases of the Skin in Children; from the French of Caillault. Second Edition, with Notes, Appendix and Formula. By R. H. Blake, Esq., M.R.C.S.E. London: John Churchill and Sons.

The Pharmaceutical Journal for March.

American Medical Times.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

A VOICE FROM THE DRUG-ROOM.—The letter is inserted.

Dr. W. B.—The newspapers have been received.

R. H.—The depression of the anterior fontanelle in infants is symptomatic of general debility, and is produced by the vessels of the great cerebral mass not being duly filled.

V. P.—We are acquainted with three cases of dislocation forwards of the last lumbar vertebra. In 1850, Kiwisch recorded one case; in 1853, Kilian mentioned another; and the third was brought forward by Professor Spaeth, of Vienna. The history of the last is as follows:—A woman, aged 29, of middle height, in good condition, and with excellent development of limbs, neck, and bust; body bent backwards and lumbar region of spine unusually concave; abdomen prominent. Patient fell into labour, at commencement of which the fœtal head lay toward the left hip; os uteri could scarcely be reached by tip of finger and *last lumbar* vertebra was distinctly felt dislocated forwards. Labour being protracted, and rupture of the uterus feared, delivery was effected after perforation, and, though nothing abnormal occurred immediately subsequent to the birth of the child, the patient died of metro-peritonitis.

The pelvis is in the museum of the General Hospital, at Vienna. The conjugate diameter is 9" 5", the transverse 4" 9". These dislocations are considered to be *congenital*, no evidence of *injury* being discoverable.

We have received a box containing a preparation, called Myrrhine by the inventor, M. George, of Paris, and used as a dentifrice. As its name implies, it is prepared from the essential principles of Turkey Myrrh, and has the fragrant odour of that well-known gum-resin. It has the form of a cake, on which a moistened tooth-brush is passed, and then used on the teeth in the ordinary manner. Each cake is accompanied by a liquid preparation, also containing myrrh, and which is to be used for rinsing the mouth and moistening the cake. No acids or alkalies or any other substances likely to be injurious to the teeth are contained in either of these preparations, and from personal use we can pronounce them to be most agreeable and efficient adjuncts to the dressing-room table.

Dr. J. L. EARLE'S paper on "Post-partum Hæmorrhage and its Scientific Treatment," shall appear next week.

Dr. C.—The letter is inserted.

EXPERS.—The average time in which the body cools after death is about fifteen hours, but the period will be modified by various circumstances, as the mode of death, the temperature of the surrounding atmosphere, &c. In some few but well-authenticated cases, the temperature of the body has risen after death.

Dr. F.—We have expressed our opinion upon the subject in another part of our Journal.

Dr. KIDD'S letter is received, and is under consideration.

ARMY MEDICAL DEPARTMENT, March 1st, 1864.

A Competitive Examination for ASSISTANT-SURGEONS in HER MAJESTY'S ARMY will commence on MONDAY, the 21st instant, at ten o'clock A.M.

Candidates up to THIRTY YEARS OF AGE are eligible to attend.

Immediate application should be made to the Director-General of the Army Medical Department, 6 Whitehall yard, for the printed form which is required to be filled up before any name can be placed on the list.

J. B. GIBSON, Director-General.

Royal College of Physicians of LONDON.—THE NEXT PRELIMINARY EXAMINATION in the subject of GENERAL EDUCATION will take place on the 22nd and 23rd of March.

Candidates intending to present themselves for this examination are required to give notice in writing to the Registrar of the College.

Every Student is required to have passed an Arts Examination before commencing his Professional Studies, in order to qualify him for Registration at this College as a Medical Student.

H. A. PITMAN, M.D.

Pall Mall East, 1864. Registrar.

Wanted immediately by a Surgeon in a mining district of the North Riding of Yorkshire, a qualified out-door Assistant to visit and attend Midwifery, not under 26 years of age. A gentleman who would shortly enter into partnership on easy terms with a view to succession preferred.

Address, B. C. Post Office, Richmond, Yorkshire.

Emperor Life and Fire Assurance SOCIETY. 78 Cannon street West, and Queen street, London.

Seventy per cent. of the profits given to the assured.

Policies made payable during the lifetime of the assured, without extra premium.

Claims paid to the Policyholder within Fourteen days after satisfactory proof of death.

Doubtful lives assured on equitable terms.

Stamps and Medical Fees paid by the Office.

The usual commission allowed to the Medical Profession introducing business.

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EBENEZER CLARK, JUN., SEC.

The Medical Baths and Fumigations. 40 GREAT MARLBOROUGH STREET, REGENT STREET, W. Established by Dr. JONATHAN GREEN, 1822.

Chlorine, Sulphur, Mercurial, Fumigations, Hot and Cold Water, Hot Air and Vapour, Nitro-Muriatic Acid, Alkaline, Chalybeate, Iodine, Artificial Barèges, Harrogate, and other Baths, constantly ready, or prepared to order.

These baths are highly esteemed, and have been mainly supported now for upwards of forty years, by the goodwill and recommendation of the Profession, as an additional very effective, and agreeable remedy in chronic disease where internal medicines are inadmissible or have altogether failed in effect. Imitations having arisen, be particular in the address.

Epilepsy.—Special Home for Children or the young affected with epilepsy. Established eight years. The importance of an early removal from the parental home, of those affected with epilepsy, to reside under the systematic care and physical and mental regimen of this home, has been strikingly shown in the cases received; children whose cases have been considered by their parents and physicians as almost hopeless, make a steady progress of improvement and recovery. The arrangements of a private family are maintained, with unremitting attention to domestic comfort. Address J. R., Carter's Library, Hampstead, N.W.

T. & H. Smith's Codeia Lozenges. These Lozenges have a remarkable effect in allaying COUGH, and IRRITATION of the THROAT and CHEST.

Prepared only by T. and H. SMITH and Co., 21, Duke Street, Edinburgh; and 69, Coleman Street, London; in Boxes at 1s. 1½d. and 2s. 9d. each.

New American Preparations.—W. TWINBERROW begs to inform the Medical Profession that he has had a large consignment (direct from Keith & Co., of New York) of ALL the MOST VALUABLE American Medicinal Preparations. Also—

EXT. CANAB. INDICA, direct from Calcutta.

PIERLLOT'S VALERIANATE of AMMONIA.

Manufacturer of the New Preparation of

PEPSINE with Wine—PEPSINA PORCI—Ditto VITULI.

PHARMACEUTICAL CHEMIST.

Edwards Street, Portman Square, and 59B Westbourne Grove, London.

Liquor Folii Ricini or Fluid Extract of the Palma Christi Plant, for increasing the Secretion of Milk in Suckling women.

Mr. GREENISH solicits the attention of the Profession to the above preparation, which is now in great demand.

Dose: One teaspoonful three times a day.

Prepared by THOMAS GREENISH, Chemist, 20 New st., Dorset-sq.

Fine Old Port, Twelve Years in Wood, 42s. per dozen. Dinner Sherries, 24s., 28s., 32s. Clarets, 14s., 18s., 24s. per dozen.

Bass' Ale, Scotch Ale, and Guiness's Stout, 6s. Quarts; 3s. 6d. Pints; 4s. 6d. Imperial Pints. Light Pale Ale for Summer use, 4s. 6d. Quarts; 2s. 9d. Pints; 3s. 6d. Imperial Pints, per dozen.

WOOD and WATSON, 16 Clement's lane, E.C.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

Of all the complications met with in midwifery of any importance, flooding after delivery is probably the most frequent. The frequency with which it occurs varies greatly in the practice of different practitioners, and is not altogether due to mere chance, but in a great measure to the method of conducting labour, and to the precautions employed, both during and after the completion of that process, *e.g.*, the Medical man who is hasty in removing the infant and the placenta, or in leaving the patient afterwards; who never puts on a binder; who confines his patients at the foot of the bed with the mattress turned up; who allows them to be delivered encased in the whole paraphernalia of women's daily dress, will meet with more cases of flooding than the practitioner, who, in a natural case of labour, uses every precaution which, in his opinion, tends to prevent that accident.

Flooding after labour is said to be more common in town than in country practice, and there is no doubt a great deal of truth in this observation, for the debilitating influences of a town life induce that relaxed and cachectic condition of the system which is so unfavourable to the regular and permanent contraction of the uterus. It occurs more frequently amongst the upper than the lower class, from the lazy and enervating life the former lead. It is more common in warm than in cold climates, from the excessive heat inducing muscular debility and increasing the rapidity of the heart's action. This fact teaches us a practical lesson, which we may turn to a satisfactory account in our own country—viz., that the lying-in-room should be kept at a moderate temperature, and the patient not too thickly covered. It is, again, more common in multiparæ than in primiparæ; in the latter, the uterus contracts in a firm and equable manner, as is shown by the absence of after-pains in the majority of instances after first deliveries.

In order to appreciate more fully the great frequency of this complication, we should bear in mind that post-partum hæmorrhage occurs under two different forms. It either comes on immediately after delivery, and flows in such quantity and with such rapidity that it places the patient's life in imminent danger, and requires urgent and skilfully applied measures for its arrest; or the flow of blood occurs in not a large amount at a time, but goes on in a continual drain until it produces all the symptoms of an undue loss of blood. It is not at all uncommon to find on making our first visit to a patient after her confinement, that she has "lost very freely," that she feels low, and that the pulse is more or less quickened. This latter variety is almost ignored by Medical men; in other words, they do not consider these cases worthy of the term of post-partum hæmorrhage. It is true that the draining of blood generally begins to cease before the patient can be said to be in actual danger, still there remain the debility and languor resulting from the loss of the vital fluid to be recovered from.

Flooding after labour has been divided into the two following classes: — Primary post-partum hæmorrhage, where the flooding has commenced immediately or within the first hour after delivery. Secondary, where the hæmorrhage does not occur until six hours after labour, but within the puerperal month (McClintock). True cases of secondary hæmorrhage are comparatively rare. I mean to say, that if a woman goes on for six hours after labour without internal or external hæmorrhage, it is decidedly uncommon for her to begin flooding afterwards. In the majority of the so-called cases of secondary hæmorrhage, probably the loss of blood has commenced within the first hour of delivery, but from want of proper attention on the part of the attendant, the flooding has not been discovered until the lapse of some hours, when the symptoms of a severe loss going on draw for the first time the attention of those around her. Such an instance is merely one of prolonged primary hæmorrhage. I will cite a case in point. It occurred in one of the public institutions of this country. A poor woman had premature labour brought on, on account of a tumour of obscure character situated in the recto-vaginal pouch. After delivery was completed, she was placed in bed and was considered to be in a fair state. However, on the next day she turned on her knees for the purpose of emptying the bladder, when a frightful quantity of clots rolled away from her, and before assistance could be obtained she was dead. No doubt it would be consolatory to term this unfortunate case one of secondary hæmorrhage; but I am afraid there need be no hesitation in saying that this was a case of primary internal hæmorrhage, which through some gross neglect was allowed to go on unsuspected for so many hours.

Flooding after labour is a distressing accident, inasmuch as it requires time to recover from its effects. We may attend a patient in a most tedious delivery, which may even end instrumentally; yet in many instances, in twenty-four hours it would be impossible for anyone to tell that that patient had undergone any unusual amount of suffering or danger; on the other hand, in a case of flooding, let us arrest the hæmorrhage and place the woman's life in comparative safety, there still remain the effects of the loss, and months generally elapse before they are entirely removed, while in very bad cases, the rosy hue of health is banished from the cheek for ever.

Besides the immediate danger arising from a large loss of blood, flooding renders a woman more liable to asthenic inflammatory diseases, such as uterine phlebitis, phlegmasia dolens, puerperal mania, etc.; and when the already weakened frame is attacked by diseases of so grave a character, it is, of course, less able to bear up against the force of the malady.

It is also one of those obstetric contingencies which requires a man to be thoroughly well up to his work, and to possess presence of mind, for as soon as it commences he must act for himself. It is of no use sending for further help unless the attendant does all he can to stop the loss until that assistance arrives. It is such an appalling accident that the most experienced practitioner feels anxious as to the result; and if that be the case, what will be the feelings of the medical attendant who meets with such a case, and does not know how to treat it efficiently? It is most likely he will lose his presence of mind, and either do nothing at all, or use but very inefficient means. Most of us probably have trembled in treating our first case. I have heard of a young practitioner who, meeting with a case of flooding, became so alarmed that he hurriedly intimated to the relatives that nothing more could be done, and left the house. Another surgeon was immediately called in, just in time to save the patient's life. I have known sad results accrue in four cases from ignorance, loss of presence of mind, and neglect combined. In two of the cases the placenta was adherent; no attempt was made in either case to remove the afterbirth, and of course all other remedies were futile, and while further assistance was sent for, the women died. In the other two, the presence of clots in the uterus was the cause of the hæmorrhage; no attempt was made to remove them, and both cases ended fatally before proper aid could be obtained.

We have been looking at present only at the gloomy and dark side of the question, but the effect of treatment in post-partum hæmorrhage affords us a ray of consolation

sufficiently bright to disperse all the thick and dark clouds which may have been gathering over the mind of the timid student or inexperienced practitioner. Notwithstanding that flooding after labour is a dangerous complication, prompt and scientifically applied treatment is very rarely unsuccessful in arresting the hæmorrhage and in saving the patient's life. Before I put into practice the various means which I shall describe when I arrive at the consideration of the preventive treatment, I was constantly meeting with cases of undue loss of blood, and, although I have come across some of the worst cases that could occur compatible with life, I have not yet lost a case. I do not say this in a spirit of boasting, but from a desire to show the student that he may be as successful if he chooses. On the one hand, I wish his mind to be thoroughly imbued with the grave importance of this obstetric complication both to life and health, that he may see the necessity of making himself master of the subject in all its bearings; on the other hand, I wish him clearly to understand that prompt and efficient treatment will, in the majority of instances, end in success, that in the hour of danger he may not lose his presence of mind which is so essential to enable him to act with energy and judgment.

Is a second opinion necessary in a case of flooding after labour? In slight cases, if the Medical man has confidence in himself, there is of course no necessity; but if the loss has been very great, or is very difficult to stop, even an experienced surgeon will find it greatly to his advantage to have another to share the responsibility with him for two reasons: 1. In bad flooding cases there is always more or less danger of the patient dying hours or days after labour, literally from anæmia. 2. Flooding is often looked upon with suspicion by the friends. They not uncommonly attribute its occurrence to some mismanagement of the Medical man. One says "he took away the afterbirth without waiting for a pain;" another, "he tore or left some of the afterbirth behind." To this last conclusion ignorant women often come, from the raw fleshy appearance of the uterine surface of the healthy placenta. The Medical attendant may have paid the best attention to his patient, and have done everything in a skilful manner, yet the relatives will find out, or rather think they have found out, something he did or left undone which brought on the hæmorrhage. "If Mr. So-and-so had attended her she would not have been in this state," and similar harsh expressions, not at all conducive in spreading the reputation of a Medical man, are freely blurted out with all the ignorant spite and electric velocity of a woman's tongue.

(To be continued.)

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

CASE OF OVARIAN TUMOUR.

(Under the care of DR. HALL DAVIS.)

S. W., æt. 47, a widow, by occupation a cook, admitted into Northumberland Ward on July 28, 1863.

Personal description.—Is well formed, stout, and robust looking; dark hair and brown eyes; muscular development good.

Family history.—Father died, æt. 59, from an apoplectic fit (three days); mother died, æt. 51, at the change of life. (?) Had three brothers and one sister; one brother died from phthisis, and her sister in her confinement, æt 33.

Previous history.—Catamenia appeared at eleven years of age; has been in service as a cook; has had very hard work. Her husband died nineteen years ago. Has had one boy and three girls; boy died from hydrocephalus, and the two girls died of phthisis, and the third from pertussis. She states that her first and last confinements were very protracted, especially the last; and she was in more or less pain for three days and two nights: she suffered from fulness and great uneasiness in the abdomen, three months after the birth of her last child. Never has had flooding, and has always been perfectly regular as to the period of the return of the menstrual discharge, though there was not much of it at any time. Has gradually increased in size, and sometimes has been in great pain, so that she was obliged to leave her situation, and rest herself.

Present appearance.—The cyst extends above the umbilicus, more especially on the right side, and towards the left iliac region the tumour appears to be very solid; cutaneous veins are slightly more enlarged than usual. No projection of the uterus is perceptible in the vagina.

July 29th.—The sound passes into the cervix uteri only 1½ inch. Ordered

Pot. bromidi, gr. v.;
Liquoris potassæ ℥xv.;
Infusi quassiæ, ℥j., ter in die.

And

Pil. hydrarg., gr. iv.;
Extracti coloc. co., gr. v.;
Extracti hyoscyami, gr. ii., misce ut ft. pil. ij. hac nocte sumend.

July 30th.—About the same: the pills have acted well upon the bowels.

31st.—Feels pain over the right iliac region. To have applied cataplasma lini cum opio over the painful part.

9.30 pm.—Feels relieved.

August 3rd.—About the same; she measures forty-five inches round the waist.

5th.—About the same; but measures only forty-four inches round the abdomen.

6th.—Feels feverish and hot, with considerable thirst; and this morning her pulse is 115; she has head-ache and coated tongue. Ordered

Pot. bicarb., gr. xv.;
Liquoris ammon. acet. ℥j.;
Spt. ether. nit., ℥xv.; ter in die,

and to continue the haustus pot. bromid.

7th.—Rather better; being not so feverish; tongue is cleaner, and is moist; measures 44¼ inches. Continue haustus pot. bromidi, and to discontinue haustus pot. bicarb.

8th.—About the same. Tongue is white in the centre; has head-ache; hot and thirsty. Ordered haustus pot. efferves. quartâ quâque horâ, and

Pil hyd. et pil rhei co., aa. gr. iv., hac nocte.

9th.—Better in every way; bowels opened; tongue cleaner, and she is not so thirsty. Ordered

Pot. bicarb., ℥j.;
Haustus ammon. acet., ℥vj.;
Aquæ menthæ, ℥jss. ℥j. ter in die.

11th.—Tongue white, headache, and has pain down along the right leg, with redness on great toe and swelling. Ordered

Pil. hyd. gr. j.;
Ext. hyoscyam. gr. ij., omni nocte.,

the toe to be painted with iodine and collodion. To have broth diet.

Discharged when she had quite recovered from this attack.

CASE OF INFLAMMATION OF THE SAC OF FIBROUS TUMOUR.

H. B., æt. 57, a widow, admitted under the care of Dr. Davis, on August 10th 1863.

Personal description.—She is tall, thin, but healthy looking, and about five feet eight inches in height; with a countenance denoting her to be a high liver; muscles small and flabby; teeth irregular, and very much decayed.

Family history.—Her father died of cholera between seventy and eighty years of age; mother died aged 83, having been for many years a martyr to rheumatism. Her parents had sixteen children, of whom four only are living;

her brother had disease of the heart, and her sister a tumour in the womb, accompanied with dropsy.

Previous history.—The catamenia appeared when she was fifteen, scanty, irregular, and with great pain, was married at twenty-two, has had two children and three miscarriages in twenty-three years; has been a widow now for twelve years. Soon after her husband's death, she noticed that she was swelling in the abdomen, and consulted a medical man, who diagnosed uterine tumour, which he told her might occasion her very little uneasiness, but could never be cured. Four or five years ago she was treated at Guy's Hospital for the complaint.

After leaving that hospital, and having been told that she had "stone cancer," she was admitted into the cancer wards of the Middlesex Hospital, whence she was transferred to the Prudhoe ward under the care of Dr. Davis.

State on admission.—Fibrous tumour on the right side of the uterus, but not clearly discernible, whether internal or external to the organ. The point of the uterine sound enters freely, and turns towards the left side.

August 7th.—Before her admission under the care of Dr. Davis, Dr. Williams had ordered her

Pot. bromid., gr. x.;
Liq. pot., ℥xv.;
Tinct. hyoscyami, ʒss.
Infusi gentian co., ʒvij., ter in die,

and a sponge tent was to be passed into the canal of the cervix.

August 8th.—Ordered two bottles of soda water, to be given her daily, and also ʒiv. of wine.

Haustus ammon. acet. ʒjss. quartâ quâque horâ,
and a large linseed meal poultice having mixed in it
Liq. plumbi diacet et Spt. vini rect., ää ʒj.
to be applied over the site of the abdominal tumour.
She was likewise to have a lemon each day.

Aug. 11th.—℞ Pot. nit.
Pot. bicarb., ää. gr. x.;
Spt. ether nit.
Tinct. hyoscyami, ää ʒss.;
Mist. camph., ʒj. quartâ quâque horâ.
Continue cataplasma lini.; wine, ʒiij.

August 12th.—Repeat.

August 14th.—Hirudines octo abdomini;
Rep. Cataplasma lini. cum opio;
Rep. Haustus pot. nit.;
℞ Hydrarg. chlor. gr. ss.;
Pil. saponis, co. gr. ij., quartâ quâque horâ.
Enema amyli cum tinct. opii, ʒj., statim.
Ordered to have custard pudding daily.

August 16th.—The enema having returned a short time after having been given, an anodyne draught was administered. Ordered to have an egg daily.

August 17th.—Vini xerici, ʒiij. Omit Pil.
℞ Tinct. hyoscyami, ʒj.
Decocti cinchonæ, ʒj., sextâ quâque horâ.
Ordered fried sole and two pints of milk daily.

August 21st.—Complains of great pain down both legs, which look somewhat swollen; there is an erythematous blush going down the skin on to the dorsum of the foot.

Limb to be wrapt in cotton wool, and to be bandaged. Continue draught.

August 25th.—Uterus enlarged, os retroverted, no nodular projections in the vagina.

Vini xerici, ʒjss. Repeat haustus cum cinchonâ.
Ordered two pints of milk daily, some rabbit, and an egg daily.

August 27th.—Complains of spasms; also great pain across both insteps extending up to the knee. The limb to be kept enveloped in the cotton wool and the bandage.

Repeat haust. cum spt. eth. chlor., ℥viij.

Pulv. calaminæ to be powdered over the malleoli.

Aug. 27th, 2 p.m.—Os uteri far displaced to the left side of the pelvis; no projection of cervix into vagina; uterus felt to be much enlarged, apparently by some internal growth. As the patient would not submit to the treatment deemed advisable, she was discharged.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. VI.

ACIDUM HYDROCYANICUM DILUTUM.—Considerable differences existed in the strength of this acid as ordered in the Pharmacopœias of the London, Edinburgh, and Dublin Colleges. The Hydrocyanic acid of the London Pharmacopœia contained 2 per cent. of real acid; that of the Edinburgh Pharmacopœia contained 3.98 per cent. The Dublin acid was a little stronger than the London acid. The Acidum Hydrocyanicum Dilutum of the British Pharmacopœia contains 2 per cent. of real acid; it is, therefore, the same acid that was ordered by the London College.

The process for its preparation is also practically the same that was given by the London Pharmacopœia. It consists essentially in distilling a mixture of a solution of Ferrocyanide of potassium with dilute sulphuric acid. Under these circumstances, one-half of the cyanogen contained in the salt passes over as hydrocyanic acid. In carrying out the process it is necessary to adopt efficient condensation, and to this end it is proper to put a portion of water into the receiver at the commencement. We are also ordered in the Pharmacopœia to reserve three ounces of the water; and at the end of the distillation to add to the product as much of it as may be required to bring the acid to the proper strength of 2 per cent. The London College directed six ounces to be reserved for this purpose; but in working with the exact quantity of material ordered, it was rarely, if ever, necessary to add any of it to the product; for the distillate generally contained almost exactly the 2 per cent. of real acid.

Manufacturers of this acid on the large scale, put much less water into the still than the Pharmacopœia indicates, and they thus obtain a highly concentrated acid, which can be diluted to the required strength.

The reaction which occurs during the distillation is somewhat complicated. The late Mr. Everitt, who carefully investigated this subject, showed that at the end of the process, there is left in the retort a peculiar yellow salt, which contains three atoms of cyanogen, united with two atoms of iron and one of potassium. According to this chemist's experiments, the change which occurs may be represented by the following equation:—

$$2\,(K_2\,Fe\,Cy_3) + 6\,SO_3HO = (K\,Fe_2\,Cy_3) + 3\,(KO,HO,2SO_3) + 3\,H\,Cy.$$

Ferrocyanide Potassium. — Yellow salt. — Bisulphate Potash.

This action, however, can only take place in the presence of a certain amount of water; hence the process is only

applicable to the preparation of a solution of hydrocyanic acid in water. When dry ferrocyanide of potassium is heated with concentrated oil of vitrol, no hydrocyanic acid is obtained, but the salt is broken up into the sulphates of iron, potash, and ammonia, and pure carbonic oxide gas is evolved. Anhydrous hydrocyanic acid may be obtained by heating the dry crystals of cyanide of mercury in a gentle stream of sulphuretted hydrogen. Sulphide of mercury, and hydrocyanic acid are formed, and the latter may be condensed by a freezing mixture ; but the operation is attended with considerable danger to the operator, from the escape of gaseous hydrocyanic acid.

Hydrocyanic acid, although as dilute as the Pharmacopœia acid, is very apt to undergo a peculiar change by keeping. Even when carefully kept from the action of the light, it becomes dark coloured, and is eventually converted into a brown pasty mass. The chemical nature of this change is not well understood; the black substance contains the same elements as the Hydrocyanic acid, and is named paracyanogen, but Formic acid, Ammonia, and other products are also present. The acid varies considerably in its susceptibility to this change. Sometimes bottle after bottle will spoil in the course of a few weeks, while in other cases the acid may be preserved unchanged for a great length of time. It has been commonly observed that Hydrocyanic acid, made by the Pharmacopœia process, keeps better than that made by other means. This was ascribed by Mr. Everitt to the presence of a minute trace of mineral acid. He found that the addition of a single drop of Hydrochloric acid to a large bulk of pure dilute Hydrocyanic acid preserved it from decomposition; although the presence of a larger quantity of the mineral acid rather favours decomposition than otherwise. The blackening of the acid is very much promoted by exposure to light ; and hence arose the custom of selling Hydrocyanic acid in dark blue glass bottles ; but this precaution is of little use ; for the actinic or chemically active rays of light are found closely associated with the blue rays of the spectrum ; consequently, the blue glass offers no obstruction to their passage. Some manufacturers, however, have recently taken a hint from the photographer, nd have adopted yellow glass bottles for the preservation of those chemicals which are liable to change by light. The yellow glass entirely excludes the blue end of the spectrum, and, therefore, cuts off the actinic rays. As far as Hydrocyanic acid is concerned, this practice has been attended with success.

So much inconvenience has at different times been experienced by the spontaneous decomposition of this acid, that means have been suggested for its extemporaneous production as required. One very convenient method of effecting it consists in taking 100 grains of crystallised tartaric acid in powder, 44 grains of cyanide of potassium, and 2 ounces of water ; shaking up in a bottle ; allowing the precipitated acid tartrate of potash to subside ; and then decanting off the clear liquid. It contains almost exactly 2 per cent. of Hydrocyanic acid, and is only contaminated with a very little saline matter.

Hydrocyanic acid is known by its remarkable odour, and it may also be recognised by three tests. With solution of Nitrate of Silver it gives a white, curdy precipitate, much resembling Chloride of Silver, from which it is distinguished by being soluble in moderately strong, boiling, Nitric acid. When mixed with a solution of a protosalt and a persalt of iron, then with some caustic potash, and finally acidulated with Hydrochloric or Sulphuric acid, it gives a precipitate of Prussian blue. When mixed with a few drops of Hydrosulphate of Ammonia, and the mixture evaporated to dryness upon a water bath, the residue gives with a persalt of iron a blood-red colour.

The British Pharmacopœia directs that hydrocyanic acid shall give no precipitate with chloride of barium, and that with nitrate of silver it shall give a white precipitate entirely soluble in boiling nitric acid. These tests are intended to indicate the absence of sulphuric and hydrochloric acids. The London Pharmacopœia gave the iodo-cyanide of potassium and mercury as a test for the presence of mineral acid. This salt is decomposed with formation of the red iodide of mercury when brought into contact with an appreciable trace of a mineral acid. This test possessed some advantages over those given by the British Pharmacopœia, for the inexperienced operator may fail in entirely dissolving the cyanide of silver in nitric acid, and thus be led to an erroneous conclusion. The strength of hydrocyanic acid is to be determined by a volumetric solution of nitrate of silver. The Pharmacopœia gives the following directions :—"Half a fluid ounce of the acid when treated with an excess of solution of soda, requires the addition of 80·66 measures of the volumetric solution of nitrate of silver before a permanent precipitate begins to form, which corresponds to two per cent. of anhydrous acid." The action of the test is as follows :—When the acid is treated with caustic soda, cyanide of sodium is formed ; and when nitrate of silver is added to this, the cyanide of silver first formed unites with the cyanide of the alkali to form a definite double salt which is soluble. The change is thus represented :—

$$2\,(Na\,Cy) + Ag\,O,\,N\,O_5 = (Na\,Cy + Ag\,Cy) + Na\,O,\,N\,O_5$$

When a permanent precipitate forms it indicates that all the alkaline cyanide has been converted into the double salt, and that the latter is in its turn being decomposed by the nitrate of silver. It therefore indicates the termination of the above reaction.

LONDON MORTALITY.—From a Parliamentary Return it appears that for all England and Wales the average annual mortality during the ten years, 1851—61, was 22·17 per 1000. In the Farnborough district in the south, and in Bellingham and Rothbury in the north (Northumberland), the annual mortality averaged less than 15 in the 1000. The metropolitan returns, corrected, give the annual mortality within the walls as 2222 to every 100,000 living. For the metropolis generally, including the suburbs, the ratio was 2,363.

THE ARMY MEDICAL SERVICE.—The return of the supplementary army estimates for 1863·4 has just been published. The estimated outlay of the medical establishment and supplies for the year is 15,900*l*.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. W. T. Gairdner commences a series of clinical papers, the first of which is a very able and interesting communication entitled, "Facts and Conclusions as to the Use of Alcoholic Stimulants in Typhus Fever." Dr. Gairdner's object is to show that the routine system of treating typhus fever by excessive doses of alcoholic stimulants, is attended by more harm than good, and he argues that the late Dr. Todd's views on this point were, in the first place, not original, but derived from Dr. Alison, and in the second place, that they were formed without any discrimination as to the type of the disease in which the stimulants were beneficial. He proves by a careful examination of tabular statements, that the mortality from fever was the highest where the greatest amount of alcoholic stimulants had been used, and he, therefore, concludes that there would not only be a great pecuniary saving to the hospitals if the present plan were modified; but that the results of the treatment would be more successful. He does not, however, condemn the use of these agents altogether, or express an opinion in favour of reverting to the former plan of depleting in typhus; on the contrary, he admits that a moderate and watchful administration of tonics and stimulants (the alcoholic class included), is the best plan of treatment, but he thinks that the age, the previous habits, and the nature of the constitution, should be carefully studied in each case, and that especially in very young persons, stimulants should very rarely be administered except in minute and experimental doses. He is persuaded, from the results of observation, that stimulants are actively poisonous and destructive to the young in typhus, and very probably in most other fevers. Mr. George Pollock, in answer to a paper by Mr. Henry Thompson, in the 'Lancet' of Feb. 20, entitled, "Lithotrity without Injections," states that Mr. Thompson's plan has long been adopted by himself in the wards of St. George's Hospital, and in private practice, as the injection of the bladder has appeared to him to be superfluous and irritating. He also doubts the originality of Mr. Thompson's suggestion that previously to the operation the urine should not be withdrawn, as he himself has not thought it expedient to do so, and he believes that other surgeons concur in the propriety of leaving the urine in the bladder. Mr. Pollock quotes the authority of Sir Benjamin Brodie as to the general safety and simplicity of the operation of lithotrity, and he mentions that out of 115 cases operated upon by that distinguished surgeon, only five died from the operation itself. Dr. J. Henry Bennett contributes a paper on the "Hypodermic Treatment of Uterine Pain," and relates some cases in which this treatment was beneficial. He employed an aqueous solution of acetate of morphia, introduced beneath the skin by a moderately-sized steel needle or canula. The injection may be made in any region of the body, but Dr. Bennett has principally chosen the præcordial region for uterine and general pain, and for local neuralgia a spot as near the affected region as possible.

The 'Medical Times and Gazette.'

Dr. Garrod continues his "Lectures on the British Pharmacopœia," commenting upon a variety of articles which have been recently introduced into Medical practice. The new anthelmintics are Male Fern, Kamela, Kousso, and Santonica, the last being, perhaps, the most important, especially when used in the form of Santonin. Cherry-laurel water is an introduction of more than questionable utility. Bromide of potassium appears to be useful in some excited conditions of the nervous system, and bromide of ammonium (which is omitted in the Pharmacopœia), possesses analogous properties. Among the arsenical preparations, chloride of arsenic has been omitted, and the arseniates of soda and of iron have been introduced. Arseniate of soda is said to be analogous in its operation to phosphate of soda, and to produce the good without the bad effects of arsenic upon the system; but arseniate of iron is of very doubtful efficacy. Dr. J. W. Ogle relates a "Case of Traumatic Tetanus, in the Treatment of which Nicotine was exhibited." The employment of nicotine, or tobacco, in tetanus, may be theoretically supposed to be beneficial, and indeed nicotine has been employed in this disease by Mr. Savory and Mr. Simon, on the recommendation of Professor Haughton, of Dublin. Dr. Ogle, therefore, employed it in the case which he now describes, and which was that of a girl of fourteen years of age, who had received a severe lacerated wound in the left leg, followed by tetanus. Pounded ice was applied to the spine without any benefit, and at last nicotine was employed by subcutaneous injection, after being administered internally without effect. The preparation used was a solution of the strength of half a grain to ten drops of water, four drops being given at a dose. The treatment was unsuccessful, although at one time Dr. Ogle thought there was some slight amelioration of the symptoms. Dr. James Edmunds relates a "Case of Supposed Emprosthotonos, cured by the use of Ice to the Spine." The nature of the disease was somewhat doubtful, but relief was obtained by the method just indicated, and the patient recovered. She was a married woman, and the disease was not traumatic.

The 'British Medical Journal.'

Mr. Brodhurst continues his "Lectures on Orthopædic Surgery," his present subject being the "Curvatures of the Spine." The treatment of such cases is constitutional, and mechanical, the latter being the more important. Mr. Brodhurst recommends spinal instruments to be worn by the patient or to be fixed to a couch, and in severe cases of distortion he recommends both plans to be adopted alternately. Dr. A. T. H. Waters continues his "Lectures on Certain Mutual Relations of Physiology, Pathology, and the Practice of Medicine," and in reference to therapeutics he speaks in eulogistic terms of the employment of alcoholic liquors, both in the treatment of disease and as ordinary beverages, taken in moderation. Dr. Waters also remarks that drugs are often employed in too small doses, and he mentions a case of chylous urine treated by himself, in which he employed gallic acid without any good effect until he largely increased the dose when the symptoms disappeared.

REVIEW OF BOOKS.

An Essay, Historical and Critical, on the Mechanism of Parturition. By William Leishman, M.D., Physician to the Glasgow University Lying-in Hospital, &c. Pp. 129. London: Churchill and Sons. 1864.

The substance of this essay has already appeared as a series of papers in a Scottish Medical periodical, and we have had occasion to notice them in terms of approbation. In their present collected form, they constitute a very useful contribution to obstetric medicine, and will be read with great interest. The essay exhibits extensive research combined with practical knowledge, and its subject-matter is spread over a wide space of time, from the theories of Hippocrates to the *vexata quæstio* of the present day, of supporting the perinæum in labour, of which practice Dr. Leishman is a decided opponent. The scope of the work comprises two distinct objects, the first of which is to describe the history of the rise and progress of the obstetric art, and the second to trace the mechanism of parturition in its different stages. The latter part, which is necessarily limited in its nature, as it does not comprehend the phenomena of præternatural labours, is nevertheless replete with interest and instruction, inasmuch as the stages of natural labour, however well they may be understood at present, have been in former times the subject of much doubt and misapprehension. The full understanding of the normal process of parturition is a most important element in obstetrical studies, and we have no hesitation in strongly recommending Dr. Leishman's essay to the notice of the Profession. It is illustrated by a few very well executed engravings.

Functional Diseases of Women; Cases Illustrative of a New Method of Treating them through the Agency of the Nervous System by means of Cold and Heat. Also an Appendix containing cases Illustrative of a New Method of Treating Epilepsy, Paralysis, and Diabetes. By John Chapman, M.D. Pp. 74. London: Trübner and Co. 1863.

In a paper published by one of our Medical contemporaries last summer, and which we fully noticed at the time of its appearance, Dr. Chapman proposed a new and peculiar method of treating some convulsive diseases by means of the application of cold and heat to the spine. The method he recommends is to employ alternately hot water and ice, each in an India-rubber bag, along the portion of the spinal column containing the part of the cord in which he wishes to act, and the theory which he suggests is, that the stimulus thus applied to the spinal cord acts upon the sympathetic system, by controlling the action of its blood-vessels, and thus regulates abnormal conditions connected with what is termed reflex action. It is impossible to give a brief abstract of the ingenious reasonings by which Dr. Chapman supports his theory, or of the multifarious cases to which his plan is applicable, and it is the less necessary to do so, as we gave in our number of July 22nd of last year a condensed notice of his original paper, which is moreover incorporated, in the form of an appendix, to his present pamphlet. It is only necessary to state here that he has carried out the same treatment which he has found efficacious in epilepsy and other allied affections, to the maladies peculiar to women, such as defective and painful menstruation, leucorrhœa, menorrhagia, and the like, and his reasoning is, of course, analogous, because the uterus is especially under the control of the ganglionic system, and therefore amenable to any treatment which powerfully affects the vessels of the sympathetic. The treatment proposed is entirely new, and the theory on which it is founded is not only original but actually opposed to some late views of nervous action, but still the results obtained by Dr. Chapman are so striking as fully to merit further investigation; and although we ourselves have no practical knowledge as yet of the efficacy of the means proposed, we shall be most happy to learn that they have met with the success which Dr. Chapman anticipates.

GENERAL CORRESPONDENCE.

A WORD ABOUT OUR LECTURE SYSTEM.

To the Editor of the Medical Circular.

SIR,—By the perusal of your leading article of last week, we are again reminded of a question that has long weighed on every one who has thought about our Medical Education—is the system that we have now in such busy action the right one? We have at this moment some of the best lectures in the world under delivery, with the largest variety of enforced courses, but as we examine the students who hear them, or test them as they emerge amongst us as practitioners, can we say that we are lecturing them into safe surgeons or sound physicians? As matters of fact we find that they cannot dispense with the help of the grinder when thinking of facing the Colleges and that, once passing that ordeal, the bedside shows them far better acquainted with the nomenclature of disease than the form of it that is inviting their assistance. Yet there has been no lack in the amount of their teaching, or in its quality—such teaching as it has been—and we are not of those who question the industry or talent with which these students have been seeking to turn it to the best account. The question then arises, if well educated young men of fair ability, after so many years study, come out so often a failure under such circumstances, is the result their fault, or that of the system? The truth must be owned—and with all the more conviction, as we have the more experience, that this excessive lecturing system of ours is all a mistake.

We cannot lecture men into a practical knowledge of anything, and least of all of a complicated, vast, and eminently practical science like ours. The ear is one of the least imperfect organs of our knowledge, and of all aids, the weakest to that kind of knowledge which claims to deal with the subtle lethal agencies under which our frames tend to disease and death. The student, who has heard his three or four thousand lectures has, no doubt, received certain impressions about all the subjects discoursed upon, but what is the value of all these impressions as an adjunct to practice, or even as an aid to learning? Were any psychical dissection possible of the brain of one of these unfortunate young men on the close of a year's studies, what a singular confusion and interlacing of all sorts of hues and forms of judgment, opinion, and conjecture should we have revealed to us? How many vague, absurd, and mischievous impressions about organic structure, vital functions, morbid action, therapeutic and other agencies, would there be set against a single sound view of the nature of disease and of the true plan of ascertaining its character and meeting its requirements? We have talked at him and to him, to the best of our ability, but all the super-excellent learning we have been ding-donging into his ears has been but as the impressions won from tinkling brass, or sounding cymbals. The nine-tenths of our discourses have been in an unknown tongue to him, and have conveyed anything but the impressions from whence they had proceeded in ourselves. The confused ignorance he had before on the subject we have worse confounded; and, perhaps, our success in this way has been all the greater in proportion to the pains the poor fellow has been taking, and the excellence of his memory. The more he carries away, the less he knows what to do with it; and if there were any question of a practical application of his knowledge, it would certainly not be the professor knowing anything about him who would offer himself as the "vile corpus" inviting the first experiment.

The mistake we have been making is one common of late years to most other professions. We have been yielding too much to the modern temptation to philosophise in

our Medical education. We have been seeking to make the humblest of our practitioners as accomplished theorists as the rare men of genius who have devoted to theory the best part of their lives, and we have been thinking nothing done in the most practical of professions unless we had first initiated its students in all the abstruse mysteries of abstract or transcendental science. We have filled their minds with all that they may never, perhaps, apply, and left to accident their having or using the opportunity by which they may acquire the knowledge which will be always in request from them, and which unknown will mean suffering and death to thousands. It has been all teaching and little or no learning. The lore of the profession has been made to abound above measure; and all our twenty-lecturer power of cramming it into the intellectual stomach fails in obtaining for it either a healthy digestion or useful assimilation. The general run of practice is no safer now, with all our undoubted advances in science than a hundred years ago, and while the extent and excellence of our medical literature would suggest that nobody need die of disease, we have only to look at what is taking place about us to have an uneasy suspicion that no more die of disease, and not less of the doctor, than ever.

We must try, then, in our education to get rid as soon as possible of all this over-theorising and under-practising. We must have a good deal more of the hospital and a great deal less of the lecture room. We must revert to the system, we might say the want of system, which has given practical medicine its greatest luminaries,—Hippocrates, Galen, Boerhave, Sydenham, Abernethy, Astley Cooper, and Brodie. Students in one form or another must be trained as the apprentices rather than the pupils of the science. Taken away as much as possible from the French plan of theorising on a subject, they should in a like proportion be brought into practical acquaintance with it. We must have more clinical clerks, more dressers, more house-surgeons, and more house-physicians, and the hospital, not the university, must be made the alma mater of the candidate for membership. We must arrange that his home, his workshop, his study shall be there, and there only, except so far as it may be found in the house of a practitioner out of whose abundance of knowledge and experience every familiar word and act must mean an imparting of practical knowledge. The true secret is for the young men to acquire a thorough acquaintance with the workings of disease by their own observation of it, to know it so well that they may be familiar with it in all its phases, able to decipher it in all its susceptibilities, contingencies, and necessities, foresee its coming history, and charged with the data which indicate its true nature, give a probable judgment on the appliances best fitted to deal with it. A learned nomenclature never yet saved a patient, and never will. Where one of the multitudinous mischances to which civilised humanity is heir to has laid low the strong man, and some obscure form of fever comes in to complicate the symptoms, of what use to bring to his bedside the young practitioner whose head is laden with the memory of a thousand extraordinary cases in which phenomena more or less unlike were met by as many forms of treatment as there are pages in the new Pharmacopœia, and about which his actual knowledge is in the inverse ratio of the extent of the impressions he had been receiving about them. The picture is there to tell him everything if he has the eyes made learned by experience, to read the interesting mystery; but for him it is like the doubted work of an unknown master to some first year's student on the benches of the Royal Academy, albeit the one is as decipherable to the eyes of an able practitioner, as the other to those of an accomplished connoisseur.

Away, then, with this upside down, this wrong end first mode of teaching medicine! Let us have surgeons and physicians who learn, rather than surgeons and physicians who are taught, men who have seen rather than heard, who have practically observed rather than heard described, men, in fine, at home with disease rather than with the books or lectures that speak about it. It is only in this way we shall ever again have another Sydenham or another Hippocrates.

I am, &c.,

VIGIL.

"GRATUITOUS MEDICAL SERVICES."

To the Editor of the Medical Circular.

SIR,—On reading your article in to-day's CIRCULAR with the above heading, which contains more good sense in small compass than I have seen for many a day, I am induced to send you an almost *verbatim* report of a short conversation I had with a brother practitioner a few weeks ago.

The want of combination amongst Medical men to *force* the public to put a proper estimate on our services, is keenly felt by the great body of general practitioners, both in town and country, men working not merely from "morn to dewy eve," but from dewy eve to morn again; men who by the hardest mental and physical toil, in many instances, can only just make ends meet.

Perhaps, I belong to a class a little more fortunate, and yet from *bitter* experience I have felt the worth of every word of your leader of to-day, when you allude to the abuse of Medical charities.

On one point will you excuse me for saying, I think you are in error; you appear to be under the impression that in rural districts matters are better, and between the operation of the Poor-law and benefit societies that there are fewer evils to complain of. I am not going to remark upon the miserably small salaries doled out by niggard hands to the Poor-law surgeons, nor of that large class in every district just above pauperism, who never think of paying the doctor, nor yet of the very small sum paid by benefit societies to their Medical officers; but I wish to say a word about the indirect frauds practised upon the Profession by these said "benefit" societies, which frauds, by the bye, would never be attempted, if we were a more united body. In many instances, it is a fact that these societies are largely supported by a class of men who do not need them, and as an insurance against sickness; and in fact, when sickness comes never avail themselves of the funds. They openly join these societies, nay they are invited to do so for the sake of the doctor's services, for which this "*victim*" receives 2s. 6d. per annum.

I believe it quite true that many of these clubs or societies are founded on very incorrect bases, and are kept from bankruptcy by such members as these—that is, at the expense of the brain, bone, and muscles of the Medical man—a practical proof of the injustice we inflict on ourselves by our want of combination. Is it not from the same cause that we are compelled to accept such miserable remuneration from these societies, particularly from those whose operations are on a large scale.

The following brief colloquy thus illustrates these points:

MR. A.—Good morning, Mr. B. I am very glad to see you, but are you not poaching on my preserves? I am about visiting a patient in the very house you have just left.

MR. B.—Don't be alarmed, my dear sir, I would not injure you if I could. The fact is, I have been visiting your patients on behalf of a society for which I am acting as Medical superintendent.

MR. A.—Then, Sir, I hope you are well-paid for your *four* miles walk this morning.

MR. B.—No, indeed, for this particular visit, and for filling up the weekly certificate, I receive something less than THREEPENCE, but I suppose if I refuse to do so, then I should lose the appointment of Medical examiner, which pays rather better, though not much.

Now, Sir, this from a respectable, middle-aged man, an M.R.C.S.E. and L.A.C., speaks volumes.

I, for one, feel grateful for your advocacy of "*combination*" in your leader of to-day, and does not the "body" of the Profession, whose time is absorbed in earning their daily bread, look up to those men who constitute the "head," to bestir themselves in this matter. When we are true to ourselves, the public will respect us, but until we are a *united body*, we shall never be able to obtain the just reward for our labour, and secure the position due to us as members of a liberal profession.

I know this is a very old grievance, but pray, Sir, follow up the subject so ably discussed in your leader to-day. It must do good.

I am, &c.,

"A WORKING BEE."

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 16, 1864.

MEDICAL EDUCATION.

In discussing the subject of Medical education, it is necessary to examine the different systems pursued in the Medical schools of each division of the United Kingdom, and the courses of study laid down by the whole of the Examining Boards. By confining our attention to one school, or to the curriculum laid down by one Examining Board, we should fall into the same error as that which Mr. Syme committed, when he supposed that his remarks, which are really applicable only to the University of Edinburgh, are pertinent to the state of Medical education throughout Great Britain and Ireland. A somewhat similar mistake is made by the writer of a very fair and candid article in one of our Medical contemporaries, who, though professing to treat of Medical education in general, limits his observations to the London Schools of Medicine, and to the requirements of the London College of Surgeons, and the Society of Apothecaries.

Again, in a letter signed VIGIL, which we print to-day in our own columns, our respected correspondent refers to a state of things which has either passed away altogether, or exists only in certain schools. When he writes about the three or four thousand lectures which the supposed student has attended, he certainly draws largely on his imagination, as no such number of discourses is enjoined by any of the English Examining Boards. To take, for instance, the University of London: that body merely requires that a candidate for the degree of M.D. should attend, during about six years, five courses of lectures, which, even supposing that each course consisted of 100 lectures, would make altogether 500. The College of Surgeons of England requires the student to attend lectures on Anatomy during two winter sessions, on Physiology during two winter sessions, and on Surgery during two winter sessions, besides one course of lectures, respectively, on Chemistry, Materia Medica, Medicine, and Midwifery. Now, the whole of these lectures, supposing them to be all attended, and which are or may be spread over a period of four years, amount to about 700, taking the average of the number of lectures delivered at each school during the session. The requirements of the Society of Apothecaries and those of the College of Physicians (in the case of the licentiates of the latter body) are pretty much the same, the Society of Apothecaries omitting Surgery, and adding Botany and Forensic Medicine. Thus the whole number of lectures which a student is usually required to attend to obtain a qualification in medicine and surgery is considerably under 1,000, which may still seem a large number, but when spread over a period of four years, or 1,460 days, is really nothing very monstrous, except, perhaps, to those who disapprove of lectures altogether as a means of instruction.

To this class of objectors it is not very easy to reply, except by the remark that if lectures are to be abolished, it is difficult to understand what mode of instruction can be substituted in their place. It may indeed happen in certain isolated cases that some student may work out his own course of study for himself, may find out the books he ought to read, and the precise parts of those books he ought to select for especial meditation; may discover, by woodcuts and illustrations, the forms of drugs and chemical instruments, or may perhaps perform chemical and physiological experiments for himself, as many illustrious philosophers have done before him; but we repeat the remark we made last week that the great majority of students, under such a plan, would waste days and weeks and months in profitless toil, and, in most instances, would abandon in despair the attempt to reduce into order the chaotic mass of materials placed before them. The duty of the professor or lecturer is not to exhaust his subject by long-winded disquisitions on theoretical points, but to indicate to his pupils the leading doctrines of the science which he teaches, to direct attention to the best books which ought to be consulted, and if his subject is a practical one, such as anatomy, chemistry, or natural history, to illustrate by experiments, diagrams, or objects, the facts and doctrines which he inculcates. Supposing a lecturer to perform his duties in this spirit, and to be possessed of ordinary zeal and intelligence, we are at a loss to understand how his exertions can be otherwise than beneficial, and indeed we cannot divine any better plan for the communication of practical knowledge from one human being to another.

But it is undoubtedly true that the best of lectures are only means to an end, that end being to draw the outlines of science which the student's mind must subsequently fill up, and to indicate the use he ought to make of his hands, eyes, and ears. In a practical calling like Medicine it is, of course, essential that the senses should be called into requisition; that patients should be seen and handled, their chests listened to by the stethoscope, their eyes viewed by the ophthalmoscope, their throats by the laryngoscope, their urine examined by chemical tests, and their medicines properly selected, prepared, and administered. In the department of Surgery, the student must learn by frequent operations on the dead body the mode of operating on the living, and must make himself practically conversant with the application of plaisters, splints, and bandages. Any person, therefore, who proposed that these matters should be taught by the delivery of oral lectures alone, or by books, would commit a grievous mistake, and we venture to assert that no such mistake has been made by those who direct the courses of Medical and Surgical study in this country. Many years ago it was, indeed, the custom to require little more than evidence of having attended lectures on such and such subjects, and the examinations for licences and diplomas were conducted almost exclusively by conversation. But a person who should affirm that this system is pursued or encouraged in the present day would no more represent the true state of

affairs than one who asserted that mammoths and mastodons now roamed along our plains, or that icthyosauri swam upon the surface of our lakes. In fact, almost every part of the requirements issued by the examining boards has a practical tendency. One enjoins that the student must have engaged in practical chemistry and practical pharmacy, another in practical medicine and practical midwifery, and all, without exception, insist that he should dissect the human body; and the examinations held by the different licensing boards are all of a more or less practical character. At one the human body is dissected, and the student is required to demonstrate the structures exposed; at another he is required to perform chemical tests, or to explain microscopic objects; at another, he explains the symptoms of disease on a living patient; at another he applies, in the presence of the examiner, bandages or splints to an injured limb.

The means of practical instruction at all our hospitals and Medical schools have been multiplied of late years to an infinite extent. Magnificent museums present an unlimited field for the observation of healthy and morbid structures, and the arts of drawing and colouring and modelling in wax appeal, with even greater distinctness than Nature itself, to the cognisance of the senses; chemical laboratories, with all the appliances of modern science, offer ever new facilities for the analysis of organic and inorganic bodies; and long ranges of sick wards invite the student's attention to the living phenomena of disease.

Now the question arises whether the students of the present day avail themselves, to the extent they might do, of the countless advantages thus liberally presented to them; and the reply, founded in our own case on inquiries made in various trustworthy quarters, must, we fear, be in the negative. We challenge contradiction when we assert that in some of our largest hospitals, presenting almost unlimited opportunities for study, the physicians and surgeons are actually unable to procure a sufficient supply of clerks and dressers; and we state with the same confidence that there is a lamentable want of practical knowledge displayed by candidates at many of our Medical and Surgical examining boards.

The best mode of remedying this condition of things may be matter for discussion hereafter; in the meantime, we do not believe that any good would accrue, as some have supposed, from relaxing the stringency of existing regulations, or entrusting the examination of students to their own teachers.

SUMMARY OF THE WEEK.

MR. GLADSTONE ON LIFE ASSURANCE.

In the course of a very masterly speech on the Government Annuities' Bill, the object of which is to extend the principle of life assurance to the lower classes of society, Mr. Gladstone made same statements in relation to the Medical Profession and to the Medical questions involved in life assurance, which cannot be allowed to pass without comment. In reference to the difficulties which would probably be experienced in obtaining Medical opinions upon the eligibility of lives, Mr. Gladstone is represented as saying that, so far as the lower classes are concerned, Medical opinions are of very little importance, although in the higher classes of life the question of eligibility for assurance is one requiring very great Medical skill and acuteness. We are quite unable to follow Mr. Gladstone's reasoning on this point, and we altogether doubt his assumption that the value of life is so different in the different classes of society. The peer and the peasant are formed of the same anatomical materials, and it requires the same Medical sagacity to discover the existence of latent disease in the one as in the other. But Mr. Gladstone quotes the opinion of "an eminent Medical man" who is the officer of two assurance offices (of course of the provident class), and who is represented as stating that, in the case of industrial assurances, he considered Medical opinions as of no importance. We have some curiosity to know who this eminent Medical man is, and although we have looked through the official lists of several of the provident offices, we cannot find anyone answering to Mr. Gladstone's description. We are obliged to conclude that Mr. Gladstone has been misled as to the degree of confidence he ought to place on the views of his informant, or that the latter has been misunderstood by the Right Honourable Gentleman. Perhaps the depreciation of the value of Medical opinions in the cases referred to may be prospectively designed to avoid payment for any Medical services which may be hereafter demanded under the provisions of the proposed Government measure, and the intimation that the Poor-law Medical officers will probably be required, *as officers of the State*, to afford the necessary information, will, we hope, not be lost upon our Professional brethren. In making these remarks, and in disagreeing with the Medical opinions announced by Mr. Gladstone, we do not object to the principles of his measure, which we believe to be a good one.

PROPOSED LEGISLATION ON THE SOCIAL EVIL.

We understand that it is in contemplation to introduce into the legislature, a Bill having for its object the mitigation of the enormous physical evils which result from prostitution. It is gratifying to find that the subject has attracted attention, and that a desire is manifested in influential quarters to look the matter in the face, and to propose remedial measures. The problem to be solved is to prevent the spread of disease, but at the same time to guard against any undue or vexatious interference with personal liberty. We believe that the infliction of punishment, or at any rate of compulsory segregation for remedial purposes, is one of the features of the proposed measure as applicable to those who wilfully and knowingly become the sources of contagion, but we hope in all fairness that both sexes may be equally amenable to any penalties which may be inflicted for this offence. It must be remembered that in the delinquencies in question, there are always two parties who are equally in the wrong, and it would be cruel

indeed to punish or coerce one, and that the weaker, and allow the other, who is equally guilty, to escape free. The whole subject is, as we have previously remarked, a difficult, a delicate, and an unsavoury one, but from the high character of those who are philanthropically studying the question with a view to legislation, we entertain a reasonable hope that their efforts at meeting the acknowledged obstacles in the way of improvement, will not be made in vain.

THE LINGEN TESTIMONIAL.

The committee appointed to conduct the proceedings, in connexion with the late case in which Dr. Lingen was concerned, have wound up their affairs, and have published a statement, containing a financial account, the minutes of the meetings of the committee, and a list of subscribers. It appears that the subscriptions amounted to 439*l.* 4s., out of which 286*l.* were paid for legal charges, 50*l.* for postage, printing and advertising, thus leaving a balance of 103*l.*, which has been expended in the purchase of some plate for Dr. Lingen, and of a book containing the names of the subscribers. In a graceful letter, addressed to the chairman of the committee, Dr. Lingen has expressed his gratitude for the kindness and sympathy which he has received at the hands of the profession, and of his friends in general.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCEITY.

TUESDAY, FEBRUARY 2.

Mr. PRESCOTT HEWETT, President.

Mr. WALTER COULSON exhibited

THE FRAGMENTS OF THE SHELL OF A MEDIAN-SIZED URIC ACID CALCULUS SPONTANEOUSLY DETACHED AND PASSED THROUGH THE URETHRA.

The patient, a man from Derby, aged sixty-one, was first seen May 26, 1883. He had suffered from bladder irritation for the last five years. Seven months ago a small portion of the shell of a stone came away, and after an interval of a week another bit. He continued to void pieces with his urine for five or six weeks, by the end of which time the shell of a fair-sized calculus had been passed. During this period the urine was deeply tinged with blood, and he suffered acutely. Subsequently, lithotrity was performed, and he was cured after five operations, and it was found that there were two calculi in the bladder.

Mr. WALTER COULSON next showed

ELEVEN STONES REMOVED BY LITHOTOMY.

In this case lithotrity was, in the first instance, attempted, but the cutting operation was resorted to, as the patient was unable to empty his bladder except by the aid of a catheter, in consequence of the quantity of stone contained in the bladder. The patient, aged sixty-five, made a good recovery.

Mr. WALTER COULSON also brought forward

THE SACCULATED BLADDER AND KIDNEYS OF A PATIENT ON WHOM LITHOTOMY HAD BEEN PERFORMED, ALSO TWO CALCULI REMOVED, ONE OF WHICH HAD BEEN ENCYSTED.

The patient had suffered for some years with symptoms of stone. He had been frequently sounded, but nothing had been detected. Mr. Coulson examined him with a lithotrite, and found a stone fixed on the left side of the floor of the bladder, that he was unabled to seize. Lithotomy was resorted to, and the patient died three days after from uræmia. The bladder was sacculated, and contained one large sacculus on the left side of the floor of the bladder, that had evidently lodged one of the stones removed, as at the time of the post-mortem there were still portions of calcareous matter adhering to it. The ureters were both dilated. The left kidney was reduced to a mere cyst, and the kidney structure of the right was much injured. The encysted stone was removed entire, the second in fragments. Both calculi were chiefly phosphatic.

The PRESIDENT said that he had seen the patient from whom the last specimens were taken some years before, and had detected no stone. He then told the patient, however, that he had alkaline urine, and was liable to suffer from calculus. The President also mentioned that he had succeeded in detecting a stone by a catheter, which allowed the urine to escape gradually, when he could not by the ordinary sound. He considered that this was an important point, and gave several instances in which the catheter detected a stone when the sound did not.

Mr. CHRISTOPHER HEATH exhibited

A LARGE MASS OF CALCULOUS MATTER EXTRACTED BY MEDIAN LITHOTOMY IN A CASE OF RETENTION OF URINE.

A man, aged thirty-four, was admitted into the Westminster Hospital with severe traumatic stricture, the result of injury to the perinæum twelve years previously since which time no instrument had been passed into the bladder. A few days after admission retention of urine supervened upon an attempt to pass a catheter, and it became necessary to afford relief. The point of the catheter touching calculous matter in the prostate, and being thereby prevented from reaching the bladder. The patient was tied up in the lithotomy position, and Mr. Heath made an incision in the median line to extract the calculi. It was found, however, that in addition to the prostatic calculi, there was a large vesical calculus, which prrved to be adherent to the left side of the bladder. After one or two attempts at removal, the stone broke in the forceps, and was extracted piecemeal. A large number of prostatic calculi were removed, and there was then found to be a quantity of calculous matter adherent to the coats of the bladder in various parts. This was scraped away with the scoop as far as possible, and removed. The patient did well, and made a perfect recovery, the stricture being subsequently treated by Holt's dilator. The calculi exhibited consisted of two distinct formations, vesical and prostatic, the whole mass weighing 1,084 grains (or 18 drachms, 4 grains), and the small prostatic calculi alone 46½ grains. The prostatic calculi averaged the size of barleycorns, and were of a dark brown colour. The portions of vesical stone were found to form two distinct calculi, one composed of fusible calculus around a nucleus of phosphate of lime deeply coloured with animal matter, the pieces of which weighed 832 grains, and which had evidently been adherent to the coats of the bladder; and the other, of very remarkable shape, and weighing 104 grains, which consisted of a nucleus of phosphate of lime deeply coloured, very smooth, and of the size and shape of a sparrow's egg (39 grains), with a surrounding portion of phosphatic matter, more resembling a gigantic "os unciforme" than anything else. These latter pieces came away in the forceps in the middle of the operation, but their source was doubtful. The *débris* of phosphatic matter removed from the bladder weighed 101½ grains.

Mr. HEATH also exhibited

A SPHERICAL CALCULUS REMOVED FROM THE BLADDER AFTER DEATH.

This calculus was removed post-mortem by Mr. Bullen, of the Lambeth Workhouse, from the bladder of a man aged eighty-two, who had had hardly any symptoms of urinary affection during life. The calculus was remarkable for its nearly perfect spherical shape.

Dr. MURCHISON showed a specimen of

CANCER OF THE ŒSOPHAGUS COEXISTING WITH RECENT TUBERCLE IN THE LUNGS.

A man, fifty-four years of age, who was, until the illness of which he died, very healthy, although very intemperate, began to get thinner, to swallow with difficulty, and to vomit immediately after his meals. He died at the end of ten weeks. It was found at the autopsy that there was

stricture of the œsophagus, an inch and a-half above the cardiac orifice of the stomach. The mucous membrane was free from ulceration, but was puckered, and there was a little fistula leading into the tumour from the œsophagus. The tumour, which was in the posterior wall was dense and translucent. The glands in the neighbourhood were healthy. The lungs were found to contain, at their apices, old and recent tubercles, calcareous nodules, and cheesy matter, and scattered miliary tubercle. He had thought at first that the tumour might also have been tuberculous, but it contained abundance of characteristic cancer cells.

In reply to Mr. Sidney Jones, Dr. Murchison said that the tubercle in the lungs had been examined microscopically.

Mr. W. ADAMS exhibited

TWO LEGS OF A CHILD WHO HAD BEEN THE SUBJECT OF CONGENITAL TALIPES VARUS.

The child, aged eleven months, had died of acute inflammation of the lungs. Both legs, as now exhibited, were free from deformity, the Achilles and the anterior and posterior tibial tendons having been divided five months before death. In each of the Achilles tendons there was half an inch of new tendinous tissue inserted between the divided extremities of the old tendon, which was thus elongated. Externally, the tendon was well defined, and its surface even throughout, so that there were no traces of the operation, but the new tissue was easily distinguished on the recent section by its grey translucency, contrasting with the opaque pearly lustre of the old tendon. Both the posterior tibial tendons had united, but in one of them the free play of the tendon was limited by adhesions, whilst in the other only very slight adhesions existed. Mr. Adams remarked that he had already published fifteen post-mortem examinations after tenotomy, and, since the publication of his work on this subject, had made at least five or six more which confirmed the opinions he already advanced. With regard to the posterior tibial tendon, Mr. Adams observed that he employed gradual extension for a week before the operation, to limit the separation of the cut extremities, and thus favour union.

Mr. BARWELL said that he had never denied that the posterior tibial tendons would unite, but had said that they contracted adhesions. He had never operated in such cases, and had never found it impossible to replace the foot.

Dr. CAMPS suggested that the deformity might be due to paralysis rather than to contraction.

Mr. W. ADAMS said that in cases of congenital varus, such as the present, there was not a shadow of evidence that paralysis ever existed. He had never seen such a case, though in some rare instances congenital deficiency of some of the muscles of the leg existed, and at first this condition might be mistaken for paralysis. Non-congenital paralytic deformities were common enough, and in some of these cases the most brilliant results in Orthopædic Surgery were obtained by tenotomy.

Mr. MAUNDER remarked that in cases of wounds, on healing, tendons would be glued to the skin in the cicatrix, but after a time they became loose again.

Mr. BARWELL said that there was a difference in the wounded limb of a strong healthy man and a weak child's leg on a splint.

Mr. POLLOCK showed a specimen of

RUPTURE OF FATTY HEART.

A lady, sixty years of age, very fat, was seized with acute pain, and died suddenly. A rent was found in the anterior part of the left ventricle, and the pericardium was distended with blood. The other viscera were healthy.

Mr. POLLOCK showed a specimen of

NECROSIS OF THE THYROID CARTILAGE.

The patient had been admitted, October 7, for extreme difficulty of respiration and husky voice and cough. A few days later laryngotomy was performed, with immediate relief. On the fifth day the patient was better, the tube was withdrawn, and finally the orifice healed. The laryngoscope showed that on one side the glottic orifice was contracted, and on the other there was swelling. The patient died suddenly one night, having had but very slight previous dyspnœa. The aryteno-epyglotidean folds were thickened, and a piece of the thyroid cartilage, necrosed, was found in an abscess.

Dr. GIBB exhibited a specimen of

STRICTURE OF THE TRACHEA AND GROWTHS OF THE LARYNX,

from a lad of 19, who had been admitted into the Westminster Hospital with extreme dyspnœa, which was at first supposed to depend upon laryngeal obstruction. On the tenth day tracheotomy was performed by Mr. Holthouse, but a tube could not be worn, in consequence of the existence of constriction of the trachea, this condition being found after death to have involved the entire tube, as well as both large bronchi, thus rendering the cause of the dyspnœa threefold—namely, obstruction of the larynx, trachea, and bronchi. The patient had suffered from former attacks of laryngitis coincident with glanders.

Mr. SYDNEY JONES showed a

SKULL CONTAINING A TABLE-KNIFE.

It had been driven through the orbit into the cranial cavity, the point projecting through the bone behind.

Mr. SYDNEY JONES also showed a skeleton of a foot, in which there were two internal cuneiform bones.

Mr. HINTON presented, for Mr. Toynbee, the

LEFT PETROUS BONE AND SOME PORTIONS OF DURA MATER, FROM A PATIENT WHO DIED WITH CEREBRAL SYMPTOMS.

The specimen had been sent him by Mr. Lacy, Surgeon to H.M.S. *Cumberland*. The patient had been under treatment a year ago for suppurating bubo, but had recovered. Fourteen days before his death he was placed on the sick-list for coryza and discharge from the ear. About a month before he had had acute pain in the ear, but none lately. The face shortly became paralysed on the left side. He sank gradually, with scarcely any complaint of pain. A day or two before his death a profuse gush of purulent matter escaped from the ear. On removing the calvaria, a number of firm growths were observed, firmly attached to the dura mater in various places, and varying in size from a pin's head to a hazel-nut. The vessels of the pia mater were full of blood, but there was no effusion or softening. The larger growths had made marked impressions on the adjoining convolutions, the largest indentation being on the left lobe of the cerebellum. Otherwise, the membranes and brain substance were healthy. The left membrana tympani was destroyed, and the root of the tympanum had a slightly-darkened and worm-eaten appearance. The tympanic cavity was full of pus. The head only was examined, but there existed no symptom indicating disorder of any other organ than the brain.

HARVEIAN SOCIETY.

FEBRUARY 18, 1864.

WM. ADAMS ESQ., PRESIDENT, in the Chair.

DR. TILBURY FOX brought before the Society a child affected at once with herpes circinatus and favus. Numerous patches of h. circinatus covered the body, and under one axilla there was a patch of favus, portions of which under the microscope showed the cells of achorion schönleinii. Dr. Fox thought that these cells might be developed from those of h. circinatus.

MR. SQUIRE said that no doubt the cells befere them were those of the achorion ; but it did not follow that this was anything but coincidence.

DR. CAMPS said that the patch of favus did not appear to be implanted on any of the patches of herpes c.

DR. DRYSDALE asked whether Dr. Fox had ascertained whether there were any cases of favus capitis in the same house or family, as this complaint was easily inoculable.

Dr. FOX replied in the negative.

A paper was read by CUNDELL JULER M.D., entitled

AN INQUIRY INTO NERVOUS REFLEX ACTION AS A CAUSE OF DISEASES OF THE SKIN, WITH REMARKS ON THEIR TREATMENT.

The author commenced his discourse by showing that the opinion generally received of morbific blood, being the *fons et origo* of diseases of the skin was erroneous ; that the past labours of the pathologist, the histologist, and the chemist, did not warrant our arriving at such an assumption. He quoted from the works of various authors to show how many affections of the skin as zona, erythema, pemphigus, urticaria, elephantiasis græcorum, leprosy, &c., had been traced to a nervous influence. He instanced many cases as being clearly referrible to a morbid reflex influence on the nutrition of the sensitive nerve fibres, passing to the cerebro-spinal axis, either from the skin or from the intestinal mucous membrane. He considered derangement of innervation as necessarily preliminary to the appearance of parasitic diseases ; the different conditions of the skin in various places, accounting for the appearance of two or more varieties of parasites, upon the same individual. Dr. Cundell Juler stated it to be his opinion, that specific forms of disease of the skin were induced by the morbific element in the blood acting upon the nervous centres primarily and secondarily through the centrifugal nerves, upon the cuticular surface. He stated his conviction that all skin diseases had their origin in some disorder of the nervous system, and that many were attributable to nervous reflex action. He mentioned alternations of temperature as being a fruitful source of skin disease, heat and cold being most powerful irritants to the nerves of the skin. He instanced furunculi, urticaria, lichen, erysipelas, &c., as being rapidly developed in this manner. Dr. Cundell Juler then passed on to say that he thought that upon the recession of a chronic cuticular eruption, the internal lining membrane of the bowels, sometimes became the seat of a disease similar in its pathological character to skin eruptions, inducing the discharge of shreddy adherent mucus from the bowels, probably depending upon a rapid shedding of the epithelium of the mucous membrane. The re-appearance of the disease upon the skin, he said, restored the bowels to their former healthy condition ; the internal and external affections being vicarious of each other. He next demonstrated how skin diseases might assume a chronic character by a morbid alteration in the blood-vessels and tissues of the skin, and thus remain after the nervous irritation which had brought them into activity had subsided. In this condition these diseases only needed external remedies for their removal. After showing how irritants to the afferent nerves of the skin might produce eruptions and abnormal states or ulceration of the skin or lining mucous membrane of the body as in burns, he referred to many cases to prove the converse as being also the case, by the action of irritants upon the centripetal nerves of the bowels, &c., causing pain and diseases of the external surfaces of the body or intestinal surfaces. He instanced many cases to show how skin affections were attributable to the irritation of nerves of the intestinal mucous membrane by indigestible ingesta, &c. He explained how irritation of afferent nerves might not always induce skin eruptions, but give rise to other nervous phenomena. He quoted Brown-Séquard to show how insanity, epilepsy, chorea, catalepsy, extasis, hydrophobia, hysteria, and other varieties of nervous complaints might arise from some slight irritation of centripetal nerves, and explained how irritation of the dental nerves, or of the bowels in infants, gave rise at one time to skin eruptions, at others, to a discharge of a shreddy mucus from the bowels. In discussing the treatment, Dr. Cundell Juler attributed the curative influence of arsenic over skin diseases as being due to its power of establishing a counter action in the system, and so exhausting the undue irritability of the nervous system, so long as it had a morbid condition with which to contend ; its action was strengthening and curative, but as soon as the disease was removed, or the system became more saturated with the remedy than with the disease, it was no longer strengthening, but set up an irritation similar to the one it had removed, producing similar cuticular manifestations, and all the nervous phenomena of a poison acting upon the nervous centres. After advocating electro-galvanism in some forms of skin diseases clearly referrible to nervous reflex action, and having said a few words as to general treatment, he concluded by recording cases illustrative of his theory and the treatment founded thereupon.

Dr. FULLER thought that all would agree with the author of the paper, that we must not look upon arsenic as a sheet-anchor in skin diseases, as there were many cases in which it did more harm than good. Diet is of the utmost importance in skin diseases, and stimulants and generous diet often effect a cure, in eczema especially; arsenic sometimes aggravates instead of curing. Tartarised antimony is sometimes useful. He could not agree that changes of temperature frequently caused skin disease, as persons who took Turkish baths would in that case be very liable to them. Indigestible substances frequently caused skin disease, and probably because some poison was absorbed into the blood.

Dr. T. FOX remarked that practitioners usually treat psoriasis by internal means only ; but Hebra uses stimulating applications, such as oil of cade and unguentum sulphuris. Devergie says that he thinks that psoriasis is rather injured than benefited by arsenic.

Mr. SQUIRE thought that first attacks of psoriasis and eczema were more curable by arsenic than after-attacks. Donovan's solution, containing arsenic, mercury, and iodine, was very useful.

Mr. ERNEST HART mentioned that boils often arise in persons who indulge in Turkish baths, and that in Séquard's experiments on epilepsy, the spot, which on being irritated produced fits, was covered with lice.

Dr. HARE had given arsenic as long as twelve months without evil effects, but much good. We should also use external applications, and we should not trust to one remedy in psoriasis. Acetate of potash was often useful, and tar ointment locally ; in cloasma, local applications are all that is required, as ung. hyd. nit. ox., and so with regard to tinea tonsurans.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 1ST, 1864.

MR. PARTRIDGE, PRESIDENT.

ANNUAL MEETING.

At the commencement of the meeting, the President declared the ballot open for the election of the Officers and Council for the ensuing year, and nominated Dr. Kirkes and Mr. C. H. Moore as scrutineers.

The Reports of the Treasurers and of the President and Council were then read in succession. From the former, it appeared that the Society was in an increasingly prosperous condition. The total ordinary income of the year had been 1,352*l.* 12s. 9d., which, with the amount of composition fees, 43*l.* 1s., and a balance from the previous year's account of 357*l.* 19s. 9d., gave a total of 1,753*l.* 13s. 6d. ; and against this sum the ordinary expenditure, inclusive of 181*l.* 14s. 6d. on the library, and 202*l.* 16s. 3d. on the 'Transactions,' &c., was 985*l.* 5s. ; the extraordinary expenditure (for alteration in the meeting-room, &c.) 34*l.* 7s. 7d., and the sum of 500*l.* 13s. 9d. purchased into the funds ; leaving a balance of 233*l.* 7s. 2d. in the treasurers' hands. It will thus be seen that the total receipts of the Society for the last two years had exceeded its expenditure by about 700*l.*

Mr. ARNOTT moved, and Dr. WEBSTER seconded, the adoption of the report.

Dr. WEBSTER said that, from the statement just exhibited, it appeared that the Society's rent amounted to 1*l.* 2s. 10d. only.

The Report of the President and Council stated that the total number of Fellows was 634—a slightly smaller number than in the previous report ; but this was accounted for principally by the large number of deaths (16) which had

occurred amongst the Fellows. The report referred in detail to the steps which had been taken by the Council since the last general meeting relative to the ventilation of the meeting-room, its appointment of a committee on the subject, and their recommendations. A portion of these only, owing to insufficiency of time during the ordinary closure of the library in the autumn, had been carried out, consisting of a window over the entrance door of the room, and an apparatus for opening a portion of the skylight, by which it was believed a great improvement in the ventilation of the room had been effected at a small cost. The report also stated that 323 new works, exclusive of periodical publications, had been added to the library; and also referred to the munificent donation of Mr. Soden, of Bath, of the collection of Medical portraits formed by his late father, Mr. John Smith Soden. Other portraits had since been presented by the Fellows of the Society; and in consequence of a letter from Mr. Propert, as executor of the late Mr. Squibb, and on the recommendation of the Library Committee, the Council had resolved to offer 70*l.* for Mr. Squibb's well-known collection—subject to the confirmation of the annual meeting. If purchased, the Society would possess a collection of considerably above 2,000 engraved Medical portraits, some of which were of great rarity and value. The report also referred to the photographic collection of portraits of Fellows of the Society in continuation of the above, and the collection of pathological photographs, further contributions to which were much desired by the Council. The committee appointed by the Council, "On the Uses and Effects of Chloroform," were unable to conclude their labours last year; but their report would now shortly be presented to the Society, and would be published in the next volume of the 'Transactions.'

Mr. CÆSAR HAWKINS moved, and Dr. BARKER seconded, the adoption of the report.

Dr. GREENHOW remarked on the great improvement in the ventilation of the room. It had been the worst ventilated room he had known, but now it was perfectly comfortable and healthful.

Mr. CHARLES HAWKINS thought it would not be advisable to alter the lantern; it would be throwing money away. He hoped the balance would be taken care of, and not be frittered away.

Dr. WEBSTER said that having taken much interest in the subject of ventilation of the room, he would remark that he quite agreed that it would not be necessary to spend more money on it, as the result already obtained was very good. He thought that as the Society was a royal Society, there ought to be either a portrait or a bust of Her Majesty in the room. It would almost seem that the architect had made the recess behind the President's chair for such a purpose. In all foreign societies it was usual to have a bust of the sovereign, and he suggested that the Royal Medical and Chirurgical Society ought to have one of the Queen.

Mr. SPENCER WELLS asked if the Council intended to continue the high charges for the use of the room to the Pathological Society. Strong remarks had been made at the meeting of the latter Society on this point, and as a member of the Royal Medical and Chirurgical Society, he felt ashamed of the extortionate charge. It did not seem fair that this Society should stand rent free by making a high charge to a sister Society. He hoped the Council would act in a more liberal spirit in this matter.

The PRESIDENT said that to double the rent of the two sister Societies (the Pathological and Obstetrical) was not so inconsistent as might appear at a first glance. It ought to be remembered that the Pathological Society was received at first at a mere peppercorn rent, as the funds of that Society were low, and it was well known that the rent was not commensurate with the advantages. Then, again, he question had been unfairly stated. It was not fair to assert that the rent was at the rate of four guineas an hour, as if the hours were consecutive. It was just the difference in engaging the Freemason's Tavern on thirty occasions for an hour or for thirty hours in succession. Then the proof that the rent was not too high was this, that the Pathological Society could not obtain rooms at so low a rate in any other part of London. However, he would rather the rent were less than that difficulties should arise betwixt the Societies.

Dr. C. J. B. WILLIAMS was glad to hear the President's last remark. It seemed to him (Dr. Williams) that the very fact that the Medico-Chirurgical Society was living rent free was evidence that it mulcts its tenants to a good rate. It was unfair to put pressure on the Pathological Society. The rent at first was moderate, but to double it at once was preposterous. It was now a question whether the Pathological Society could meet the charge consistently with publishing their 'Transactions.' Sixty guineas a year was more than the Pathological Society cost the Medical and Chirurgical Society.

Mr. CHARLES HAWKINS thought that the discussion ought to have taken place before the money vote. The words used, "extortionate" and "extraordinary," were, he thought, misapplied. If the Pathological Society were so important and so flourishing as Mr. Spencer Wells had said, it was strange that it could not pay sixty guineas a year. If that Society could get rooms at such a rate elsewhere, they might do so. They had not only the rooms, but gas, and the services of the librarian and other officers. It spoke poorly for the Society to apply *in formâ pauperis*. If it were worth supporting it would be supported, but not at the expense of the Medical and Chirurgical Society. They had the *prestige* of being associated with this Society, and he did not see why they should receive anything in the way of pecuniary assistance. If Mr. Wells wished for an expression of the opinion of the Society, he ought to bring forward a distinct resolution.

Mr. ARNOTT said that besides the use of the rooms, the Pathological Society received, in the way of warming, lighting, &c., considerable advantages. He did not think the rent at all extortionate.

Dr. BARCLAY said that the item (169*l.*) for wages to the Society's servants had been overlooked, although the Pathological Society had the services of their paid officers. It was felt at the time when the first arrangement was made, that it was a peppercorn rent, and that they were scarcely acting fairly to themselves. When all the advantages were considered, he thought it would be admitted that sixty guineas was a low rent.

Dr. BARKER said it was a mistake to suppose that they lived rent free.

The PRESIDENT then commenced his Address, the publication of which is postponed until next week.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

MARCH 9.

WEIGHTS AND MEASURES (METRIC SYSTEM) BILL.

Mr. W. EWART moved the second reading of this bill. He referred to his speech when introducing the bill of last year, and to what had occurred since, in commendation of its object. The present bill, however, was permissive, instead of being compulsory, and he read testimonials of trades to the probable success of a permissive measure.

The motion was seconded by Mr. Locke, who suggested that there ought to be an assimilation of our coinage to our weights and measures, there being at present no analogy between them.

Mr. M. GIBSON observed that the views of Mr. Locke as to the advantages of a decimal system of coinage and weights and measures had nothing to do with the Bill, which proposed to change the unit. At present we had two standards —the yard and the avoirdupois pound, and if this Bill passed there would be a third—namely, the metre, the ten-millionth part of an arc from the Equator to the Pole. He thought the evils complained of in the present system in regard to our foreign trade might be easily remedied. Last year he had objected to a compulsory measure; not objecting to the principle of permission, he did not oppose the

second reading of the Bill, but he could not consent to some of the clauses as they now stood.

Mr. HENLEY observed that the Bill would set up rival modes of buying and selling, and open a door to frauds upon the poor.

Mr. WALTER said the measure ought to be made compulsory. Permissive legislation on such a subject was out of the question. He objected, however, to this measure, which he thought revolutionary and needless. It introduced a foreign nomenclature, which would be most distasteful to the public, and subverted our existing standard of weights and measures, without any sufficient cause being shown for their destruction. He moved to defer the second reading for six months.

Upon a division, the amendment was negatived by 90 to 52, and the Bill was read a second time.

CATTLE DISEASES PREVENTION BILL

Mr. H. A. BRUCE, in moving the second reading of this Bill, showed the extent of the evil which the measure proposed to remedy, and the enormous loss resulting from cattle disease, and explained what had hitherto been done to deal with the evil by providing against the importation of diseased cattle. He then stated the provisions of the Bill, which consolidated and extended the existing law. He proposed that the Bill should be referred to a Select Committee.

After a short discussion, the Bill was, with the Cattle, &c., Importation Bill, read a second time, and both were ordered to be referred to a Select Committee.

LEGAL INTELLIGENCE.

CHARGE OF MANSLAUGHTER AGAINST A HERB DOCTOR.

The following are the particulars of a case tried at Durham before Mr. Justice Willes on March 2. The verdict seems to have been clearly contrary to the evidence and to the judge's direction.

The prisoner, a man named Joseph Levy Markuss, kept a shop in Sunderland, where he passed as a herb doctor, or "herbalist." Being acquainted with the deceased, Jane Sumby, who also kept a shop in Sunderland, he chanced to call on her on Sunday, the 6th of September last, and found her labouring under the effects of a cold from standing in the market. She complained to him of pains in her back, and appeared to have been ailing for some days. The prisoner volunteered to prescribe for her, and sent her daughter for 6d. worth of pale brandy in a 6oz. bottle. Into this he put about an ounce of meadow saffron seeds, known medically as colchicum seeds, first bruising them, and directing the deceased's daughter to place the bottle before the fire for two hours, and then shake it up and give her mother a tablespoonful. The daughter did as directed, giving her mother a tablespoonful about 2 o'clock on Monday, the 7th. The deceased became ill and sick shortly after, and, after taking some tea at 4 o'clock, vomited violently, and continued, at short intervals, vomiting and retching till she died exhausted at 10 o'clock on Wednesday morning. Dr. Nattrass was called in on Monday night, and prescribed for her two opium pills of a grain each, and next day gave her small doses of prussic acid and soda to allay irritation, and directed her to have soda water and milk, weak brandy and water, and lemon juice and water to allay her thirst, and arrowroot and weak brandy and milk as sustenance, but her stomach was so irritable it would retain nothing, and on Tuesday he ordered her an injection to sustain vitality. While attended by her daughter and neighbours, it appeared that she had several times taken small quantities of brandy neat to try and stop her sickness, and had also taken some "nerve powder," which a neighbour recommended. This powder, when analysed, was found to consist of valerian, skunk-cabbage, gentian, ginger, and some other ingredients, harmless in themselves, and which would act as a stomachic in ordinary cases. A post-mortem examination was directed by the coroner, and the deceased's internal organs were found to be healthy, with the exception of the heart, which showed slight symptoms of fatty degeneration, and the stomach, the internal coat of which was of a violet colour from intense inflammation. She had died from gastritis, or inflammation of the stomach, which the Medical men who attended her attributed to the overdose of colchicum seeds she had taken by direction of the prisoner. The bottle in which was this mixture was delivered up for analysis to Mr. Pattenson, the analytical chemist, of Newcastle, who found it to be brandy and colchicum seeds. Two grains of colchicum seeds, in the form of tincture, was a dose. A teaspoonful of the mixture would contain 18 grains, and was a fatal dose, and a tablespoonful contained 80 grains. This was a highly poisonous and fatal dose, the drug being a narcotic irritant poison. In the judgment of the Medical men this was the cause of death. The counsel for the prosecution, in his opening, drew attention to the law, which made no distinction between regular practitioners and quacks, both being responsible for culpable and gross negligence, and liable to be indicted for manslaughter if by culpable and gross ignorance or negligence they were the cause of the death of a patient, and submitted that it was some evidence of culpable negligence if a man, being an irregular practitioner, and ignorant of the qualities of a dangerous drug, yet undertook to prescribe it in quantities dangerous to life, and if such an act led to fatal results he was amenable to the charge of manslaughter.

The defence urged was that when analysed the infusion, or tincture of colchicum, had become much stronger than when administered to the deceased, and that it was the continued doses of brandy, and the nerve powder, acting on a stomach attacked by gastritis from cold, which had increased the disease by increasing the inflammation, and had thus caused death.

His Lordship, having summed up the evidence, directed the jury as to the law. Every person who dealt with the health of others was dealing with their lives, and every person who so dealt was bound to use reasonable care, and not to be grossly negligent. Gross negligence might be of two kinds, and in one sense,—where a man, for instance, went hunting and neglected his patient, who died in consequence. Another sort of gross negligence consisted in rashness, where a person was not sufficiently skilled in dealing with dangerous medicines, which should be carefully used, of the properties of which he was ignorant, or how to administer a proper dose. A person who with ignorant rashness, and without skill in his profession, used such a dangerous medicine acted with gross negligence. It was not, however, every slip that a man might make that rendered him liable to a criminal investigation. It must be a substantial thing. If a man knew that he was using medicines beyond his knowledge, and was meddling with things above his reach, that was culpable rashness. Negligence might consist in using medicines in the use of which care was required, and of the properties of which the person using it was ignorant. A person who so took a leap in the dark in the administration of medicines was guilty of gross negligence. If a man was wounded and another applied to his wound sulphuric acid or something which was of a dangerous nature and ought not to be applied, and which led to fatal results, then the person who applied this remedy would be answerable, and not the person who inflicted the wound, because a new cause had supervened. But if the person who dressed the wound applied a proper remedy, then, if a fatal result ensued, he who inflicted the wound remained liable.

The jury retired to consider their verdict, and after being absent for some time, returned with a verdict of "Not Guilty."

HOWISON.—On the 13th ult., at Northgate House, Darlington, the wife of Dr. Howison, of a daughter.

WATSON—HOLDER.—On the 10th inst., at St. Barnabas, Kensington, by the Rev. Dr. Hessey, assisted by the Rev. J. McCaul, Charles George Watson, Esq., late Surgeon R.N., to Amy, only child of the late W. J. Holder, Esq., of Kensington.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 3rd inst.:—Edward Sidney Lloyd, Pill, near Bristol; John Powdrell, Farndon, near Chester.

ROYAL COLLEGE OF SURGEONS.—At a special meeting of the Court of Examiners on the third instant, Mr. James Alexander Grant, of Ottawa, Canada West, having undergone the necessary examination, was admitted a member of the College. This gentleman had previously been admitted a Doctor in Medicine of McGill College, Montreal, his diploma bearing date May 4, 1854.

ROYAL INSTITUTION OF GREAT BRITAIN.—General monthly meeting. Monday, March 7, 1864. William Pole, Esq. M.A., F.R.S., Treasurer and Vice-President, in the chair. Joseph Henry Anderson, Esq.; Henry Cook, Esq.; Baldwin Francis Duppa, Esq., J.P.; Thomas Hankey, Esq.; William Helps, M.D.; Arthur James, Esq.; Sir Edwin Landseer, R.A.; Hananel De Leon, M.D.; John J. Lowndes, Esq.; Colin Macrae, Esq.; John Rae, Esq.; Lieut.-Colonel Joseph Carleton Salkeld; William Spottiswoode, Esq., F.R.S.; Herman Stern, Esq.; Thomas Stevenson, M.B.; Joshua Williams, Esq.; Mrs. Emily Yorke, were *elected* Members of the Royal Institution. Jackson Hunt, Esq.; David S. Price, Esq.; and John Rae, Esq., were *admitted* Members of the Royal Institution. The presents received since the last meeting were laid on the table, and the thanks of the Members returned for the same.

POOR-LAW MEDICAL REFORM ASSOCIATION.—Mr. Griffin begs to announce that within the last few days he has received the following subscriptions in aid of the funds of the Association:—H. Horton, West Bromwich, 5s.; R. B. Reid, West Derby, 1*l.*; J. L. Gardine, Dorking, 10s.; W. T. Gaye, Williton, 10s.; A. F. Brett, Watford, 10s.; W. A. Hubert, Hemel Hempstead, 10s.; C. H. Perry, Aylsham, 10s.; W. S. Black, Freebridge Lynn, 10s.; J. Brewer, Newport, 1*l.*; G. M. Phillips, Hitchin, 7s. 6d.; J. Hair, Sudbury, 2s. 6d.; J. E. Brine, Shaftesbury, 1*l.* 1s.; W. H. R. Bennett, Shaftesbury, 1*l.* 1s.; E. J. Miles, Shaftesbury, 1*l.* 1s.; R. Griffin, Weymouth, 1*l.* 1s.; W. H. Blenkinsop, Easthampstead, 10s.; H. B. Smith, Ticehurst, 7s. 6d.; J. Clouting, Mitford and Launditch, 10s.

APPOINTMENT.—Balmanno Squire, M.B., F.L.S., has been appointed one of the Lecturers in St. Mary's Hospital Medical School.

CORK FEVER HOSPITAL.—The funds of this institution being exhausted in consequence of the prevalence of the disease, an anonymous "Friend" dropped a letter in the box of the 'Constitution' containing a £100 note for the hospital.

PROPOSED NEW WEIGHTS AND MEASURES.—The weights and measures to be authorised by Mr. Ewart's Bill, if it should pass, will be as follows:—Instead of the yard, there will be the "metre," which will be about a yard and a tenth—39·371 inches, the other measures of length to be its decimal multiples or divisions; thus, on the one hand, there will be ten metres, called the "dekametre," and on the other the tenth of a metre will be the "decimetre," and so on. 1,000 metres, a kilometre, will be the nearest approach to the old mile; it will be nearly two-thirds of a mile—0·621. For square measure the unit will be an "are," which will be about 120 square yards—119·603; a "centiare" the hundredth part of an are or a square metre, will be the nearest to our square yard, being one-fifth more—1·126. 100 ares, a hectare, are 2·471 acres. For measures of capacity the unit will be the "litre," about a pint and three-quarters—1·761. Ten litres, a "dekalitre," will be two gallons and a fifth—2·201. The small drinker may take his "decilitre," about the sixth of a pint (0·176), or his "centilitre," which is the tenth part of a decilitre. For weights the unit will be a "gram," nearly 16 grains—15·433; 1,000 grams, a "kilogram," will be about 2lb. and a fifth of a pound—2·205; 1,000 kilograms, 2,204·714lb. will be a ton. The double and the half of all these measures and weights may also be used.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAR. 16.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

THURSDAY, MAR. 17.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Marshall, "On Animal Life," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia;" Chemical Society, 8 p.m.—Sir Benjn. Brodie, "On the Theory of Organic Peroxides;" Harveian Society, 8 p.m.—Dr. Camps, "On some Points in the Pathology of Convulsive Diseases."

FRIDAY, MAR. 18.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Professor Tyndall, "Contributions to Molecular Physics."

SATURDAY, MAR. 19.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements;" Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, MAR. 21.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAR. 22.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Manual of Diet and Regimen for Physician and Patient. By Dr. H. Dobell. London: John Churchill and Sons.

Excision of the Scapula. By James Syme, F.R.S.E. Edinburgh: Edmonston and Douglas.

The Prescriber's Analysis of the British Pharmacopœia. By J. Birkbeck Nevins, M.D. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

Mr. GRIFFIN's communication is inserted.

THE HARVEIAN SOCIETY.—The Report has been received.

THE ROYAL INSTITUTION.—The notice has been received.

THE REPORT OF THE LINGEN TESTIMONIAL has been received.

A WORKING BEE.—The letter is inserted.

NAVIS.—Apply to F. G. Moore, M.R.C.S. Eng., who is the Agent recognised by all the London and Provincial Houses. 14A St. Mary Axe, Leadenhall street, E.C. Hours, 10 to 5.

Dr. C.—The paper has been returned, after perusal, to the proper quarter. The Report will be acceptable.

Dr. J.—We have been informed of the particulars, but we consider that they can have no real interest for our readers.

AN ASSISTANT.—The publication of the absurd advertisements would only give increased currency to the trash, and a personal exposure of the advertiser might, perhaps, render us liable to an action for libel.

WE feel much indebted to many correspondents who have favoured us with their views on the subject of Medical Education, and we shall make use of the information in due time.

THE PHARMACEUTICAL SOCIETY.—The card has been received.

Mr. W. M.—The suggestion shall be taken into consideration.

THE continuation of the article on Army Reports is deferred until next week.

THE OBSTETRICAL SOCIETY.—The Report has been received, but is unavoidably postponed until next week.

Testimonial to Dr. Liveing,

DEMONSTRATOR OF ANATOMY AT THE MIDDLESEX HOSPITAL.

On Thursday last, the 10th inst., this Gentleman was presented with a handsome Silver Cup by the Students of this Hospital, bearing the following inscription:—"Presented to R. LIVEING, Esq., M.A., M.B. Cantab., by the Students of the Middlesex Hospital Medical College, as a slight mark of their appreciation of his uniform kindness and attention to them while pursuing their Anatomical Studies."

Testimonial to Dr. Day.—Subscri-

bers to the testimonial to Dr. Day (late of St. Andrews) whose subscriptions have not yet been sent will greatly oblige by forwarding them to to the undersigned. Particulars respecting the testimonial have been posted to those subscribers who have paid up to the present date.

B. W. RICHARDSON, M.D.
19, Hinde Street, London, W. Hon. Treasurer,
March 12th 1864.

Royal College of Physicians of

LONDON.

FIRST Part of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School, will commence on Tuesday, April 5th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licencewill commence on Tuesday, April 12th.

Graduates in Medicine of a University recognised by the College, Licentiates of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, and Registered Medical Practitioners qualified before January, 1864, are admitted to Examination, under special Bye-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials, required by the Bye-laws are to be left at the same time.

H. A. PITMAN, M.D. Registrar, Pallmall East.

Apothecaries' Hall.—The Court

OF EXAMINERS OF THE SOCIETY OF APOTHECARIES, LONDON, hereby give Notice, that, after the close of the present Winter Session, Students will have the option of being examined in the Pharmacopœia Londinensis, or in the British Pharmacopœia.

ALFRED M. RANDALL, Secretary to the
28th Jan., 1864. Court of Examiners.

Apothecaries' Hall.—The next ex-

amination in Arts will be held at the Hall on Friday and Saturday, the 29th and 30th April, 1864. A Syllabus of the Subjects for Examination may be had on application.

An examination will again be held in the month of September 1864.

R B. UPTON, Clerk to the Society.

To Surgeons and General Practi-

tioners. A young gentleman, who has three years' Lectures and Hospital Attendance out, and has lived for two years with a general practitioner in large practices in Dublin, and has there been accustomed to prescribing and compounding, would wish for an engagement as Assistant in London.

Address, HENRY ADAMS, Poste Restante, Post Office, Dublin.

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W. TWINBERROW begs to inform the Medical Profession that he has had a large consignment (direct from Keith & Co., of New York) of ALL the MOST VALUABLE American Medicinal Preparations. Also—

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PIERLLCT'S VALERIANATE of AMMONIA.
Mauufacturer of the New Preparation of
PEPSINE with Wine—PEPSINA PORCI—Ditto VITULI.
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Liquor Folii Ricini or Fluid Extract

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Dose: One teaspoonful three times a day.

Prepared by THOMAS GREENISH, Chemist, 20 New st., Dorset-sq.

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all of Sandeman's shipping, and in first-rate condition.

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Bass' Ale, Scotch Ale, and Guiness's Stout, 6s. Quarts; 3s. 6d. Pints; 4s. 6d. Imperial Pints. Light Pale Ale for Summer use, 4s. 6d. Quarts; 2s. 9d. Pints; 3s. 6d. Imperial Pints, per dozen.

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—DUNN'S ESSENCE of COFFEE, 1s. and 2s. pe bottle. May be had everywhere. Warranted to keep good in any climate.

J. Clarke (late Thompson), Surgical

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taining nearly 800 Engravings of Surgeons' Instruments and Apparatus, classified for their various purposes. Price 5s.

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"This Catalogue has many and great merits. It is modest, truthful, carefully arranged, and extremely well illustrated. In the great majority of cases the name of the surgeon is appended to the modification which he has introduced; and frequently other makers' names are honourably attached to instruments which they first orignated. These are large principles of honour, which we are glad to see strictly observed in this Catalogue."—Vide 'The Lancet,' Sept 12th. 1863.

Riddell's Patent American

KITCHENERS cure Smoky Chimnies, save half the fuel usually consumed, yield a plentiful supply for hot water, require no brick work setting, are fully equipped with cooking utensils, and will roast, bake, boil, steam, fry, or broil better than any other kitchen range, and may be seen in operation daily at 155 Cheapside, London.

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STOVES. cure Smoky Chimnies, require no brick work setting, and are cheap, convenient, and very economical.

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TION STOVES, for warming Churches, Entrance-halls, Schools, &c., will keep in full action from 12 to 30 hours without attention. A building of the cubic capacity of 20·000 feet may be thoroughly warmed at an expense for fuel of 5d. per day.

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BOILERS for warming Conservatories, Hot-houses, Warehouses, Churches, or Private Dwellings, by the CIRCULATION OF HOT-WATER, will keep in full action 12 to 24 hours without attention, therefore dispensing entirely with watching or night work, require no brick work setting, and are PERFECTLY SAFE.

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The Medical Circular.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

NOTES ON SOME OF THE CASES UNDER THE CARE OF

Dr. Greenhalgh, Physician-Accoucheur to the Hospital.

The first two patients that we visited were suffering from one of the consequences of endo-metritis—namely, a narrowing of the cervix uteri, and a contraction of the os, for the removal of which Dr. Greenhalgh was using a cylinder stem, made of silver, and of sufficient length to traverse the cervical canal, and enter the cavity of the uterus.

This instrument he finds most valuable in such cases. It is well rounded at its summit, so that there is no sharp point or angle to irritate the uterine walls; its sides are also well rounded, and terminate below in a circular plate, which, projecting beyond them, serves as the base of the instrument, and hinders its passing bodily into the cavity of the womb; being a hollowed cylinder. it admits of the entry into its interior of the uterine sound, and upon and by means of this latter it is passed into the womb, where, having a curve for the purpose of adaptation with the axis of the uterus, it is easily retained; the patients expressing themselves as comfortable, and few complaining of *any* annoyance from its employment. To obviate the tendency which it has to slip from the womb, Dr. Greenhalgh, when necessary, has a hook affixed to it in such a manner, that the more the instrument protrudes from the os, the more the hook enters the parietes of the viscus, so that there can be no expulsion of the instrument, and even very little prolapse of it, from the cervix.

There are no perforations in the top or sides of this tube in order that the discharges from the organ may find an exit through the centre of it, nor is it removed during the menstrual periods, Dr. Greenhalgh considering its *retention* at *these* times most beneficial, inasmuch as the menstrual fluid makes its way along the sides of the tube, and by a kind of hydraulic pressure helps to effect the dilatation of the abnormally constricted cervix.

Its retention at the menstrual period costs the patient no additional pain. We believe Dr. Greenhalgh also employs it in certain cases of dysmenorrhœa. Upon the occasion of our visit to the wards under his care, he related the following anecdote, illustrative of the non-inconvenience, nay more, of the comfort, experienced in the wearing of the instrument by dysmenorrhœal patients. A young lady, suffering from severe dysmenorrhœal symptoms, had placed herself under his care some time ago; she was treated by means of this instrument, and expressed herself as being immensely relieved. After a time she discontinued her visits, and Dr. Greenhalgh heard nothing more of her till after the lapse of some months, when she presented herself to him in order to tell him that she was quite well, as there was now no unusual amount of pain with the periods. The patient was a little annoyed that she had *lost* the instrument, having done so, she said, through forgetfulness of its presence; however, upon vaginal examination, it was detected in the uterine cavity, having no doubt worked its way into it while the lady was upon the continent, and to use her own expression, "had been racing over the mountains day after day."

No ill-consequences had arisen from the detention of the instrument in the interior of the womb.

The second of these two cases had had, in addition to the narrowed cervix and os, a thickening, enlarging induration and eversion of the lips of the os, a condition which Dr. Greenhalgh had removed by the application of potassa fusa to the everted lips, until they were completely melted down to their natural size; the cervix and os were subsequently divided by means of the double-bladed hysterotome, which Dr. Greenhalgh has himself devised. He lays great stress upon the necessity of—in instances similar to the present—passing the hysterotome sufficiently high up, so that the os externum, the os internum, and the cervix itself, may be all well divided, the incision being made to extend well into the body.

We examined the condition of parts, and found the cervix fully open; the os likewise patulous, and its lips no longer enlarged, everted, and thickened; the structures being restored to their original condition, as nearly as could possibly be expected, in the short time the woman has been under treatment.

In the next bed was a patient, who, when pregnant and at about her full time, had slipped in the street; had, after her fall, scarcely been able to get home, owing to the excessive prostration and pain which ensued, and had been then obliged to keep her bed for some time. The subsequent history was, that she had had a copious discharge from the bowel, and that the bones and flesh of a child escaped in this discharge; the scalp, with some of the hair attached, and the bones of the head being the last to come away.

An interesting feature in the case is, that the flesh was decomposed, although only three months, we believe, had elapsed from the time of the accident to the passage of the fœtal remains.

From the entire history of the case, Dr. Greenhalgh considered it to be one of ruptured uterus, after which accident the child had passed into the abdominal cavity, had there acted as an irritant, and having excited certain changes in the bowel, had made for itself an aperture of exit, and finally worked its way through the opened bowel; this he thought to be the nature of the case, rather than that there had been extra uterine fœtation. The fourth patient was labouring under that condition named by Gooch "irritable uterus," but to which Dr. Greenhalgh prefers to apply the term hyperæsthesia of the uterus, as being more indicative of the actual lesion of the organ.

Various remedies had been tried, but none had succeeded so well as blistering immediately over the site of the left ovary—which was also engaged in the hyperæsthesia—and the cuticle having been removed, sprinkling the bared cutis with the powder of morphia. The woman was unmarried; she was likewise affected with irritability of the stomach. Vaginal examination declared nothing but the exaltation of sensibility, not of the uterus and left ovary alone, but also of the upper part of the vagina.

Case five was that of a woman of about the middle age, in whom epithelioma of the neck and mouth of the womb had become developed.

There was the usual history:—An increase of the natural moisture, gradual, and proceeding to such a length as to amount, in a short time, to a positive discharge, which was different from all other secretions or discharges from these parts that the woman had ever before seen; an augmenting of this till it became excessive, and began to prove a drain to the constitution; a greater "loss" at the menstrual period than the woman was accustomed to have; and, as the disease advanced, hæmorrhages, brought on by forced efforts in emptying the bowels or the bladder, from sexual intercourse, or from mere vaginal examinations. These hæmorrhages were not continuous, but were replaced by the peculiar watery discharge so characteristic of the disease.

The name commonly applied to this epitheliomatous state of the parts, is cauliflower excrescence of the uterus, from the peculiar conformation of the diseased mass.

As sequelæ of the floodings, and of the profuse watery discharges, anæmia and its attendant evils supervene; dyspepsia, preceded by derangement of the stomach and bowels, sets in, and the woman in some instances becomes

anasarcous. Death is very often traceable to serous effusions into some one or other of the serous cavities.

It was remarkable in this case how well the woman looked, though there was pretty extensive disease of the os and cervix; of the latter so much *posteriorly* as almost to implicate the vagina, and make operative procedures of doubtful utility; *anteriorly*, however, the finger could be passed above the growth, and brought into contact with healthy uterine tissue, as well as distinctly swept around the mass of the disease, showing a complete isolation of it, at least in this direction, from the vaginal wall.

The sensation communicated to the finger conveyed the idea that the tumour was irregular and tuberculated—that is, that the surface consisted of a number of little eminences with intervening depressions, and that all were covered with a thin, delicate, and fine membrane; it is the same sensation as would be perceived were the finger passed over the maternal surface of the placenta, when it is surcharged with blood. There was little, if any pain experienced by the patient from our examination, the tumour not being possessed of sensibility.

This excrescence should be diagnosed from a fungating cancer, which may be done by attention to the general symptoms; in the former these symptoms arise from anæmia, in the latter from the irritation of the open malignant surface; again, the excrescence is comparatively soft, readily moveable, admits of isolation, and can be ascertained to have its origin from the lips of the os; in microscopic character it likewise differs from the true form of cancer.

The edge of the placenta somewhat resembles it, but then the existence of pregnancy will clear up this difficulty to diagnosis; however, the two conditions may exist, and complicate that diagnosis; by attention to the state of the os, to the congestion or otherwise of the vagina and labia, and to the position in which the placental souffle is audible, we may arrive at a just conclusion.

We must likewise be careful not to be led into the error of mistaking the disease for polypi, or for fibrous tumour, from which it is to be recognised by its tuberculated surface, by its softness, by its readiness to bleed when touched, and by its not being pediculated.

In the bed next to the patient of whom we have been speaking was another labouring under the same complaint, but in such an advanced stage that all operative measures were precluded. She had been admitted some time previously, completely exsanguined, but under treatment (preparations of iron, and the most nutritious diet), she had regained a little colour in the gums, lips, and inner or mucous surfaces of the eyelids. She was not emaciated to any marked degree, and the face was round and plump, though blanched.

At times the hæmorrhage was so severe, that vaginal plugging was necessitated, and Dr. Greenhalgh had in the first instance resorted to the tampon of cotton wool, but on all subsequent occasions put in practice his own method for the arrestment of the bleeding; this method consists in passing into the vaginal canal an elastic bottle, which is covered with spongio-piline, and admits of inflation.

The patient pronounced this latter plan as immeasurably superior to the former, inasmuch as she was relieved of the hæmorrhage without the cost of pain, while the bottle was worn, or when it was being withdrawn. The facility also with which the bottle can be introduced and removed is another great advantage that it possesses over the cotton wool.

The next bed was occupied by a woman, a patient suffering from pelvic cellulitis. It seemed that she had had repeated attacks of inflammation "in the lower part of the stomach," that at times there had been profuse "matter discharges from the front passage," and that the inflammation had been attended with shiverings.

From the history of the case, and the length of time over which it extended, without the manifestation of any decidedly cancerous indications, either locally or generally, and from the absence of fœtid, thin, ichorous discharge, the probability of the affection being malignant was laid aside. Vaginal examination enabled us to detect the upper part of the vagina to be thickened and indurated, and to be the seat of fibrous consolidation, in the midst of which the os uteri was imbedded; the tissues around the uterus were likewise involved in the thickening and induration, but there was no ulcerated point; a circumstance very strongly adverse to the probability of the affection being malignant.

But independent of this there was not the hard, strong, dense unyielding, undefined and rugged consistence of schirrhus.

Pelvic cellulitis is essentially a phlegmonoid inflammation, and very frequently terminates in suppuration. In the inflammatory processes are involved, the cellular tissue of the pelvis, the broad ligament, the ovary, the Fallopian tube on one or both sides; even the uterus itself, or one part of it, may share in the lesion. The complaint in its acute stage may terminate in resolution, in that condition of induration and matting together of the tissues, such as exists in the present instance, or in the formation of matter.

The abscess—if the inflammatory processes proceed to suppuration—may open through the abdominal walls, and so find exit externally, or through the vagina, the large intestine, the bladder, or the womb; sometimes, also, it has been known to burst into the peritoneum, when, by exciting acute, rapid, and intense inflammation of the sac, it causes death. It is not, however, always circumscribed at its commencement, but may burrow into the cellular tissue until it makes for itself an aperture of exit.

When the matter bursts into the colon or rectum, it may occasion fatal results by the dysentery which may be induced. Such cases are fortunately rare.

If the abscess point in a favourable direction, we should make an incision down upon it as early as possible, for the purpose of preventing any burrowing, or a determination of the matter to a position of danger.

In every instance in which we deem an incision necessary, we must must bear in mind to have it free, and sufficiently extensive to allow a thorough emptying of the sac; and, even should the natural opening—that is, the opening formed by the spontaneous rupture of the abscess—be so small as only to admit of a dribbling away of the purulent contents of the abscess, we should not—provided the aperture be not in an inconvenient or dangerous situation—hesitate to enlarge it, give free vent to the matter, and in this manner guard against fistulæ.

Pelvic cellulitis, though occurring most frequently in parturient women, is yet found to exist in those who have never borne children, and at periods other than the parturient, nor are the unmarried exempt from it.

The causes assigned are excessive venery; improper use of injections, vaginal or rectal; blows, falls, cold, or even fright; sudden check of the lochia or of the milk; protracted labour; too long continued pressure of the fœtal head, too great—it may not be of very long duration—compression of the parts, from the child's head being larger than ordinarily, and, as a consequence of the violence, inflammation.

Dr. Churchill says:—"It does occasionally occur, however, quite independently of external causes. In a patient I had an opportunity of treating, it came on immediately after the cure of a severe attack of acute uterine leucorrhœa, without any appreciable cause. It may also be caused by an extension of inflammation from the external parts of generation."

Dr. Clintock in his "Clinical Memoirs on Diseases of Women," records 61 cases of abscess, nearly half of which were in primiparæ.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—Names of Candidates who passed the Major Examination on March 16th, as Pharmaceutical Chemists:—Antonio A. Ferreira, Rio de Janeiro; George R. Warren, Ware; Albert Cooper, Yeovil; Abraham J. Dyer, Gosport; William S. Greaves, Ironville; John Hamp, Wolverhampton; Martin Magor, Truro; John Reece, Rotherham; David P. Saer, Pembroke Dock; James Swenden, Darlington.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. VII.

NITRIC ACID. — The British Pharmacopœia adopts the acid of the Edinburgh and Dublin Colleges, which has the density 1·5 ; the London acid had the density 1·42.

The advantages of this change are doubtful. An acid of the last-named strength is a definite and very stable compound of one equivalent of the real acid and four equivalents of water, which can always be obtained with ease by the redistillation of either a stronger or a weaker acid. The Pharmacopœia assigns the formula 3 H O, 2 N O 5, to the acid having the density 1·5 ; but although a definite hydrate, it is far less stable than the weaker acid. It is obtained with more difficulty, it fumes disagreeably in the air, absorbs water, and on exposure to light becomes brownish from decomposition, nitrous acid being formed, and oxygen liberated.

For all pharmaceutical purposes, the London acid was sufficiently strong, but when employed as an escharotic, it was necessary to use the acid of the density 1·5. It would, perhaps, have been better to have introduced both acids. Three nitric acids would not have been more absurd than three acetic.

The process given for obtaining nitric acid requires no comment. A mixture of two pounds of nitrate of potash and seventeen fluid ounces of sulphuric acid (corresponding to about one equivalent of the former, and two equivalents of the latter) is to be distilled. A gentle heat is at first employed, but towards the end of the operation the temperature must be increased so as to liquefy the contents of the retort. The results of the decomposition are, of course, nitric acid and bisulphate of potash.

An acid of the Pharmacopœia strength may be as easily obtained by distilling at a low temperature one part (by measure) of the 1·42 acid, and two parts of sulphuric acid.

The tests of the Pharmacopœia are intended to prove the absence of sulphuric acid and chlorine ; the former would give a precipitate with chloride of barium, and the latter with nitrate of silver.

As we have said before, the strength of the dilute acid has been somewhat increased, but not to such an extent as to require any alteration of the dose.

ACIDUM NITRO-HYDROCHLORICUM DILUTUM.—It is necessary to say but a very few words on this compound. When one part of strong nitric acid and two parts of strong hydrochloric acid are mixed together a yellow liquid is produced about the exact nature of which chemists are not agreed. The fact is that some nitric acid is decomposed, a portion of the oxygen of which combines with some hydrogen of the hydrochloric acid to form water, some chlorine being set free, while another portion of chlorine unites with the lower oxide of nitrogen to form a compound or compounds the exact nature of which, as we have said, have not yet been determined.

The dilute acid of the Pharmacopœia is, however, probably only a simple mixture of nitric and hydrochloric acids, the nitric acid being diluted with thirteen times its bulk of water before the hydrochloric is added. This mixture is directed to be preserved in a stoppered bottle, although a mixture of the concentrated acids cannot be so kept, unless the bottle is of unusual strength ; and we may mention by way of caution, that a bottle of this latter mixture sent to a patient for use in a bath, on one occasion burst in a drawing-room with disastrous effects to the furniture.

ACIDUM PHOSPHORICUM DILUTUM.—The strength of this acid has been increased in the British Pharmacopœia. In the London Pharmacopœia it was ordered to have the density 1·064 ; it is now to be 1·08. The alteration need not affect the dose, which may be the same as was formerly prescribed.

The phosphoric acid intended by the Pharmacopœia is the ordinary tribasic acid (orthophosphoric acid of recent writers), the formula for which is 3 H O, P O 5. It is directed to be made by oxidising phosphorus by means of nitric acid. Four ounces of nitric acid diluted with ten ounces of water, are placed in a retort with four hundred and thirteen grains of phosphorus and a gentle heat is applied. The distillate at first consists of nitric acid with some phosphorous acid. This is returned to the retort and the distillation is continued until all the phosphorus is dissolved. The second distillate is rejected, and the contents of the retort, which consist of the phosphoric acid, with nitric acid, and some nitric oxide in solution, are transferred to a platinum or a porcelain capsule, and evaporated to the consistence of a syrup in order to expel the above-named nitrogen compounds. The syrupy solution is then diluted with sufficient distilled water to make a pint.

The special characteristics which distinguish the tribasic phosphoric acid are, that it gives a canary-coloured precipitate with nitrate of silver, and produces no precipitate with solution of albumen. If, however, the evaporation be carried too far, an acid may be obtained which, in consequence of the formation of some pyro- and metaphosphoric acids, will give a paler precipitate with nitrate of silver and a precipitate with albumen. Should this happen it is only necessary to boil the diluted acid for a short time in order to re-convert the pyro- and meta- acids into the tribasic acid. Water may then be added to make up the original pint.

Phosphoric acid is often made by acting on bone earth with sulphuric ac d, but the acid so obtained may be contaminated with arsenious and sulphuric acids. The presence of the former will be detected by sulphuretted hydrogen, and the latter by chloride of barium, the solution of which must be acidulated with nitric acid, although the

Pharmacopœia does not say so. Chlorine will be discovered by the acid solution of nitrate of silver, and if any nitric acid is present it will communicate a dark colour when the acid mixed with an equal volume of pure sulphuric acid is cautiously added to a solution of sulphate of iron.

The Pharmacopœia directs the strength of the acid to be ascertained by converting it into phosphate of lead. Six drachms evaporated with 180 grains of litharge will leave a residue which, after ignition, should weigh 215·5 grains. This is a much better method than that given in the London Pharmacopœia.

ARMY REPORTS.

No. 2.

STATISTICAL, SANITARY, AND MEDICAL REPORTS FOR THE YEAR 1861.

ISSUED BY THE ARMY MEDICAL DEPARTMENT, OCTOBER, 1863. Pp. 552.

Report on the Gun-shot and Sabre Wounds of Invalids sent to Fort Pitt during the Years 1860 *and* 1861. By Thomas Longmore, Esq., Deputy-Inspector General, and Professor of Military Surgery to the Army Medical School. Pp. 30.

(Continued from page 167.)

It is gratifying to see that an improvement is taking place in the general health of the army, always supposing that every source of error is eliminated, by the gradual reduction of the mortality in 1861, contrasted with 1860. In the former year the army contrasts favourably with the civil male population in the mortality from all causes, as in only three grades of the army is the mortality greater than among civilians, viz., the Military Train, 9·33; Depôt Brigade Royal Artillery, 13·83; Depôt Battalions, 11·38; civil male population, England and Wales, being for that year 8·85 per cent.

Are the causes of this excess in these branches of the service remediable? for if so, we may hope for an improvement in future reports. At page 17 we have a table of miasmatic diseases, viz. — 1st, eruptive fevers; 2nd, paroxysmal fevers; 3rd, continued fevers; 4th, dysentery, diarrhœa, and cholera; 5th, sore throat, and influenza; 6th, ophthalmia; 7th, rheumatism. We shall take the third heading, viz., continued fevers, as an illustration of the various degrees to which the different branches of the service are affected by miasmatic diseases.

Annual ratio per 1,000 *of mean strength attacked by fever*:

Household Cavalry, 5·74; Dragoons and Dragoon Guards, 27·08; Royal Artillery 12·38; Military Train, 20·36; Foot Guards, 29·77; Infantry Regiments, 19·24; Cavalry Depôts, 36·33; Depôt Brigade, Royal Artillery, 18·70; Depôt Battalions, 25·40.

Strange to say that in the branch, viz.,—Cavalry Depôts,—where the greatest number is attacked, the mortality is least, being *nil*. In all, the mortality is wonderfully small, the highest being 64 per 1,000 in the Depôt Battalions.

The important question is suggested, what are the causes of the disparity in the number attacked? 1st. Is it the kind of duty? 2ndly, Is it a difference in the habits of the men? 3rdly, Is it the sanitary condition of the barracks? for it being understood that all recruits are picked men, and consequently all start under similar conditions, the disparity mentioned may be capable of explanation, and if so, the causes are removable, and we cordially agree with Dr. Balfour, the editor of the Statistical Department, who finishes his report thus:—

"An important field of inquiry is suggested to the Medical officers of sickly corps into the causes to which this great difference in the condition of the regiments is to be attributed."

The best climate for invalids of a tubercular diathesis, is yet undetermined, and, although the result of a statistical table can scarcely settle the question, still, as we have no other data to go upon, we must, until we have better, deal with the information as we have it, adopt conclusions, and act upon them with reason; and as no other country is likely ever to possess the extensive opportunities which England now enjoys for enabling statistical tables to be formed, we prize the more those presented to the public in this and similar Blue Books. We shall take as our standard of comparison the mortality of the troops in the United Kingdom from tubercular diseases, but as our space is limited, we shall give only the number admitted into hospital, and the number of deaths in the ratio per 1,000 men. The native troops in North China present the most favourable figure, the number of admissions being 2·4, deaths, 1·03. St. Helena comes next, being 2·9 admissions, and no deaths; Mauritius next, 4·2 admissions, 1·04 deaths. Australasia gives the highest number of admissions among Europeans, 19.8, deaths, 1·10, a country hitherto considered favourable to the recovery of tubercular disease, which opinion the low ratio of deaths helps to support, although the large number of admissions shows that the climate of Australia does not tend to prevent the deposit of tubercle; we are, nevertheless, inclined to recommend the Australian climate, and more especially as the long sea voyage seems to be very favourable to the amelioration of tubercular disease. We do not discuss here the proportionate merits of European localities. We have by these tables a sad proof that the black races are not exempted from this all-destroying disease, for both at the West Coast of Africa, and the West India and Windward Islands, we see the following melancholy list, and we are induced to ask, is this high rate of mortality the consequence of the same care and the same sanitary measures not being bestowed upon our black troops, as are bestowed upon our white troops, for in Jamaica, among the white troops, the admissions are only 4·7, and no deaths; the Windward Islands, admissions, 14·3, deaths, 1·59; whereas, in Jamaica the mortality stands thus with the black troops: admissions, 14·9; deaths, 5·60; the Windward Islands admissions, 29·8; deaths, 8·94; but at Sierra Leone, the Gambia, the Gold Coast, the white and black races suffer nearly alike. Sierra Leone, white admissions, 5; deaths, 4; black admissions, 13·5; deaths, 10·81. Gambia white admissions, 11; deaths, 5; black admissions, 25·5; deaths, 11·60; Gold Coast white admissions, 2; deaths, 2; black admissions, 96·5; deaths, 6·5.

Our suspicions on this point are corroborated by turning to the 'Sanitary Report on the Gold Coast,' at p. 268, where the Staff-Surgeon states "the barracks to be invariably unfavourable to health." Means for ablution, and facilities for varied employment working, seem to be generally absent at these stations.

If the opinions expressed in the detailed reports were collected, the aggregate would cumulate in an observation made at page 272, "representations have since been urged, and satisfactory results may be anticipated." Vain hope, we say, on the part of the Medical Sanitarian! Years may elapse, and hundreds of avoidable deaths may occur before his benevolent suggestions are, if ever, attended to, notwithstanding all the parade of Military Sanitary Reform, thrown as dust into the eyes of the credulous English public.

That we do not exaggerate in these matters is proved by the statements of F.R.G.S., "at St. Mary's, Bathurst, the military hospital is close to the swamps. The place is murderous. There is a sick ward upon the ground floor! One night on the ground floor is certain fever in most parts of Tropical Africa, and that ground floor is, like the latrinæ and other offices, frequently under water." Page 155, again, "when prophylactic hygiene shall become associated with proper therapeutic treatment, when the lands shall be cleared, and especially when only the stations above fever level shall be used by Europeans, they will find themselves as much at home in Africa, as in Southern Europe." Page 182, again, to show the advantage of locality at Free town in

Sierra Leone, the barracks are placed on high ground. "During the terrible yellow fever of 1859, the only fatal cases were those brought up from the low land," p. 249.*

It has been suggested by Dr. Patrick Fraser, and we endorse the recommendation, that medical officers should append to these reports, meteorological tables of the places at which they are stationed, so that after a period of say seven† years, reliable data would be obtained; and as an earnest of what may be done in this direction, we point to a table by Dr. Lamprey at p. 201, and an abstract from Jamaica, at p. 256, also from the Mauritius at p. 273.

The obstacle to this proposal being fully carried out, would doubtless be the expense, as the instruments ought to be supplied by Government, and science goes to small account if money be required out of the public exchequer.

(To be continued.)

IRISH MEDICAL "MEMS."

(From our Dublin Correspondent.)

The Bill for the superannuation of the Poor-law Medical officers was lost last session in its passage through Parliament by the apathy of our Irish members, and, taught by experience, our Medical men are bestirring themselves and forming associations through the country to bring all possible interest to bear upon our representatives. Meagre though the pension will be, yet it is not to be despised, and will be something to fall back on in the decline of life, and will swell whatever thrift and industry have amassed. Justice would seem to establish our claims to such an allowance, but justice is too often but a myth, in these cases, a *vox et præterea nihil.* Dispensary physicians have an unenviable task, hard work and poor pay, and until there is some change devised, dispensaries will still be defined (as they were so pregnantly, some years since, in one of our comic journals,) "*Places where poor people get medicines in their own bottles.*"

Dr. Mackesy, late President of the College of Surgeons, to whom the Poor-law officers are indebted for many improvements and advantages, was elected a Member of the Council of the Royal College of Surgeons, vacant by the election of Dr. Jacob to the vice-presidentship. A dispensary surgeon at Belfast, was subjected, a few weeks since, to one of those annoying and scandalous actions which are so often instituted against Medical men, and from which they can have no redress. Though it resulted in his honourable acquittal, and popular feeling ran high in his favour, and illuminations were held in the town in his honour, yet, gratifying though these marks of respect might be, it could but ill make up for all the anxiety and distress of mind he must have suffered preceding and during the trial.

It was a repetition of the old story. He was sent to visit a young married woman named Rose Drummond, and at her residence committed the alleged assault. The evidence was such a tissue of inconsistencies and falsehoods, that there was no doubt of his innocence. Owing to the general indignation of the populace at the conduct of the Drummonds, they were obliged to leave Belfast, and returned to Glasgow, whence they had originally come, and where they may again, perchance, try their luck.

A paper was read by Dr. Mapother at the last meeting of the Social and Statistical Enquiry Society, which showed some startling facts as to the sanitary state of our city. If his facts are true, it would appear that Dublin shelters within its walls the most wretched civic population on the face of the habitable globe. He has drawn a picture of distress and misery most appalling; wretchedness piled on wretchedness, and forming a sum aggregate of destitution beyond conception. His bills of mortality range fearfully high, yet few cities in the United Kingdom can boast the possession of such charitable institutions as Dublin, or have such a multitude of medical men, so that we have everything that medical appliance can offer. This paper has opened the eyes of our citizens, and remedial measures will now be taken to remove the existing sanitary evils, and it is to be hoped with the same effect as in the English metropolis.

Death has snatched away another distinguished surgeon, Leonard Trant, F.R.C.S.I., and surgeon to the "Cork-street Fever Hospital." Though never figuring in the arena of surgery as a writer, yet he was ever regarded as an accomplished surgeon and skilful operator; and there are numerous cases on record of his success in the operations of lithotomy and strangulated hernia, which would throw into the shade many of the performances of those who profess to be *au fait* at these particular operations. Dr. Wharton, F.R.C.S., has been elected surgeon to that hospital in his place. We have also to record the death of a provincial surgeon of high repute, Dr. John Jacob, of Maryborough, brother of Arthur Jacob, Vice-President of the Royal College of Surgeons of Ireland, and uncle to the proprietor and editor of the 'Dublin Medical Press,' He was proprietor of the Maryborough Lunatic Asylum, and specially devoted himself to psychological pursuits, and held a very high position in public favour. It was believed that some measure would have been brought forward to regulate and improve the lunacy laws of Ireland, but the session is passing by without any allusion to it, and we must live on in the hope that next session it will be taken into consideration.

Medical education is again on the *tapis*, but seems to be making no progression. Medical education may justly be regarded as the chameleon of our Profession. Volumes have been written, endless controversies held, time and words wasted in the attempt to assign to it some definite form and colour, and yet are its hues not merely as undetermined as ever, but seemingly involved in greater obscurity, and borrowing fresh tints from the minds of the different investigators into this vexed question. Having gone through every phase, and been put through all the moods and tenses, we are now *in statu quo* still in search of the philosopher's stone, or of some adamantine sword which will sever at one stroke this Gordian knot.

While some of your contemporaries pandering to the taste and prejudices of your nation, and with that catch-penny spirit which makes them give insertions to offensive advertisements and non-Medical paragraphs, wantonly insult the Irish people by pointing to the number of Irish successful candidates as a proof of the inferiority of the Army Medical Department, it is gratifying to know that we have some independent Medical journal which is willing to give merit where merit is due.

Every Irish Medical man, and every Irishman, whether in Ireland or England, or her colonies, cannot but feel grateful to the Medical Circular for its vindication of our national institutions, and for your tribute to the efficiency of our Medical and Surgical Schools. There has been for too long a breach between the sister islands, and though some, for their own purposes, may wish to keep the old wounds open, yet it would be wiser policy to heal them at once, to fuse the people as much as possible together, and not encourage such exclusive nationality as to have the Royal Colleges of Surgeons of London and Dublin as separate from one another as the antipodes, and their respective members at loggerheads. When we remember that we are all engaged in the perfection of a science, all these sectarian and political jealousies which have been so long the disgrace of both countries and the curse of our own should be discarded, we should shake hands as friends and brothers, as children of the same race and stock, and be united for our Profession's weal, for unity is strength.

* Wanderings in West Africa.

† Mr. Glaisher says fifty years is not enough!

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Under the title of "Clinical Conferences in Midwifery," Dr. GRAILY HEWITT commences a series of discourses on some Practical Points in Obstetric Medicine, his present subject being the "Management of Tedious Labour." The question has often been discussed whether a tedious labour should be left to the unassisted powers of nature, or whether some efforts should be made to expedite delivery. Dr. Hewitt examines the opinions and statistics referring to both sides of the question, and comes to the conclusion that the safety of tedious labours has been over-rated, and that, in fact, danger both to the mother and the child is generally proportionate to the length of the process. It is impossible, however, to lay down any rule as to the time which should be allowed for the natural efforts; it can only be stated generally that very protracted labours often give rise to laceration of the organs in the mother and to the death of the child. Mr. HENRY HANCOCK contributes the first of a series of papers on "Division of the Ciliary Muscle, with Cases." In the present paper, Mr. Hancock claims for himself the originality of this operation in the treatment of glaucoma and irido-choroiditis, in opposition to the criticisms of a writer in the last number of the 'Dublin Quarterly Review,' who asserts that the operation is not new. Mr. Hancock denies altogether that section of the ciliary muscle, as practised by himself, and the old paracentesis oculi, are identical. Mr. J. JARDINE MURRAY communicates a paper on "Removal by Ligature of Large Subcutaneous Nævi without Loss of Skin," and illustrates his remarks by relating a case in which the operation he describes was successful. The proceeding consists in passing threads, by means of a needle, beneath and around the nævus, and then tightening the threads, so as to cut off the supply of blood to the growth. The principle of this operation has long been adopted, but there are some peculiarities in the details, which are described by means of diagrams.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. GARROD continues his "Lectures on the British Pharmacopœia," beginning on this occasion with the salts of lithia, which Dr. Garrod was himself instrumental in introducing into Medical practice. The peculiarities of the salts of lithia as medicines, are that they are readily absorbed by the stomach and pass through the kidneys, that many of them are powerful diuretics, that lithia combines readily with uric acid, and that it seems to be efficacious in the treatment of gout. Hemidesmus is a new drug, said to possess similar properties to sarsaparilla, but without any known efficacy. Matico is an astringent in hæmorrhage, and is obtained from a kind of pepper the *Artanthe elongata*. The permanganate of potash is a powerful antiseptic agent, but its use, when administered internally, is not very obvious. The Valerianate of Zinc is not made from Valerian root, but from fousel oil, or amylic alcohol, which, when oxidised, yields valerianic acid. In estimating the value of valerianate of zinc, it is difficult to distinguish between the properties of the zinc and those of the acid; but some authorities consider that valerianic acid does not possess the same medicinal properties as the valerian root. MR. LE GROS CLARK contributes a short clinical lecture on "Amputation between the Astragalus and Navicular Bones (Chopart's operation) and on Re-section of the Knee-joint," his remarks being illustrated by some cases which have occurred at St. Thomas's Hospital. DR. T. DEVILLE offers some anatomical observations on the "Lingual Glands," otherwise known as the Glands of Blandin or Nuhn, and the Glands of the Tip of the Tongue (Henle's), and the Glands of the Frænum (Goodsir's). The description is accompanied by an illustrative engraving of the parts seen on dissection. DR. CHARLES MURCHISON relates a "Case of Pyæmia simulating Enteric Fever, with acute Necrosis of the Ilium, Sternum and Acromion, and a Pulsating Abscess in front of the Sternum." The case was fatal, and was anomalous in its history and progress, as some of the symptoms of enteric fever were absent, and there had been no injury or wound to account for the pyæmia.

REVIEW OF BOOKS.

A Practical Treatise on Diseases of the Skin in Children: from the French of Caillault. Second Edition. With Notes, Appendix, and Formulæ. By Robert Howarth Blake, M.R.C.S.E. Pp. 331. London: Churchill and Sons. 1863.

The subdivision of Practical Medicine into innumerable specialities, has its advantages and disadvantages; among the former of which may be mentioned the opportunities afforded for particular studies, by the collection of a great number of cases of the same kind, and the consequent expertness which is acquired in their treatment: among the latter may be urged the inconvenience of distributing over a host of varieties, a science which is founded essentially on the same principles, and ought therefore to be studied in its integrity. At first sight it would appear that the department of skin-diseases forms a sufficient speciality of itself, and that if the skin-diseases of children were to be elevated to a distinct position, so might also the skin-diseases of old persons, or the skin-diseases of males and of females, and so forth. Still, we must admit that M. Caillault has a right to attention for the special department which he illustrates, the more particularly as his work is entirely of a practical character, and founded on the results of extensive experience in the Hospital for Sick Children, in Paris. Mr. Blake has done good service by his translation of the book, and one of its most useful features is the appendix containing the doses of various medicinal agents for the skin-diseases of children of from two to four years of age. There is also an index of contents.

The Prescribers' Analysis of the British Pharmacopœia. By J. Birkbeck Nevins, M.D. Lond., Lecturer on Materia Medica in the Liverpool Royal Infirmary School of Medicine. Pp. 91. London: Churchill and Son. 1864.

This is a very little book, but as it is intended for a pocket companion, its smallness will perhaps be considered one of its chief merits. Its object is to exhibit in a short compass the differences existing between the New Pharmacopœia and the old ones, and to enable the practitioner, at a glance, to observe the nature of the changes which have been made. The necessity of such a guide is obvious enough when it is recollected that many of the old names are retained, while the strength of the medicines has been

materially altered. For instance, the Liquor Ammoniæ Acetatis is now five times as strong as the preparation of the same name in the Ph. L., but the tincture of Aconite is only one-third of the strength of the Ph. L., one-fourth that of the Ph. D., and less than one-fifth that of Fleming's tincture; while the solution of hydro-chlorate of Morphia is only half the strength of the Ph. L., although identical with the D. and E. Dr. Nevins gives lists of substances and preparations which have been added in the British Pharmacopœia, and which certainly do not present a very numerous list like that of the articles which have been expunged, and most of which we can very readily part with. A short list is also given of medicines in modern use, which have not been introduced in the Ph. B., but as we find among them such medicines as Sarracenia purpurea, Cotyledon umbilicus, and the hyponitrites of potash and soda, we do not know that much fault can be found with the compilers of the Ph. B. for their omission. The doses of the new medicines are also appended, with short descriptions of their properties, and the book concludes with some formulæ illustrating the alterations required in prescribing the new or altered medicines and preparations, and exhibiting the symbols now employed.

The Teeth in Health and Disease: with Practical Remarks on their Management and Preservation. By Robert Thomas Hulme, F.L.S., M.R.C.S.E. Pp. 236. London: H. Baillière. 1864.

The lucrative nature of the pursuits connected with Dental Surgery has called forth a proportionately large number of professors of the dental art, and many, unsatisfied with the substantial rewards of their calling, have honourably entered the field of Medical literature, and explained in scientific or semi-scientific language the principles on which their operations are conducted. Among the numerous contributions to this branch of letters, the treatise of Mr. Hulme is one of the best. The writer is so well established in his Profession that any work coming from his pen must command attention and respect for its scientific character, but it is written in an easy style, is full of illustration and anecdote, and will be read with interest even by the general public. Mr. Hulme begins his book with some preliminary remarks upon the use of the teeth in speech and in mastication; then describes their origin, development, and structure; and passing on through the history of the temporary teeth, with their irregularities, and the complaints with which their eruption or their decay is often associated, he comes to the important topic of the permanent teeth, and the discomforts and diseases which their maladies too often entail upon the human race. On the common theme of toothache, the remarks of the author are sensible and instructive; the questions of extraction or non-extraction, of stopping, of the removal of stumps, and many similar matters, being all discussed in a practical style. The dangers incidental to erroneous treatment in these particulars are clearly pointed out, and plain rules are laid down for the guidance of all who may unfortunately be under the necessity of seeking advice for the irregularities or diseases of their dental apparatus.

Phthisis and the Stethoscope: or the Physical Signs of Consumption. By Richard Payne Cotton, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Third Edition. Pp. 104. London: Churchill and Sons. 1864.

The appearance of a third edition of this little work proves that its merits are duly appreciated by the Medical Profession, and it is indeed a very useful guide to the practical study of the physical signs of consumption. The difficulty which the inexperienced auscultator has to contend against, in addition to the complexity of the morbid sounds themselves and the variety of their causes, is the obscurity in which the subject is often wrapped by the over-refinement of some Medical writers. The book of Dr. Cotton, however, is practical throughout, and while all the signs described by various authors, are duly noticed, their comparative value as aids to diagnosis are continually tried by the test of experience. As an instance, we may refer to the remarks on pectoriloquy, a sign which has been very minutely described, and which no doubt is very valuable when it really exists. But Dr. Cotton believes, and as we think very justly, that the conditions necessary for perfect pectoriloquy are very seldom observed, and that this sound is often confounded with bronchophony, thus giving rise to serious errors in diagnosis. In accordance with a recommendation offered by one of the critics of his former edition, Dr. Cotton has added to the present a supplementary chapter on the physical signs indicative of arrest or improvement of the pulmonary disease, in the several stages of phthisis. This part of the subject is extremely interesting, especially at the present time, when the curability of consumption is very generally admitted, and it is treated in the same clear and simple style as that which characterises the rest of the book.

GENERAL CORRESPONDENCE.

THE LECTURE SYSTEM.

To the Editor of the Medical Circular.

Sir,—I beg to endorse every word in "Vigil's" able letter on our lecture system. He does not of course allude to clinical lectures, which, if in part catechetical, are of incalculable value to the diligent student. But with regard to the regular classes, why have we them? Will a man become a chemist, anatomist, botanist, a physician, or a surgeon, by attending lectures? I recollect it often said in my student days that, "such a man was working too hard to attend lectures," such men, of course, preferring the school where no roll-call existed. They paid for their lectures, or rather certificates, which payment appears to be the chief end of lectures, and devoted the time to practical study. Goodness knows now, that books are more plentiful than blackberries.

It is greatly to be desired that we had more of practice, and less of theory in our teaching; our young men would start under fewer difficulties, and with more confidence, and it need not be said, with more safety to their patients.

The number of mistakes which theoretical young men make at first, is known only to themselves. If, Mr. Editor, you take up this serious matter, in your able and independent style, it may lead to some good.

Yours, &c.,

Subscriber from the Beginning.

Dublin, March 16, 1864.

The Active Principle of the Calabar Bean.—Two German chemists, Jobst and Hesse, of Stuttgart, have by their researches determined that this is exclusively contained in the cotyledons. They have obtained it by dissolving in ether the residue left by evaporation of an alcoholic solution. The ether solution, in its turn evaporated, leaves the active principle of the bean, which these chemists propose to call *physostygmine*, from the botanical name of the plant, *physostygma venenosa*. It has, however, been suggested that *calabasine* would be as appropriate, and a far more convenient name. Two drops of an aqueous solution of the alkaloid in ten minutes caused contraction of the pupil to about a twentieth of its diameter, it remaining in this state during an hour, and recovering its normal condition in from four to six hours. Taken internally, the *physostygmine* is as poisonous a substance as the most dangerous cyanides.

The Yeatman Hospital, Sherborne.—A meeting of the Committee has decided upon the plans, and have agreed with a builder for the erection of this hospital. It is also agreed that six trustees shall be appointed, and that a code of rules based on those of the Bridgwater Infirmary shall be adopted for the government of the Institution.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 23, 1864.

MEDICAL EDUCATION.

The love of ancient institutions and the horror of centralisation which characterise the British nation, have, in many cases, obstructed the progress of improvement by permitting the continuance of abuses even after they have been proved to be such. Hence the Medical Act of 1858, while it apparently conferred great powers upon the Medical Council, made it at the same time comparatively useless by tying its hands in respect to the reform of the Medical Corporations. It therefore happens that nearly all the anomalies of the pre-existing systems of education and examination have been strengthened and confirmed by the measure in question, and any attempt at uniformity is necessarily made to take a downward direction, because, while some of the educational and licensing bodies are aiming at raising the standard, a few are determined to keep it depressed, and the minority is strengthened by the force of custom, and usage, and vested right. The uniformity affects only the lowest standard, leaving all the higher to shift for themselves.

One monstrous and fundamental error in the constitution of most of the existing Medical examining boards is to be found in the practice of making the salaries of the examiners dependent upon the number of successful candidates whom they turn out upon the public, and although we have nothing whatever to allege against the personal honour of any of the gentlemen who may be exercising the function of examiners, yet it is obvious that the consideration to which we now allude is not without its weight in certain quarters; and, indeed, we have had notorious and flagrant instances, in very late years, where certain collegiate institutions have sprung up suddenly from poverty to comparative wealth by the sale of diplomas on easy terms to all who chose to buy them. The only exceptions to the rule of paying the examiners according to the number of successful candidates is to be found, we believe, in the College of Physicians and the University of London, although there is no great merit in this respect to be attributed to the latter body, when it is recollected that its funds are supplied in great measure by the State.

Another very objectionable feature in the present system of Medical examination, and one which the Medical Council is powerless to assail, is the examination of candidates for diplomas by the same persons who have been previously their teachers. This plan is adopted principally at certain Universities, and although, as in some former remarks, we have nothing to urge against the personal honour of the Examiners, the practice is altogether indefensible. We need scarcely remark that the proposal that diplomas should be granted from the results of class-examinations, conducted by the Professor of each class, is still more objectionable, even although an Assessor should be added in order to keep up appearances.

Having thus lightly touched upon some glaring defects in the present system of examination, we cannot shut our eyes to the fact that the teaching at some of the Medical schools is not such as to attract students, or to engage their attention. In many cases the lecturers are too much engaged in private practice to enable them to devote the necessary time to the instruction of the students; but, in other instances, and these are unfortunately very numerous, the lecturers do not possess the qualities necessary to make them efficient teachers. While we fully admit that the choice of Medical officers to our hospitals and Medical schools is generally very fairly made, and falls, in most cases, on the most deserving candidates, yet, paradoxical as it may appear, the very qualities which shine most conspicuously upon a list of testimonials, are often entirely unattended with any capacity for teaching, and may even be inconsistent with such an avocation. In fact, the very profundity with which a given professor may have investigated his speciality, often renders him quite unable to teach it; because many of the students who resort to his instruction are necessarily entirely ignorant of the branch of science which he professes, and can no more derive information from his elaborate discourses, than the baby just weaned from the breast can derive sustenance from solid meat. The duty of a good teacher is to place himself for a time, on a level with the capacity of the learner, and thus to lead him from the first steps of science progressively to those which are more difficult. *Non omnia possumus omnes:* each person has different gifts bestowed upon him, and without wishing to make any personal allusions, or to mention names, we have known distinguished surgeons whose operations were the admiration of Europe, who failed utterly in imparting instruction by their lectures; and profound chemists, whose discoveries shed lustre on modern science, who rendered their fascinating subject utterly wearisome by their monotonous and unimpressive delivery. In fact, teaching, like preaching, is an art, partly natural, and partly acquired, and the faculty of teaching is, whether rightly or wrongly, seldom taken into account by those who elect Medical teachers and lecturers.

The consequence is that the evil has partly remedied itself by the self-appointment of private teachers in most of the schools, not only of Medicine, but of all other sciences. These gentlemen cultivate especially the art of teaching, and their success in their vocation depends entirely upon their success in this department. Under the name of private tutors and *coaches*, they are recognised by the English Universities, and in the Medical schools, under the same name, or sometimes as *grinders*, they are looked upon as a sort of necessary evil. The great fault of the *grinding system*, as it is called, is that it is resorted to by the idle class of students at the end of their career, in order to deceive or elude the vigilance of the examiners; but the same energy, and ability in teaching, exercised *all through the student's career*, would not only be permissible but also most desirable, as affording to the tyro in science the

assistance which he must necessarily require, and enabling him to comprehend with greater facility the discourses of the Professors, or the bed-side observations of the physicians and surgeons.

SUMMARY OF THE WEEK.

LEGISLATION ON THE "SOCIAL EVIL."

The remarks we made last week upon the proposed introduction into the legislature of a bill for the mitigation of the physical evils consequent upon prostitution, have been amply confirmed by published accounts, and speeches delivered by influential statesmen. At the anniversary dinner of the supporters of the Lock Hospital, held last Wednesday, Lord Clarence Paget, the Secretary to the Admiralty, publicly stated that a scheme had been submitted to the Government, which he was prepared to exhibit confidentially to gentlemen whose opinions were entitled to weight, and he believed that in the present session, some parliamentary remedy might be devised for the amelioration of the existing evils. We are ourselves acquainted with the principal features of the proposed scheme, but are not at present at liberty to make them known. It is sufficient to state, as we hinted last week, that punishment and sanitary segregation are among the objects aimed at in the proposed measure, in the case of those who wilfully and knowingly propagate disease. At the festival of the Lock Hospital, both the rank of the personages assembled, and the speeches delivered, gave the occasion a political significance, His Royal Highness the Commander-in-chief being in the chair, and the first Lord of the Admiralty, and the Secretary at War, besides Sir J. Y. Scarlett and Sir John Pakington being among the chief speakers. The Medical journals have also taken up the cue, and the political journals have already begun, by anticipation, to express their opinions on the proposed scheme, which is certain to give occasion to very warm discussion.

PROFESSOR REDWOOD ON THE PHARMACOPŒIA.

Professor Redwood delivered his second Lecture on the Pharmacopœia, at the Pharmaceutical Society, on Wednesday evening, before a crowded audience, which comprised many members of the Medical Profession. The discourse was altogether confined to points connected with pharmacy, after a brief introduction on the disputes which raged some centuries since between the Chemical School, headed by Basil Valentine and Paracelsus, and the followers of Galen, who employed in their medicines only the products supplied by nature. Dr. Redwood, in his remarks on the preparation of extracts, decoctions, tinctures, &c., noticed a rather ludicrous omission on the part of the compilers of the British Pharmacopœia, who, in their directions for making the tinctures, have, in several instances, omitted the very necessary process of "agitation," or "shaking." Now, as Mr. Puff tells the audience in the play of the 'Critic,' a shake of the head is a very significant matter, if only the actor shakes it as the author intended; and so in the manufacture of tinctures, the "shaking" is all essential, as without it the active principle of the drug lies dormant at the bottom of the vessel, and the supernatant spirit is unaffected and even uncoloured. In the next edition of the Pharmacopœia, it is therefore to be hoped that the compilers will not only order that the ingredients of *all* the tinctures are to be shaken together, but that the shaking shall be so efficient that the active principles may be thoroughly taken up by the spirit.

THE BETHNAL-GREEN GUARDIANS AGAIN.

The Guardians of the parish of Bethnal green have again come into collision with the superior authorities at Whitehall, in consequence of an inquest held upon a poor woman, who was said to have died partly from neglect. The verdict of the jury at the Coroner's Inquest inculpated the Bethnal-green Guardians, and called the attention of the Poor-law Board to the case; and in consequence, an Inspector was sent to take evidence. It appears that the deceased woman was attended by Dr. Moore, who, finding that she could not receive at home the necessary care and attention for her complaint, recommended her removal to the parish Infirmary. The relieving officer so far complied with this recommendation as to give an order for the *whole family* to be admitted into the workhouse, but this offer was declined on the part of the woman's husband, and the patient died at her own home. In this case, it must in all candour be admitted that the fault rests not only with the local authorities but with the law, and a most cruel, unjust, and oppressive law it undoubtedly is which, in the case of paupers seized with illness, orders their whole family into the workhouse, thus utterly breaking up their home, or takes the alternative of refusing relief altogether. Some of the newspapers, in commenting upon the facts, appear to be ignorant that the law is as we have stated it, and we ourselves, who have long been fully aware of its oppressive operation in this particular, are astonished that so harsh and cruel a practice should be tolerated. The parish workhouse is, to a certain extent, an infirmary for the sick, and to pauperise a whole family because one member of it is disabled by temporary illness, is as preposterous as it is cruel. In justice to Dr. Moore, and to correct certain misrepresentations which have been made, we print the following copy of Dr. Moore's certificate given in the case referred to, and which we think ought to have been complied with. We understand that this document, at the late investigation before the Poor-law Inspector, was "missing;" no doubt for a very good reason.

[COPY.]

SAINT MATTHEW, BETHNAL GREEN, MIDDLESEX.

Urgent.

18th day of February, 1864.

I hereby certify, that I have examined Sarah Dove, 6 Royston street, suffering from Diseased Lungs, and destitute of proper domestic comforts and attendance.

I advise she be *immediately* admitted into the Infirmary of the house.

(Signed) EDW. MOORE, Surgeon.

To Mr. Christey, Relieving Officer, Bethnal-green Workhouse, Bonner's fields.

THE LATE ALLEGED CASE OF POISONING AT HAYLE.

It will be recollected that Dr. Richard Millett, of Hayle,

in Cornwall, was accused of poisoning his brother, but was acquitted in consequence of the absence of all proof that he had committed such an offence, the death having in fact occurred from natural causes. The result was that Dr. Millett brought an action for illegal arrest against the parties who were said to have instigated the proceedings, and the case terminated during the last week in a verdict being given in favour of Dr. Millett, with 400*l.* damages. While congratulating Dr. Millett on this triumphant vindication of his character, we can only add our regret at the whole of the proceedings, which, we fear, originated in some family quarrel, the accuser and the accused in the criminal proceedings, and the plaintiff and defendant in the late action, being brothers-in-law.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 1ST, 1864.

MR. PARTRIDGE, PRESIDENT.

(Continued from page 191.)

ADDRESS.

The PRESIDENT commenced his address by advocating the expediency, for communities as well as for individuals, of an occasional retrospect of the past, with a view to the guidance of the future; to ascertain whether progress had been commensurate with opportunities, or whether there had not been seasons of indolence and inaction, the causes of which might be avoided in future. He reminded the meeting that the Medical and Chirurgical Society, like the "Royal," had its origin in a private meeting of a few scientific persons anxious for the promotion of knowledge, who held a preliminary meeting at the Freemasons' Tavern in May, 1805, and (after the organisation of the Society) a first ordinary meeting in the December of the same year. The Society's first place of meeting was in Verulam building, Gray's inn, then successively at two houses in Lincoln's-inn fields, where it continued until its removal to Berners street in 1835, in consequence (amongst other reasons) of its having been ascertained that a very large proportion of its resident fellows lived west of the former locality. The first President, in 1805, was Dr. Wm. Sanders, and the first volume of the 'Transactions' was published in 1809, under the presidency of Dr. Matthew Baillie. In 1812 an effectual application was made for a charter of incorporation. Its importance, however, was felt to be so essential to the status and stability of the Society, that the application was renewed, and a royal charter obtained in 1834. On this occasion the bye-laws and other regulations of the Society were revised and adjusted. During the period of removal, the Society, through the kind liberality of the then President (Dr. Elliotson), held its meetings at his house. The first meeting in Berners street was on the 10th of February, 1835. Since that time the Society had steadily advanced in reputation and usefulness, revising its laws from time to time, so as to adapt them to circumstances as occasion made it expedient, becoming more just and liberal in some of its regulations, adding largely to its magnificent library, and of late increasing its utility by the frequent publication of abstracts of its "Proceedings;" and finally, by instituting, from amongst its fellows, committees for the investigation of certain subjects of great general importance to the Profession, such as the "Committee on Suspended Animation," and that on "The Uses and Effects of Chloroform," the report of which is nearly completed. The success of the labours of the Society is attested by the publication of forty-six volumes of its 'Transactions,' forming a standard work of reference on the most important topics which have engaged the attention of the Profession during the last half century, and by the formation of one of the largest and best-managed circulating libraries of Medical books in the kingdom. Still (added the President) there remain great objects to accomplish, and foremost amongst them, the acquisition of a permanent residence, either in the shape of a freehold house, with some architectural pretensions as a public building, or of apartments in Burlington House, in association with other scientific bodies. This Society might fairly look for the favourable consideration of the Government in this matter from the advanced position which it holds amongst the other Medical Societies of this country, from its royal charter, and from the peculiar means which it possesses of conducting investigations of public utility upon Medical and sanitary subjects. The President then called the attention of the meeting to the very fine collection of Medical portraits and autographs now in possession of the Society, comprised—1st, in the Soden collection, recently presented by Mr. J. Soden, of Bath; and 2ndly, by the purchase of Mr. Squibb's collection, just sanctioned by the present general meeting; both together forming a collection unrivalled by any in the kingdom. Notice was also taken of the rapidly-forming series of photographs, commenced by Dr. H. G. Wright, of pathological specimens, and the Fellows were urged to contribute to these collections as opportunities offered. He then approached the painful subject of the losses sustained by the Society during the past year in the deaths of sixteen of its Fellows. This number, though double the average of the last ten years, was yet nearly equalled in two former years, and exceeded in two others of the same period (ten years.) The President gave a short memorial of each of these sixteen Fellows; but it would be impossible in this abstract to do more than allude very briefly to some of them. Amongst provincial Fellows, Mr. J. S. Soden, of Bath, Mr. Wm. J. Wickham, of Winchester, as hospital surgeons; Dr. Edward Stephens, of Manchester, as an anatomist and teacher; and Dr. Carter, of Deal, as a physician in extensive practice, were the most conspicuous. Amongst resident Fellows, Mr. Henry Ancel, as a gentleman largely engaged in general practice, a man of much ability as well as of laborious research and learning, as is shown by his works on Tuberculosis, on the Physiology and Pathology of the Blood, and by his unpublished treatise on Poisons of the Blood. On Mr. J. H. Green he passed a high eulogium, commenting on the great position which he held in the profession and in the governing bodies and professional societies of the country; upon his high, chivalric, and truly Christian character, his eloquence, and his extensive and varied learning. He thought Mr. Green's reputation would increase with time, and he alluded to the long and laborious years of study which he had given to the completion of a "System of Spiritual Philosophy," originated by Coleridge. It will interest every educated mind to know that there is a prospect of the speedy publication of this posthumous work, the result of Mr. Green's life labour Amongst the younger Fellows, the President especially noticed Dr. Edward R. Harvey, Registrar of St. George's Hospital, as one who, already distinguished by his researches in physiological chemistry, promised, had he lived, to have left a mark on his generation. Mr. Thos. Davis and Mr. H. C. Johnson were noticed as gentlemen who, each in his time, had enjoyed large practices, and who, without having contributed to the literature of their profession, were, nevertheless, remarkable as skilful surgeons, possessing in a wonderful degree the confidence of their patients. Finally, he deplored, as a loss to the scientific world, a foreign honorary Fellow, in the person of Professor Vrolik, of Amsterdam, whose works on the Chimpanzee, on Embryology, Teratology, &c. &c, are so universally known and esteemed, and whose reputation seemed hereditary. His noble museum, collected by his father and himself, was always open to the scientific foreigner, and his genial manner and knowledge of our language were particularly agreeable to our own travelling countrymen.

At the conclusion of the address, the best thanks of the meeting to the President were moved by Mr. FERGUSSON, seconded by Dr. WEIGG, and carried with acclamation.

It was also moved by Dr. C. J. B. WILLIAMS, seconded by Mr. DIXON, and carried unanimously,—"That the cordial

thanks of the society be given to the retiring Secretary, Dr. Sieveking, for his valuable and zealous services during the time he had been in office; and also to the retiring Members of Council—Dr. Hodgkin (Vice President), Dr. West (Vice President), Dr. Cotton, Dr. Gream, Dr. Geo. Johnson, Mr. Holt, and Mr. Holthouse."

Dr. Sieveking returned thanks for the honour done him.

The result of the ballot for Officers and Council for 1864-65 was then announced by the President as follows:—President: Mr. Partridge. Vice-Presidents: Dr. A. Farre, Dr. Basham, Mr. Hilton, and Mr. Fergusson. Treasurers: Dr. Pitman and Mr. J. Dixon. Secretaries: Dr. H. W. Fuller and Mr. John Birkett. Librarians: Dr. A. P. Stewart and Mr. Henry Lee. Other Members of Council: Dr. Goodfellow, Dr. Gull, Dr. W. Jenner, Dr. Meryon, Dr. Sibson, Mr. Holmes Coote, Mr. G. V. Ellis, Mr. C. H. Moore, Mr. E. Newton, and Mr. Toynbee.

March 8th, 1864.

On a new operation for obtaining union of an ununited fracture, with remarks on its application in certain cases of recent fracture.

By E. R. Bickersteth, F.R.C.S.

In bringing this subject before the attention of the Society, the author proposed to mention some cases that had occurred in his practice to show the successive steps by which he arrived at the process in question. He had frequently tried, in vain, friction, acupuncture, and subcutaneous division; and though resection of the ends of the bone had been successful in some instances, it was a proceeding involving a considerable risk to life. Dieffenbach's method had proved to be more successful; but this operation, though conducive to the formation of new bone, in no way provided for what was of paramount importance—viz., absolute immobility of the opening fragments. The large external wound and injury done to the soft parts in introducing the ivory pegs were also objections to this operation. Recognising the happy influence of Dieffenbach's plan of exciting ossific deposit, and at the same time feeling the importance of keeping the ends of the bone in a condition of absolute immobility, the author was induced to try a modification of the operation; and in the case of a man admitted under his care at the Liverpool Royal Infirmary, with an ununited fracture of the radius, he drilled a hole through the ends of both fragments, and passing a stout wire through it, secured the bone in perfect apposition. Union took place in seven or eight weeks, but on endeavouring to remove the wire, so much traction was necessary, that it caused the fracture again to be ununited. This difficulty of removing the wire induced the author to think of some other plan not open to this objection; and in the case of a man with an united fracture of the thigh, by means of a common Archimedian drill, he bored two holes in such directions that each passed obliquely through both ends of the fractured bone, and into each introduced a steel rod with a screw at the end. To do this it was necessary to make an incision three inches in length. Much constitutional disturbance followed, the wound suppurating freely. In ten weeks the splints were removed, but no union had taken place. The limb was then confined in gum-and-chalk bandages. Symptoms of pleuro-pneumonia came on, and he gradually sank. A post-mortem examination showed tubercular deposit in the ends of the bone and other parts of the body. There was no attempt at repair at the seat of fracture, except where the drills had pierced the bone, and here there was a deposit of new bone. This proceeding showed that it was quite feasible to fix the bone in the manner described, without exciting too much inflammatory action; and also that the steel rods caused the formation of new bone.

The next case was a fracture of the lower maxilla, where the bones had united in such a position as to render the patient a most unsightly object. As the incision that would be necessary in this instance, for the purpose both of putting the bone into proper position and removing the deformity of the soft parts, would not allow the use of external splints or supports, and as it was found impracticable to effect this object by fixing the teeth by an appliance within the mouth, it was absolutely necessary that some means should be devised by which the divided portions of the jaw could be securely fixed; and it occurred to the author that pegs or nails would answer the purpose, especially as he had already observed their presence caused so little inconvenience. Accordingly, at the operation, the plan just mentioned was carried out, and the apposition of the fractured portions was secured by means of two round-headed nails. They most effectually answered their purpose, and no external splint or bandage was required. The case did well, no undue action being set up. On the twenty-second day after the operation, one of the nails came away. The patient left the infirmary perfectly well, the jaw being firmly united in its proper position, and the deformity of the soft parts removed. One of the nails still remained in; and the last account states that its presence caused no inconvenience.

The third case recorded was one that presented many points in common with the one just narrated. No external incision was made, and ordinary drill heads were substituted for nails. The result was everything that the author could have wished.

These cases show how readily and with what good effect fractured bones may be fastened together. Surgeons have ever recognised the use of sutures with regard to the soft parts. Why should we not, in cases of difficulty arising from an inability to keep the surfaces in proper apposition, adopt the same plan with the bones? Might not this process be applicable in some cases where division of the tendo-Achilles is required, or where such an operation as sawing off the ends of the bone is indicated? From a consideration of the cases narrated, Mr. Bickersteth proposed to treat an ununited fracture by passing one or more drills through the broken ends of the bone in such a manner as to secure their perfect immobility, and without making any external wound beyond that caused by the entrance of the drill. The limb should then be secured by properly adjusted splints, and kept at perfect rest. After two or three weeks the drills may be removed, and water-dressing applied to the punctures. For several weeks after, it would, of course, be desirable to continue the use of the splints. In conclusion, the author begged to place upon record three cases of ununited fracture recently treated by his friend, Mr. Fletcher, on the plan that he (Mr. Bickersteth) had suggested, and in each the result had been most satisfactory.

Mr. Fergusson said that he scarcely remembered to have heard a paper of greater surgical interest than the one just read. It had the merit of bringing out much that was going on in the modern practice of surgery, and he thought the paper would lead to greater improvements in practice. Here was further proof, he continued, of the advantage of wire and metal in instances in which in former times we were loth to use such materials. He had had the impression that ivory pegs, being softer, would be less likely to do harm; but now the author had shown that metal might be safely used. And it had been shown, too, that the commoner metals were as useful as the rarer; that iron wire was as useful as silver wire. In the same way, cauterisation by an iron instrument was just as useful as by a gold or silver one. Dieffenbach had used the pegs of ivory to create irritation only, but the author had gone further, and fastened the bones together by pegs of iron. The author had shown that much might be done in desperate cases of ununited fracture. From hearing the cases related by the author, he should consider that the plan was safe, and that it ought to command attention. Mr. Fergusson said that he once saw Mr. Abernethy attempt to pass a seton between the ends of an ununited fracture. Failing to do so, he left a probe sticking in the wound between the ends of the bones. The result was good.

Mr. Holthouse thought the interest of the author's plan was not only in fastening the bone together, but in doing it subcutaneously. This was a great merit, and no doubt would lead to the adoption of the plan and to beneficial results in practice. Mr. Holthouse then gave the particulars of a case

of ununited fracture of the humerus under his care at the Westminster Hospital, in which he had adopted the novel proceeding of inserting the sharpened end of the lower fragment into the cancellous structure of the upper, thus imitating an impacted fracture. This plan, however, did not succeed. The case was, however, a complicated one, there being anchylosis of the elbow.

Mr. HOLMES COOTE rose to correct what he believed was a very general and erroneous impression as to the views of Dieffenbach. This surgeon used to cut down to the ends of the bones and pass in ivory pegs, with the hope of creating irritation; but, if he could do it easily, he used also to fasten the ends of the bone together. Mr. Coote thought that three classes of cases ought to be distinguished; first, those in which there was union in good time; second, those in which union was simply retarded; and third, those in which union could not be obtained, as the ends of the bones were in a state of fatty degeneration. In the third class no good results could be hoped for.

Mr. CURLING regarded the author's plan as ingenious, as a happy application of the modern treatment with metallic substances, and as calculated to be of great service, not only in ununited fractures, but also in compound and in complicated simple fractures, when it was difficult to keep the parts in position. He was struck with the remark in the paper that the author had met with numerous cases of ununited fracture Though Mr. Curling had been long attached to a large hospital where a great many fractures where admitted, he had seen only a few cases of ununited fracture, and all of them had been brought to the hospital in that condition, most of them being the result of accidents which had occurred at sea. The author, being surgeon to the principal hospital in the chief seaport city in this country, probably met with an unusual number of such cases. Mr. Curling had seen, however, many cases of delayed union, and mentioned two remarkable instances of the kind, one a double fracture of the thigh, which happened at sea seven months before, and might have been considered an ununited fracture, but which got firm in a plaster of Paris case. He called attention to a constitutional indisposition to ossific union, independent of general health, which was manifested in young people as well as in adults, and gave an instance in point of long delayed union in a fracture of the tibia in a girl.

Mr. BARWELL, while agreeing with what had fallen from Mr. Holmes Coote concerning the degenerated condition of bones, considered that such condition was the result, more frequently than the cause, of non-union. It was a law of animal nature that any organ losing its function should degenerate. Thus when a bone lost its power of support, the surrounding muscular pressure and other conditions of its healthy life, it would surely degenerate; but until that degeneration had reached a high point it might still be restored. A remarkable case had occurred to him lately, which would also show that in certain instances the admirable plan proposed by Mr. Bickersteth would be unavailing—as in cases where the non-union was produced by a large quantity of soft parts intruding between the fractured ends. The case alluded to was as follows: About eighteen months ago a man broke his arm about two inches and a half above the elbow. He was admitted into the Charing-cross Hospital. The fracture united well, and the man was discharged cured. The same night, however, he got very drunk, and broke his arm again, but took no notice of the circumstance, continuing drunk for about a fortnight. Two months ago he again entered the hospital with a broken arm. As Mr. Barwell had been for some time taking the duty of his colleague Mr. Canton, this case came, about a fortnight ago, under his observation, and he determined to operate. The upper and longer fragment was on the outer side, its lower end overlapping the head of the radius. The inner end of the lower fragment was half-way up the inner side of the arm. The movement to and fro of this portion was very considerable; but there was always a wide interval between the two bones, which was occupied constantly by the anterior brachial muscle, sometimes also by part of the biceps, and in certain positions it seemed as though the artery and nerve also got between the fragments. The man having been placed under the influence of chloroform, Mr. Barwell made an incision two inches long over the outer fragment, and turning out its end, sawed out a wedge-shaped piece, so as to leave an angular gap or notch in the end of the bone. The inner fragment lay so far away from the wound, and in such close proximity to the artery and nerve, that the greatest care was required in getting its end to protrude at the wound. This, however, was accomplished without untoward accident, and the end was cut into a wedge-shape, so as to fit with some degree of accuracy the internal in the upper fragment; traction was made upon the arm, and the two portions fitted together, and with the aid of a splint they retained perfect apposition. A singular condition of bone revealed itself during the operation—namely, that the periosteum on the upper fragment was loose, and could be slipped up off the bone as a man might turn up his shirt sleeves. This tissue was carefully replaced, yet, on account of this condition of bone, he (Mr. Barwell) could not but look to the issue of the case with some anxiety. The man had had as yet (ten days afterwards) no bad symptom.

Mr. C. H. MOORE thought the plan suggested would be valuable in some cases; but there would be some risk to life by tetanus and pyæmia.

Mr. HILTON said that, as a surgeon to a large hospital, he must add to the commendations of the other speakers his opinion that the paper was one of great interest, and that the plan was likely to be very useful when ordinary treatment had failed. He (Mr. Hilton) understood Mr. Holmes Coote to say that when there was fatty degeneration of the bone the ends never would or could unite; yet the author had related a case of cure by his plan, although at the operation the bone was so soft that a knife was passed through it.

OBSTETRICAL SOCIETY OF LONDON.

FEB. 4TH, 1864.

DR. GREENHALGH, V.P., in the Chair.

Mr. I. BAKER BROWN read a paper

ON FIBROUS TUMOURS OF THE UTERUS TREATED BY SURGICAL MEANS.

The author commenced by reminding the Society that on Dec. 7th, 1859, he had read a short paper on this subject, containing a case of fibrous tumour of the uterus treated successfully by surgical means. Also on March 6th, 1861, he had read a second paper on the same subject, giving six cases, four of which were cured, one was relieved, and one died. The object of the present paper was to confirm the practice previously advocated, by fourteen more cases, and at the same time to show that in most cases a very modified surgical treatment was sufficient; for whereas Mr. Brown had hitherto divided his operation into two parts—viz., first, preliminary incision of the os and cervix; and, secondly, gouging or breaking up the tumour,—he now finds that the first step will always arrest the hæmorrhage and the development of the tumour. In some cases the tumour decreases, and when small it will entirely disappear, more especially if of recent origin; and even when gouging is required, a much slighter operation is sufficient. Mr. Brown therefore now never uses "Harper's instrument," but only a pair of long-handled, blunt-pointed, curved scissors. The author entered minutely into the mode of operating, and laid great stress on carefully and thoroughly plugging the incisions and whole vagina with oiled lint after the operation, as on this point depended the chances of hæmorrhage, and exposure to air, and consequent hysteritis, and even peritonitis. Mr. Brown then read fourteen cases, occurring in the London Surgical Home, illustrative of his remark. Of these fourteen, ten were cured of the hæmorrhage by the incision of the os and cervix uteri alone, and one was relieved; in two only was it necessary to perform the second operation, both resulting in cure of the tumour; in six cases the tumour had either entirely disappeared or materially decreased after incision alone. Of the three deaths, one had occurred from peritonitis, resulting from exposure to cold and the restlessness of the patient; one from organic disease independent of the operation; and

one from pyæmia. Out of between twenty and thirty cases occurring in his private practice, the author stated that he had had one death, in a patient whose case was complicated with hæmatocele, and that in his public practice he had had as many more as were now given, with no more deaths.

The following practical conclusions were drawn :—

1. That the fact of the curability of these tumours is materially confirmed by these cases.

2. That it is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation.

3. That the hæmorrhage is almost invariably arrested by the incision of the os and cervix.

4. That the cure of these fibrous or fibroid tumours by surgical means, without the danger of enucleation, is now firmly established, as proved by Dr. M'Clintock, Dr. Routh, Dr. Dawson, of Newcastle-upon-Tyne, as well as by himself (Mr. Brown).

Dr. Gervis wished to know from Mr. Brown whether the incisions he made in the sides of the cervix uteri were ever apt to reunite ; whether, if they did, the hæmorrhage recurred ; and whether, if they did not, the incised condition of the cervix in a patient who subsequently became pregnant in any way interfered with normal parturition.

Dr. Routh considered the paper as evidence of the advance of Medical science with respect to a disease many cases of which had been deemed incurable. He alluded to the process of enucleation recommended by Dr. Atlee, which he (Dr. Routh) regarded as too hazardous. It was known that many cases had ended fatally under the treatment, and he regretted they had not been published. Mr. Brown, however, had acted more nobly in publishing both his successful and unsuccessful cases. Dr. Routh considered that fibroid tumours required different treatment according to whether they were in or out of the cavity of the pelvis, whether the heart and lungs were pressed upon, or micturition impeded, or whether in either case excessive floodings occurred. In any case the tumour should not be meddled with unless vital functions were interfered with. Mr. Brown's operation could not be used in supra-pelvic cases because of the uncertainty of position and risk of wounding the peritoneum. In such cases he considered gastrotomy the best treatment, removing both ovaries also. In the pelvic fibroids, he agreed with the author that the tumours after bisection diminished, and he considered this an established point in practice. The opening of the cervix he believed not only checked the hæmorrhage, but enabled the tumour to be more easily got at ; it was, under the restrictions laid down by Mr. Brown, quite safe.

Dr. Greenhalgh considered the question of fibroid or fibrous tumours one of great importance, especially where the hæmorrhage endangered the life of the patient. In the great majority of cases he had found the best results from the use of bichloride of mercury or bromide of potassium. Still there was a certain limited class of cases in which medicines were of little avail, and it was in such that the division of the cervix uteri was attended with benefit. He had seen a few cases, and in these, although the hæmorrhage was considerably lessened, yet the size of the uterus was not much reduced. In those cases where pressure on surrounding structures had produced injurious effects, he had seen good results from pushing up the tumour above the brim.

Mr. Brown, in reply to Dr. Gervis, stated that care was taken to prevent the incisions in the os and cervix from uniting. The oiled lint, in the first instance, and the injections afterwards, generally prevented union ; but if any bands of lint were thrown out, he always broke them down with the finger. He had never seen a case in which the patient had been confined after the operation, but it was only reasonable to infer that parturition would be accelerated after these incisions ; for in the case of a primiparous woman, where the os is torn, the subsequent labours are always exceedingly quick. As to the *rationale* of the operation, Mr. Brown had avoided the question for fear of giving too wide a field for discussion. He thought the action was twofold. The tumours were of very low vitality, and the slightest interference with them stopped their growth. Thus, in the first place, the initiatory bloodvessels were cut through by incising the os and cervix ; and, secondly, the tumour was grasped more firmly by the contraction of the uterus, which always takes place after the os is incised ; and thus the tumour was confined, could not grow, and often died. He was obliged to Dr. Routh for alluding to the authenticity of his (Mr. Brown's) cases, as some doubt had on more than one occasion been thrown on the subject. He could only repeat that his practice at the London Surgical Home was open to every member of the profession. He had only given cases where severe hæmorrhage was present as the most urgent symptom, and in almost all the cases which came to him the patients had been previously treated without success.

After a few preliminary remarks, Thomas Bryant, F.R.C.S., gave the details of

TEN CASES OF OVARIOTOMY, SIX OF WHICH WERE SUCCESSFUL.

The following are their brief notes :—

Case 1. *Multilocular ovarian tumour ; ovariotomy ; death on fourth day.*—M. C——, aged thirty, married. Tumour discovered two years ; never been tapped. Ovariotomy on Dec. 5th, 1860 ; small incision ; pedicle, which was broad, fastened by double ligature ; wound brought together with pins. Opium freely given. Third day, vomiting, with tympanitis ; and death seventy-eight hours after the operation. Post-mortem : Peritonitis.

Case 2. *Unilocular ovarian tumour ; ovariotomy ; recovery.*—E. D——, aged thirty-two, married. Disease existed two years and a half ; had been tapped once. Ovariotomy on Oct 15th, 1862 ; small incision ; adhesions in front ; pedicle secured with clamp ; wound brought together with silver sutures. Uninterrupted recovery in one month. This patient has since been confined of a living female child.

Case 3. *Unilocular ovarian tumour ; ovariotomy ; recovery.*—A. S——, aged twenty-five, single. Disease four years ; tapped twice. Ovariotomy on March 20th, 1863 ; no adhesions ; small incision ; pedicle secured with clamp. Acute bronchitis. Perfect convalescence from the operation in one month. The patient subsequently died from pneumonia, two months after the operation.

Case 4. *Double ovarian disease ; ovariotomy ; death.*—E. C——, aged thirty-two, married. Disease two years ; tapped once. Ovariotomy on April 15th, 1863 ; extensive adhesions ; broad pedicle secured with three whipcord ligatures on left side, on right side with two. Collapse and death in twenty-two hours. Post-mortem : Peritonitis.

Case 5. *Semi-solid ovarian tumour ; ovariotomy ; death.*—J. P——, aged forty-four, married. Disease many years ; tapped once. Ovariotomy on July 25th, 1863 ; small incision ; broad pedicle secured with three whipcord ligatures. Death in thirty-seven hours from peritonitis.

Case 6. *Multilocular ovarian tumour ; ovariotomy ; recovery.*—L. W——, aged seventeen, single. Disease existed one year ; never been tapped. Ovariotomy on Sept. 8th, 1863 ; small incision ; no adhesions ; broad pedicle secured by three whipcord ligatures ; silver sutures to wound. Rapid convalescence.

Case 7. *Multilocular ovarian tumour ; ovariotomy ; death.*—H. D——, aged twenty-four, married. Disease three years ; tapped three times. Ovariotomy on Oct. 8th, 1863 ; small incision ; extensive adhesions ; broad pedicle requiring seven whipcord ligatures. Collapse and death in twenty-three hours. Post-mortem : Slight hæmorrhage into abdominal cavity.

Case 8. *Multilocular ovarian tumour ; ovariotomy ; recovery.*—H. B——, aged thirty-four, married. Disease one year ; tapped once. Ovariotomy on Oct. 8th, 1863 ; large incision ; no adhesions ; pedicle secured with three ligatures ; silver sutures to wound. Uninterrupted convalescence.

Case 9. *Multilocular ovarian tumour ; ovariotomy ; recovery.*—A. J——, aged thirty-seven, single. Disease one year ; never been tapped. Ovariotomy on Oct. 16th, 1863 ; large incision ; no adhesions ; clamp to pedicle ; silver sutures. Rapid recovery.

Case 10. *Multilocular ovarian disease ; ovariotomy ; recovery.*—S. C——, aged fifty ; married. Disease eighteen

months; tapped twice. Ovariotomy on Dec. 2nd, 1863; large incision; no adhesions; clamp to pedicle; silver sutures to wound. Rapid convalescence.

The author then passed on to make some general remarks on the operation. He confessed that in three of the cases which had been noticed the chances of securing a successful result from the operation were looked upon as being very slight, and that he should now in similar cases refuse to operate. He dwelt upon the propriety of being very careful in selecting cases, and expressed his belief that the surgeon had better err on the side of caution than on that of rashness. He considered that the best patient for the operation was the one who was in the best health, and that there was no special general preliminary treatment demanded which was not applicable to other operations. He enforced the necessity of isolating the patient, and of guarding her well from the contact of all who were not specially required for the treatment of her case. It was to the careful observance of this rule that he attributed his success. During the operation he preferred to place his patient in the half-sitting posture, as such was the most convenient for many reasons. He was indifferent to the length of the incision which he made, but had commenced always with the small incision, and increased it when any difficulty in the extraction of the tumour was experienced. He condemned the practice of exploring the abdominal cavity with the hand, in the search for adhesions, and advocated the practice of breaking them down as they manifested their presence during the operation, stating that by following this rule there would be but little necessity in the majority of cases of fingering the peritoneum.

LEGAL INTELLIGENCE.

WESTERN CIRCUIT, BODMIN.

NISI PRIUS COURT.—(*Before Mr. Baron* BRAMWELL *and a Special Jury.*)

MILLET V. EDMONDS.

Mr. Coleridge, Q.C., Mr. H. T. Cole, and Mr. Bullar were counsel for the plaintiff; and Mr. Karslake, Q.C., and Mr. Kingdon for the defendant.

The declaration alleged that the defendant had maliciously and without probable cause made an information before the Recorder, Mr. Tonkin, imputing to the defendant that he had maliciously administered poison to Jacob Curnow Millett, with intent to cause his death, and that he had so caused his death; that an application was made to the Secretary of State, for an order for the exhumation of the body; that the charge was pursued before the magistrates; that the case was heard for many days, and resulted in the discharge of the plaintiff.

This case, as may be recollected, created a great sensation at the early part of this year. The plaintiff was Richard Oke Millett, and was a member of the College of Surgeons. The defendant was also a surgeon residing in London, and had married the sister of the plaintiff. The action was brought to recover damages for a malicious prosecution, which charged that the plaintiff had caused the death by poison of his own brother Jacob Curnow Millett. The charge was made in the most deliberate manner, and was persisted in. The deceased resided with his brother, the plaintiff, at Penpoll, in this county. There had been an estrangement in the family, in consequence of the marriage of the plaintiff's sister with the defendant. Jacob Curnow Millett was of peculiar habits, had water on the brain, and was a man of very generous habits and strong religious feelings. Last year he had been failing, his eyesight had become impaired, and he complained much of his head, and could take but little exercise. In February, 1863, he altered his will, and bequeathed everything to the plaintiff. On the 30th of December, he partook of a very hearty dinner, and afterwards complained of feeling "sinking." The plaintiff gave him brandy, and he said he thought he felt better, but complained of cold. In the course of that evening it was evident that he had a seizure, and in a few hours he died. The plaintiff then sent for the coroner and the undertaker. An inquest was held, and a verdict was returned that the deceased had died from natural causes, and he was in due time buried; but in a short time the defendant applied to the Secretary of State for an order for the exhumation of the body. This was granted, and on the 22nd of January the plaintiff was arrested by two policemen on a charge that he had poisoned his brother; he was the next day taken before the magistrates at Hayle, where a large mob had collected. He was taken before the magistrates four times, but he was detained in custody all the time, as bail was refused; he was fourteen days in custody, but eventually he was discharged, and he then brought this action.

The plaintiff was examined at very great length, and he swore that there was not the slightest pretence for saying that he had anything to do with his brother's death or his uncle's death. His uncle was found dead in his bed. He found his father dead in his bed. His sister Jane had been found dead in her bed by his sister Caroline, who slept in the same room.

Dr. Taylor was called, and stated that he examined the intestines of the deceased, which were sent to him and he could not detect any symptom of poison nor the effect of any. The appearances were quite consistent with death having arisen from natural causes. The circumstances attending the death also led to the belief that death had arisen from natural causes. A copy of his report had been sent to the Secretary of State. He believed the deceased had died from pressure on the brain, from the serum found in the ventricle of the brain. The pain in the stomach of which the deceased had complained was to be accounted for by the hearty meal he had made. It was not a system of narcotic poisoning.

Several medical men were examined, who agreed in the view taken of the case by Dr. Taylor.

The defence was that in consequence of the sudden deaths of several members of the family, there were rumours in the neighbourhood which had at last reached the defendant, and that he had thought it incumbent on him to cause an investigation; that he had acted perfectly *bonâ-fide* in the matter and had not been actuated by any ill-will or malicious motive towards the plaintiff. In his examination the defendant stated that although at the time he considered there were sufficient grounds for the course he had adopted, yet he was now fully convinced of the plaintiff's innocence of the charge.

Mr. Baron Bramwell, in summing up, observed that it was impossible not to say that the plaintiff had been entirely acquitted of the charge which had been made against him He was acquitted on the evidence of some of the most eminent authorities in the world and on the statement of the defendant himself.

The jury, having retired, returned a verdict for the plaintiff—Damages, 400*l.*

The trial of Samuel Porter for the ill-treatment of a lunatic, took place at Bodmin last week, and resulted in a verdict of guilty, accompanied with a recommendation to mercy on the part of the jury, on the ground that they thought the defendant was not aware of the law. As the case was one involving some legal questions, the judge did not pass any sentence, and the defendant was discharged in the meantime, but under recognisances to appear when called upon.

OBITUARY.

THE DEATH OF MR. JOSEPH BOWMER, M.R.C.S.E.

We are sorry to record the death of this gentleman, which took place a few weeks since. Mr. Bowmer was very well-known to many of the Profession as the conductor of an agency office for the sale and transfer of practices and partnerships, and for other similar matters connected with the Medical Profession. Mr. Bowmer never enjoyed robust health, and indeed from early youth he was a victim to the complaint which finally carried him off in the thirty-fifth year of his age. The disease was asthma, caused by or complicated with emphysema, and this distressing af-

fection rendered his early studies in Medicine, and his subsequent career in practice, pursuits of extreme labour and difficulty. It was partly from this cause that he adopted the agency business in preference to the active duties of the Profession, but his disease became so much aggravated of late that he was obliged to resort to a warmer climate in search of relief. He returned to England in the spring of 1862, considerably improved in health, but the cold of last January was too much for his enfeebled constitution, and he sank in the early part of February. Mr. Bowmer was a most gentlemanly, honourable, and amiable man, and was highly esteemed by all those who came in contact with him. We are very sorry to add that he has left a widow and several young children wholly unprovided for, and the attempt to put forward one of the orphan boys as a candidate for a foundation scholarship in the Royal Medical Benevolent College, has failed from the circumstance that Mr. Bowmer did not practise in England. We understand that the business formerly conducted by Mr. Bowmer will be continued by Mr. Langley, and that the proceeds will be partly devoted to the family of the deceased gentleman.

Births, Marriages, and Deaths.

BIRTH.

HOOPER.—On the 11th ult., at Eastrop house, Basingstoke, the wife of Charles Hooper, M.R.C.S.E., of a son.

MARRIAGE.

WATSON—HOLDER.—On the 10th inst., at St. Barnabas, Kensington, by the Rev. Dr. Hessey, assisted by the Rev. J. McCaul, Charles George Watson, Esq., late Surgeon R.N., to Amy, only child of the late W. J. Holder, Esq., of Kensington.

DEATHS.

FROGLEY.—On the 15th inst., at Brighton, Ralph Allen Frogley, F.R.C.S.E., of Hounslow, aged 70.

PALEY.—On the 15th inst., at Seal, Sevenoaks, Kent, Anne, the wife of James Paley, M.R.C.S.

MEDICAL NEWS.

UNIVERSITY OF LONDON: MASTER IN SURGERY.—The following gentlemen have just passed the examination for the degree of Master in Surgery:—Richard Whitfield Hewlett, M.D., King's College; Walter Rivington, M.B., B.A., F.R.C.S. Eng. (Exam.), London Hospital; Rickard P. Burke Taaffe, M.B., F.R.C.S. Eng. (Exam.), St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having been elected Fellows at the previous meetings of the Council, were admitted as such on the 11th inst.:—William Bell, Rochester—date of membership, April 26, 1826; Frederick Disting Tothill, Charles street, St. James's square—date of membership, June 7, 1833; Charles Manners Smith, of H.M.'s Indian Army—date of membership, April 28, 1843; Charles Vines, Reading—date of membership, July 25, 1836.

LICENTIATES IN MIDWIFERY.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 16th inst.:—Jean Baptiste Blanchet, M.D., Quebec—date of membership, Jan. 26, 1864; Charles Edward Covey, Basingstoke—date of membership, May 6, 1863; Richard Thomas Freeman, Hatcham—date of membership, Jan. 27, 1864; James Smith Harris, St. John's wood—date of membership, July 31, 1863; Joseph Langhorn, Savile row—date of membership, Jan. 28, 1864; Alfred Monckton, L.S.A., Brenchley, Kent—date of membership, July 31, 1860; George Frederick Thomas, L.R.C.P., Canterbury, New Zealand—date of membership, Feb. 11, 1859; William Godfrey Watermeyer, Cape of Good Hope—date of membership, Nov. 20, 1863; William Samuel Wilson, Bayswater—date of membership, April 22, 1862.

POOR-LAW MEDICAL REFORM ASSOCIATION.—Mr. Griffin, Weymouth, begs us to state "that the Select Committee on Poor Relief have had three sittings, and it is understood that they have determined not to examine any further witnesses, and are now considering their report." Since March 9, the following subscriptions have been received by him in aid of the funds of the Association:—Dordge, T. G., Launceston, 5s.; Toynbee Joseph, 1*l.*; Ledgard, J. A., Wetherby, 5s.; Pound, G., Ash, 5s.; Pritchard, W., East Retford, 10s.; Barrett, J. T., Ashton-under-Lyne, 5s.; Harris, H. B., Watton post-mark, 2s. 8d.; W. S. E., 1s.; Mott, C., Chertsey, 10s.; Bury, G., Barnet, 10s.; Beurice, A., St. Thomas, 2s. 6d.; Roe, W., Barton-upon-Irwell, 1*l.*; Dorming, D., Barton-upon-Irwell, 1*l.*; Adge, H., Barton-upon-Irwell, 10s.; Fletcher, J. L., Barton-upon-Irwell, 10s.; Rogers, J., Strand, 10s.; Greenwood, T. F. Southwell, 2s. 6d.; Brown, F. J., Rochester, 1*l.* 1s.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAR. 23.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

THURSDAY, MAR. 24.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Marshall, "On Animal Life," 3 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

FRIDAY, MAR. 25.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, MAR. 26.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Structure and Classification of the Mammalia."

MONDAY, MAR. 28.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAR. 29.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Diabetes, and its Successful Treatment. By J. M. Camplin, M.D., &c. Third Edition. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

THE PHARMACEUTICAL SOCIETY.—The notice is inserted.

A SUBSCRIBER FROM THE BEGINNING.—The letter is inserted.

VIATOR.—The situation is procured only by interest with the Directors. The salary is about 200*l.* per annum.

JUVENIS.—The lectures at all the London Schools of Medicine commence in October, and registration takes place at the same time.

Dr. R. B.—In all probability the proceedings of the Medical Council will henceforth be made known to the Profession through the medium of the members of the Press. At present the results of the discussions are supplied, but not the discussions themselves.

A. B.—Ozone is very abundant near the sea, and probably has a favourable effect upon the health in many cases. Ozone is of allotropic oxygen, that is to say, oxygen under a different condition to that in which it usually exists.

Dr. J. L. EARLE's paper on Post-partum Hæmorrhage will be continued next week.

IATROS.—Chloroform is, chemically speaking, the terchloride of formyle, and the latter substance is the hypothetical base of formic acid, so called because it is found in ants, the Latin word for this insect being *formica*.

Dr. E. M.—We have received the newspaper, and have noticed the subject.

VIGIL.—The letter arrived too late this week, but shall be inserted in our next number. The other subject shall also be attended to.

DR. G. DE GORREQUER GRIFFITH's letter on "Missed Labour" shall appear next week.

PRIZE OF BRITISH MEDICAL ASSOCIATION.

Candidates for the ANNUAL PRIZE for 1864 are hereby reminded, that ESSAYS intended for competition must be sent to SIR CHARLES HASTINGS, Worcester, on or before the 11th of July next. The Essay for this year must be on PHYSIOLOGY; and the Writer may select his own subject in that department. The Prize consists of a Gold Medal, value Twenty Guineas, called the "HASTINGS MEDAL." The Essay must not be in the handwriting of the Author, nor must it exceed in length twenty-four pages of THE BRITISH MEDICAL JOURNAL. It must be forwarded, under cover, together with a sealed envelope bearing the motto of the Essay and containing the Author's name and address.

The Adjudicators will receive with most favour Essays showing the bearings of Physiology on Pathology and the Practice of Medicine.

The successful Essay is to be considered the property of the Association, and will be published in the Journal.

T. WATKIN WILLIAMS, Gen. Sec.

13 Newhall Street, Birmingham, March 14th, 1864.

Royal College of Physicians of LONDON.

TWO LECTURES ON THE LARYNGOSCOPE, will be delivered at the COLLEGE, PALL MALL EAST, by Dr. GEORGE JOHNSON, On Wednesday April 6th, and Friday, April 8th, at five o'clock P.M.

LECTURE I:—
THE METHOD OF USING THE INSTRUMENT, AND THE HISTORY OF ITS INVENTION.

LECTURE 2:—
ILLUSTRATIONS OF ITS VALUE IN THE DIAGNOSIS AND TREATMENT OF DISEASE,

(By order of the President.)

1864. W. COPNEY.

Royal College of Physicians of LONDON.

FIRST Part of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School, will commence on Tuesday, April 5th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licencewill commence on Tuesday, April 12th.

Graduates in Medicine of a University recognised by the College, Licentiates of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, and Registered Medical Practitioners qualified before January, 1864, are admitted to Examination, under special Bye-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials, required by the Bye-laws are to be left at the same time.

H. A. PITMAN, M.D. Registrar, Pallmall East.

University of St. Andrews.—The

Examination of Candidates for Degrees in Medicine will take place at St. Andrews on Thursday 28th, April next at 10 o'clock, A.M., and following day. Applications must be lodged on or before March 25th.

By order of the Senatus Academicus.

ALEXANDER MUIR, Secretary

14th, March.

The Medical Baths and Fumigations.

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These baths are highly esteemed, and have been mainly supported now for upwards of forty years, by the goodwill and recommendation of the Profession, as an additional very effective, and agreeable remedy in chronic disease where internal medicines are inadmissible or have altogether failed in effect. Imitations having arisen, be particular in the address.

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Good Hock	30s.	,, 36s.	,,
Sparkling Epernay Champagne, 36s.,	42s.	,, 48s.	,,
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 180.)

The Signs and Symptoms.

A most essential point in post-partum hæmorrhage is to find out its existence at an early period. Suppose two cases of flooding, each commencing about five minutes after delivery, and, in fact, equal in every point, except that they were attended by different Medical men. In one case the attendant is a careful and intelligent practitioner; he knows very well that, the woman having been delivered, the most likely danger next to be apprehended is from an excessive loss of blood, and is, therefore, on the constant look out for its occurrence. The flooding no sooner begins than he finds it out, and takes immediate measures for its arrest. In the second case, the Medical attendant, belonging to that class who have a great dislike to midwifery, and a contempt for its dangers, takes no notice of his patient for twenty minutes after delivery. He then finds that she is flooding, and commences the proper treatment fifteen minutes after he ought to have done. The hæmorrhage in the first case will have been probably arrested before it has been found out in the other, and how much more satisfactory a state she will be left in than the patient of the indifferent and negligent Medical man!

I have not the slightest doubt in my own mind that several of the cases of hæmorrhage after delivery, which we read or hear of as having terminated fatally, would have ended satisfactorily, had the attendant taken the complication in hand at an early period of its existence.

Fortunately, we have many and simple means of finding out whether a woman is, or is not, losing more blood than is proper. Sometimes the first indication is the increasing rapidity of the pulse. After labour, the pulse generally decreases in frequency, and if we should find it does not fall, or having decreased, it gradually becomes more rapid, we may be sure that the loss of blood is telling unfavourably upon the system. In the majority of cases it is an excellent sign of an undue loss of blood going on. I do not agree with some who think it is sometimes a premonitory symptom of flooding, a forerunner of the coming evil; but that in all cases, whenever a rapid pulse after delivery is connected at all with hæmorrhage, the undue loss of blood is actually going on at the time. A rapid pulse after labour may be due to other causes besides hæmorrhage, for instance, exhaustion, or inflammatory affection of the uterus. The latter is very rare soon after labour, and in exhaustion the pulse is generally frequent, before as well as after delivery; whereas in post-partum hæmorrhage, unless it follows the birth of the child immediately, the pulse first falls, and then gradually increases in frequency. It must be borne in mind that hæmorrhage often occurs after laborious and exhaustive labours, and in such cases, we require the assistance of other signs to enable us to tell how much of the rapidity of the pulse is due to exhaustion, and how much to the loss of blood. Whatever may be the cause, it is our duty to institute an inquiry, and examine the state of the uterus, and the amount of loss externally. I met with the following interesting and rare cause of rapidity of the pulse soon after labour. The pulse was 130. I examined carefully the condition of the uterus externally, and the amount of loss, but the former was well contracted, and the latter was less than usual. The patient did not feel exhausted, and there was certainly no reason why she should be, as the labour had been only lingering, and not laborious. The pulse kept up to 130, neither more nor less for two days; when on the third morning, I found that a large crop of herpes labialis had appeared around the right angle of the lips, and that the pulse had gone down to 100, showing very satisfactorily the cause of its previous abnormal frequency, and at once dispelling my naturally excited fears.

Although in the greater number of instances, an increasing rapidity of pulse within a few hours after delivery indicates an undue loss of blood, we may meet (certainly very rarely) with dangerous cases of flooding, in which the pulse is not affected at all. I have met with two instances in which both the women were blanched from the large amount of blood lost, and yet the pulse was never more than 80 for the first forty-eight hours. Probably in such cases, the hæmorrhage generally occurs in the form of a continual draining, and the heart accommodates itself to the gradual loss.

A dilated pupil is another good sign of an undue loss of blood going on, and it occurs very early. It may be due to pre-existing anæmia or other causes, but its presence ought at once to excite our suspicions. Another symptom is hurried breathing. During the last stage of labour the patient generally breathes more rapidly, that is due to the unusual exertion and excitement she is labouring under, then, as soon as the delivery is effected, the respiration, unless the patient is very much exhausted, or is suffering from a serious chest affection, calms down almost suddenly. When flooding is going on, the increasing shallowness of the breathing cannot well escape the attention of a watchful practitioner.

We should ask the patient every now and then whether she is losing much; we ought never to depend upon her answer alone, because very often a woman has not a clear notion as to what should be considered a large loss of blood. I have frequently asked women if they were losing much, and received in answer "not more than usual," "not more than is proper." On further examination, however, flooding was found actually to be going on; while, in other instances, women have told me that they were losing a great deal, when both the napkin which had been applied to the vulva and ocular examination testified to the contrary. In some cases we are first made aware of the existence of flooding by the patient expressing a feeling of faintness, or that she is "losing a great deal;" while in others we discover the nature of the case by the noise caused by the expulsion of clots, or the splashing of blood from the vulva into the bed or on the floor; in more rare instances, we hear a gurgling sound produced by the uterus first filling with blood, then contracting and expelling its contents.

Another excellent way of ascertaining the amount of loss is by applying a napkin to the vulva. If we should find it in five minutes saturated with blood, we know that the patient could not go on long losing at the same rate without getting into danger, and three napkins wet through in less than half an hour, clearly indicate that the patient is losing too much. There are two or three fallacies which we must remember when judging the amount of loss from the appearance of the napkin. After the delivery of the placenta, the patient sometimes lies in a mixture consisting of blood and liquor amnii; if we were to apply the napkin to the vulva before the nurse had wiped away the mess which surrounds the left buttock and thigh, the napkin would soon become saturated with the fluid previously expelled, and deceive us with the idea that the patient is flooding when she is not. Then, again, if the napkin does not touch the vulva and thigh, an excessive draining may go on without the diaper being much if at all soiled. For this reason the surgeon should always apply the napkin himself. The first napkins ought to be large, so as not only to cover the vulva, but also a large portion of the neighbouring parts.

The most certain testimony is of course ocular examination, and it should always be made if we suspect flooding. There is no necessity for direct exposure. Compress the uterus with the left hand, and lift up the clothes with the right just sufficient to show the back of the left thigh (I am taking for granted that the patient is lying on her left side), all the blood which escapes will run down that leg.

We may be put off our guard even when an ocular examination has been made. If the patient should happen to lie rather forwards towards the belly, the blood, instead of running over the lowermost thigh, will be guided along the groove between the labiæ and nymphæ, forwards over the pubes and abdomen. In such a case, the patient may be quite dry behind while the clothes in front are saturated with blood. Again, if she lies too much towards her back, the blood will gravitate backwards along the groove between the buttocks up the back, and so escape our observation. Whenever we wish, therefore, to ascertain the amount of loss, we should keep the patient perfectly on her side, if anything, lying rather backwards than forwards.

In a few cases of internal hæmorrhage, the uterus fills with blood without much escaping outwardly; but generally, when a large quantity of blood collects in the cavity of the uterus, it is attended by an undue flow externally.

We may sometimes erroneously think that a woman is flooding from the presence of a continual draining, the draining being merely due to the presence of a large clot in the vagina. Press the uterus with the left hand, and turn out the clots with one or two fingers of the right. The draining will of course then cease. By one or other of these means, we can readily find out whether the complication exists or not.

If the loss should go on notwithstanding our attempts to arrest it, the pulse increases in frequency, and becomes more and more feeble; the face and lips gradually lose every vestige of colour; faintings occur at short intervals; the patient frequently sighs deeply and yawns; expresses an uncontrollable desire to sleep, and will drop asleep constantly unless kept awake. While flooding is going on the patient should never be allowed to indulge these feelings—first, because when she is asleep we cannot be certain as to how she is going on; she may be in a fainting fit, and not merely sleeping. 2nd. The temporary sleep of life in these cases, as in those brought on by intense cold, may pass quietly into the long sleep of death. As the loss of the vital fluid progresses, all the above symptoms are intensified, and new ones supervene. The face becomes bedewed with cold perspiration, and the extremities lose their natural heat. The patient says she cannot see, quietly asks for her husband and children, and sinks into a state of apathy, not caring whether she lives or dies. The faintings occur not only more frequently, but are more prolonged, and during the insensible state the jaws are usually spasmodically closed, which is very annoying, as it causes a difficulty in administering the necessary restoratives. When the teeth are tightly clenched, the brandy must be poured through an aperture produced by the loss of one of the teeth, or if they are perfect, through a natural space which exists behind the wisdom teeth.

Vomiting is a symptom which only occurs after the loss of blood has been very great. In the instances in which I have observed vomiting, the patients not only have been flooding for some time, but have imbibed a large quantity of brandy and a dose or two of ergot. May not the vomiting be due in some cases to the mixture of brandy and ergot with its gritty particles? This symptom is very alarming to a young hand; *a priori*, one would think that an attack of vomiting would be most serious in its results to a woman almost brought to death's door by hæmorrhage; increasing the depression, and the loss of blood. Fortunately, on the contrary, when moderate, it has a very beneficial effect. Vomiting excites the uterus to contract, and rallies the patient. Whether it would be prudent to bring on vomiting by giving emetics, requires further investigation. We possess so many other remedies, that it would seldom be necessary to have recourse to vomiting artificially induced.

In the most dangerous cases, the patient asks for air, complains of a sense of tightness or constriction of the chest, says she cannot breathe, and becomes very restless. A fatal termination is preceded either by prolonged fainting, or a few convulsive movements. About two years ago a surgeon asked me to accompany him to visit a woman who was said to be flooding. She had been confined a week. On our arrival we found her dead. I mention this incident because it affords me an opportunity of describing the position in which she lay. It was so characteristic of the great restlessness preceding death from flooding. Her legs were widely separated, one arm was tossed in one direction, the other in another, and the body lay in an oblique direction across the bed.

(To be continued.)

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

NOTES ON SOME OF THE CASES UNDER THE CARE OF

Dr. Greenhalgh, Physician-Accoucheur to the Hospital.

The last patient we visited was one who had an enormous tumour in the abdomen, which caused that part of the body to measure in its circumference about 45 or 50 inches. The skin was, however, not very tense, and was completely unadherent to the tumour, a fact ascertained by passing the hand over the entire surface of the abdomen, and in all directions moving the integument, as well as by making the patient, when she lay in the semi-erect posture, take a deep inspiration. This latter act on the part of the woman showed the skin over the tumour to be quite non-adherent, inasmuch as it freely moved according to the respiration, nor was there any retraction of the umbilicus.

The abdominal veins were distinctly evident as they coursed through the thinned skin.

There was marked dulness over the centre of the tumour; on the right side there was very distinct tympanitis, while on the left the percussion elicited an obscurely clear or slightly tympanitic sound. Fluctuation was easily detected, not that localised fluctuation that would exist were the tumour caused by a multilocular ovarian cyst, but the diffused form; that is, the stroke of the fingers on one side of the tumour agitating the contents, caused that stroke to be felt by the other hand placed on the opposite side; the distinct series of waves from the one side to the opposite produced by the concussion, demonstrated the existence of fluid, and also that it was not contained in separate compartments.

The tumour could be sufficiently distinctly defined to pronounce the case to be not one of ascites. It was, from the history given by the woman, and also from the symptoms now present, clearly a case of ovarian or encysted dropsy; but it was impossible at this stage of the disease to decide which was the affected gland.

This disease develops itself most commonly in women of a scrofulous habit, and of those we meet it more frequently in the married, especially if they have borne children; at the climacteric period we not infrequently meet with it. It may not, however, have originated at this period, but merely have taken on increased activity, and have become developed with a rapidity induced by the changes in the entire generative system. It is rare in the early years of life.

The development of the tumour—always slow—may be divided into stages—the first or pelvic, the second or abdominal. It sometimes is a long period before the diseased ovary may leave its berth in the pelvis; while occupying this position it will give rise to symptoms referrible either to

reflex irritation, to mechanical pressure, or to the morbid conditions and processes in the ovary itself. There are uneasiness and a sense of dragging at the loins, and of weight in the pelvis; in some instances there is a feeling of distension, or of mere fulness in the same region. The menstrual function becomes deranged, and the discharge will in some way or other deviate from its healthy conditions; sometimes it will be altogether checked, morning sickness will set in, and the breasts will enlarge, and become painful, as though the woman were pregnant; in some cases there may be even a secretion of milk. These changes take place especially, according to M. Robert, in that breast which corresponds to the diseased ovary. So far may the idea of pregnancy obtain possession of the patient's mind, that she will even imagine herself to be conscious of the fœtal movements in the womb.

Difficulty in emptying the bladder and bowels will present itself in this stage of the ovarian enlargement, and the woman will be perhaps troubled with piles; sometimes the bladder can only be relieved by means of the catheter. All these last mentioned symptoms will be aggravated and rendered more immediately urgent, if the ovary—premising it to be the seat of cystic disease—should have fallen between the bladder and rectum, and there have become impacted.

By an examination per rectum we can detect the tumour, get beyond it, and bring the finger in contact with the neck of the womb. This manœuvre will assist us materially in our diagnosis, and enable us to distinguish the lesion from an ovary simply prolapsed or enlarged, or from a displacement backwards of the uterus. Vaginal exploration will also make known to us the condition of the os, the cervix, and the entire of the uterus, which may be turned by the tumour away from its proper berth, or being not at all disturbed, may preserve its normal situation.

In the second or abdominal stage the symptoms will be somewhat varied, and the following will be observed:—There will be a defined tumour in the iliac region corresponding to the diseased ovary; the compressing force will in a great measure be removed, so that there will not be that obstinate constipation; in some instances in this stage the bowels will be able to act naturally, the bladder will no longer be affected with retention of its contents, the very opposite condition existing; sometimes the flow of urine will be very much diminished, or even altogether checked by the tumour coming to press upon the bladder. The legs will become œdematous, and the rectal veins will be distended, owing to the pressure exercised by the cystic mass; the different abdominal viscera will be displaced, and as the growth enlarges the thoracic will become functionally deranged, and may even participate in the general alteration of position,—dyspepsia, difficulty in respiration, palpitations will hence be attendant.

At this period of the disease the uterus will be drawn upwards by the ascending ovary, the vaginal canal will be elongated and the mouth of the womb will be found to be higher up than it is naturally; as however the complaint advances the uterus will be depressed, owing to the gravitation of the tumour.

The health continues for some time to be but little affected, until the morbid conditions or processes in the ovary itself come to exercise a prejudicial influence.

The morbid processes, to which allusion is made, are inflammation of the sac, suppuration and its attendant fever; the fever in this form of dropsy is not, however, always of the hectic type, it may in some instances or in certain conditions of the sac be distinctly dynamic, in others as distinctly adynamic; it may even partake somewhat of an intermittent character.

If the patient remain unrelieved, all the above symptoms will become aggravated, the palpitations will be increased, the heart's action irregular and entirely deranged, the breathing greatly interfered with, the tension of the abdomen so excessive as to very much thin the parietes, and to induce so great a degree of tenderness of them, that they can scarcely tolerate even the weight of the bed clothes, the patient rapidly emaciates and dies of exhaustion.

ARMY REPORTS.

No. 3.

STATISTICAL, SANITARY, AND MEDICAL REPORTS FOR THE YEAR 1861.

ISSUED BY THE ARMY MEDICAL DEPARTMENT, OCTOBER, 1863. Pp. 552.

Report on the Gun-shot and Sabre Wounds of Invalids sent to Fort Pitt during the Years 1860 *and* 1861. By Thomas Longmore, Esq., Deputy-Inspector General, and Professor of Military Surgery to the Army Medical School. Pp. 30.

(Continued from page 199.)

In Mr. Longmore's pamphlet, at page 10, we find mentioned, under Class 8, "Wounds of the Upper Extremities," that in one instance only was the discharge of the patient due to non-union of a fractured bone. We can somewhat understand this, as we have recently heard of an instance of a man continuing to do his duty until ordered to rifle practice, when it was found that he could not sustain his musket at the level; on examination by the surgeon, all the tissues around the right elbow-joint were found thickened and condensed, and an indistinct crepitus was heard. It appears that while on foreign service the humerus was fractured, and having united badly, was rebroken, but had never re-united. The thickening of the tissues evidently acted as a natural and effective splint. Strange to say, this man was also blind of an eye. His object, we suppose, in serving under such circumstances must have been to gain service time. His pluck must have been good, and the surgeon had to deal with the converse from what he ordinarily meets—namely, a reticence in order to remain in the service. In a case, page 11, after amputation of the little finger, "the pain was so great, and the irritation so constant, by day and night, slight as its origin appeared to be, that the patient was greatly reduced in general health. The cicatrix was opened, and a portion of it, suspected to be the part in which the nerve was involved, from its special tenderness, was excised. The result was most satisfactory, for total relief from the pain followed. On examination by the microscope, it was ascertained that the part excised consisted chiefly of nerve-fibre enclosed in cicatricial tissue." This may guide us in cases of severe and intractable neuralgia, to excise a portion of the nerve; hitherto, a simple division, generally unavailing, has been practised.

We observe that no cases of wounds of the abdomen passed through Fort Pitt, showing their deadly nature, for all had died.

Under Class 4, "Wounds of the Chest," there are several very interesting cases recorded, and we have to express our satisfaction at seeing that the mode of treatment advocated by Dr. Patrick Fraser is followed, and that in exceptional cases only is venesection practised; also that the signs of lung wound are now better distinguished; although we perceive that there is still a tendency to put down all doubtful chest cases, as those of lung wound. We trace the beneficial influence of Dr. Fraser's opinions in the following remarks: Page 5, "The frequency with which non-penetrating gun-shot wounds of the chest are accompanied with hæmoptysis is well known." Again, at page 6, "Hæmoptysis, dyspnœa, supervention of pleuritis, are well known to be frequent accompaniments of gun-shot wounds of the chest, when no penetration deeper than the external parietes has occurred, and more especially because observation leads to the belief that gun-shot injuries to the chest *without penetration* are by no means unfrequently reported to be *penetrating* wounds, from the presence of symptoms which are really common, under certain circumstances, to both classes of injuries."

Now, these and similar observations are put forth as having been well known and accepted by the Profession.

whereas it was only in 1859 that Dr. Fraser drew attention to the vague ideas which previously prevailed as to the symptoms and treatment of lung wounds.

On the other hand, a clear ignorance of the import of Dr. Fraser's views is displayed at page 7. "The patient, Ensign ——, lived for twelve days after the injury; and chiefly from the absence of the symptoms of hæmoptysis, and of any marked dyspnœa, a Medical officer of experience was led into the mistake of assuring the colonel commanding this officer's regiment, that the lung had escaped from being wounded." This officer shortly died. If John Hunter's very odd suggestion that, in order to be prepared for the possibility of a soldier having one lung wounded, he should learn to breathe with one lung only, could be carried out, the absence of dyspnœa would be still less a proof of lung wound! The third case, at page 5, was sent home as having been a clear case of lung wound, but it was decided at Fort Pitt, and we think rightly, from the evidence given, "that the ball had made a circuit external to the pleural cavity, and had not passed through the lung." We demur to the following remark appended to the foregoing case: "Had there happened to have been forcible expulsion of air at each expiration, which is so strongly marked a symptom in a perforating wound communicating with a bronchus, a different diagnosis would have been necessary."

We do not see how this forcible expulsion of air on expiration can indicate a wound of a bronchus, unless the wounded bronchus be in immediate apposition with the external wound shortly after its infliction, a very unlikely, if not impossible, anatomical condition, or unless from adherent pleural walls, the effects of previous inflammatory action. These mistakes are the consequences of holding an opinion that the air, forced through the external wound on expiration, issues from a wound in the substance of the lung, whereas it is the air forced out from the pleural cavity by the contracting chest parietes, and this happens when there is no wound of the lung; for this we have experiment as well as actual illustration in favour of our view.

An opening was made into the right pleural cavity of a dog, the external air was observed to pass freely inwards upon inspiration and outwards upon expiration. The lungs were found entire, no opening into a bronchus or any portion of the lung tissue. In a soldier, with an apparent wound of the lung, the air gurgled with a loud sound through the wound on expiration; this symptom ceased in four days, and the man perfectly recovered in a month, thereby proving that the lung substance had not been wounded.

We could continue our selections from the "Reports," the "Statistical," by Dr. Balfour; "Sanitary," by Dr. Logan; and the "Medical," by Dr. Mapleton; and the several isolated papers, one especially by Dr. Lawson, on "The Influence of Pandemic Causes in the Production of Fevers," with great interest to ourselves and benefit to our readers, but our space demands a stop. We would say, in conclusion, that in future "Reports," especially on special subjects, such as Mr. Longmore's, a recognition of former writers on similar subjects, even although by the "Civil Element," would not be undeserved or ungraceful.

PROSTITUTION IN NEW YORK.—The "social evil" flourishes in New York as in no other large city of the world. The miserable creatures who ply their trade have not the slightest legal restraint. When so thoroughly diseased as to be compelled to seek medical relief, they apply to the Alms-House, where they remain until relieved, and then return to their old haunts. Every form of venereal disease may be found among these persons, which they propagate far and wide without hindrance. During the year 1862 5,818 females of this class were admitted to the Island Hospital. The greatest problem presented to our philanthropic citizens is the restraint and proper control of this great evil. As yet no one in our community has had the courage to attempt to obtain the necessary legislation. But relief must eventually be sought from the Legislature; and we hope the Prison Association, or some similar body, will move in the matter.—'American Medical Times.'

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF
H. LETHEBY, M.B., M.A., PH.D., &c.,
FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. VIII.

ACIDUM SULPHURICUM.—The sulphuric acid of the London Pharmacopœia was the oil of vitriol of commerce. It had a sp. gr. of 1·843, and all its characters corresponded to the best kind of commercial oil of vitriol. The sulphuric acid of the British Pharmacopœia is not the acid of commerce; but is to be prepared from that substance by a special process. It is described in the Materia Medica as having a specific gravity 1·846; oil of vitriol, rarely, if ever, reaches that density. It is also represented by the Chemical Formula, SO_3HO; this formula, however, strictly speaking, belongs to an acid having a density 1·848; there is, therefore, to this extent, a discrepancy in the description given. The change which has been made in the strength of this acid must be regarded as unnecessary; and the process which is given for preparing the acid, will, we fear, prove to be impracticable.

The impurities commonly present in oil of vitriol are sulphate of lead, nitrous or nitric acid, and arsenic. Occasionally, also bisulphate of potash or soda is fraudulently introduced, to increase the density of the acid. Commercial sulphuric acid, also varies somewhat in strength, arising in some cases from its tendency to attract moisture from the air. The sulphate of lead, which is invariably contained in oil of vitriol, is derived from the leaden pans in which the acid is concentrated. It is precipitated when the acid is diluted with water; its presence is, therefore, readily recognised. The oxygen compounds of nitrogen come from the chambers in which the acid is produced. Their presence may be detected by putting some of the acid into a test tube, and pouring over its surface a solution of protosulphate of iron; a dark ring is formed where the two liquids come into contact. With pure acid, of course no change occurs. The quantity of arsenic in oil of vitriol varies very greatly. It is chiefly derived from the iron pyrites which is burnt for the production of the acid. Some kinds of pyrites contain a very large amount of arsenic; and when sulphuric acid is made from this source, it is largely contaminated. Even the best Sicilian sulphur, however, generally contains a minute quantity of arsenic; and the acid made from it consequently possesses a slight trace. Mr. Bloxam, the Professor of Practical Chemistry, at King's College, carefully investigated this subject some time back, and he found it impossible to obtain in commerce a single sample of sulphuric acid absolutely free from this important contamination, even when specially manufactured from the best materials. Nevertheless, it is always easy to find sulphuric acid sufficiently pure for all medicinal purposes; but, as the proportion of arsenic is so liable to varia-

tion, it is important that the acid should be examined before adopting it for use. It is also desirable, however, to employ such a means of testing as shall not reach very minute traces, or, at all events, shall enable the operator to discriminate readily between much or very little. This the London Pharmacopœia satisfactorily accomplished by directing that the acid, when diluted with twelve parts of water, should yield no yellow precipitate after treatment with sulphuretted hydrogen.

The sulphuric acid of the British Pharmacopœia is to be obtained by distilling the oil of vitriol of commerce with a little sulphate of ammonia. But the commercial acid, selected for this purpose must not contain arsenic. Before it is submitted to this process, it must stand the following test:—"When the acid, mixed with six times its volume of distilled water, is placed in contact with pure zinc, and the hydrogen evolved is ignited as it escapes from the capillary extremity of a glass tube, if a dark stain is formed on a piece of porcelain, held low down on the flame, the acid contains arsenic and is to be rejected." This test is an exceedingly rigid one; far more severe and less practical than the one which was given by the London Pharmacopœia. If carefully and properly applied, it will reveal such small quantities of arsenic, that it will be somewhat difficult to find a sample of commercial oil of vitriol which will comply with it. But it is not so easy to apply the test thus ordered by the British Pharmacopœia. Pure zinc is to be employed; now it is almost as difficult to procure zinc free from arsenic as it is to obtain sulphuric acid free from arsenic. The operator will, therefore, naturally turn to the Pharmacopœia to see how he is to determine the purity of his zinc, and he will find the following test given:—"The hydrogen gas evolved when the metal dissolves in dilute pure sulphuric acid does not blacken a piece of paper moistened with a solution of acetate of lead; and when ignited gives no dark stain to the lid of a porcelain crucible, held low down in the flame." To determine the purity of his zinc, he must have pure sulphuric acid, which must be previously examined by means of pure zinc!

Having obtained sulphuric acid of commerce, which will give no indication of arsenic by Marsh's test, it is to be distilled. Twelve fluid ounces of it are to be put into a plain retort with a quarter of an ounce of powdered sulphate of ammonia, and a few slips of platinum foil. The upper part of the retort being covered with a sheet iron hood, one-tenth of the acid is to be distilled over and rejected. The distillation is then to be continued, and the product preserved until only a fluid ounce remains behind. The sulphate of ammonia reacts on the nitrous and nitric acids, converting them into permanent gases, which escape. The sulphate of lead also remains behind in the retort. The product is, therefore, freed from these two impurities; moreover, by the rejection of the first portion of the distillate, the acid is strengthened. This process is both difficult and dangerous. The boiling point of oil of vitriol is very high, and its adhesion to glass is very great; consequently, when an attempt is made to boil it in a glass retort, the bumping is so violent as either to fracture the retort and scatter the acid about, or else to project the acid bodily over into the receiver. The slips of platinum foil to some extent moderate this percussive action at the commencement of the process, but they are of little avail towards the end. Surely then such a troublesome operation should not be undertaken unless some solid advantage is gained by it? Yet it can hardly be said that the sulphuric acid of the British Pharmacopœia is better in any respect for use in medicine than the acid hitherto employed. If sulphuric acid can be found in commerce free from arsenic, it can also be found sufficiently free from nitrous acid. The sulphate of lead can be readily removed by diluting the acid. There only remains then the increased strength; but we know of no purpose in medicine or pharmacy for which strong acid is required. Moreover, the sulphuric acid of the British Pharmacopœia is only some two or three per cent. stronger than the acid of commerce.

Sulphuric acid forms three definite hydrates. A Monohydrate, $SO_3\ HO$, a Bihydrate, $SO_3\ 2\ HO$, and a Terhydrate, $SO_3\ 3\ HO$. The Monohydrate has, according to Dr. Ure, a sp. gr. 1. 8485. It boils at 620 deg. F., and freezes at many degrees below the zero of Fahrenheit's scale. The Bihydrate crystallises at 45 deg. F., that is to say, 13 deg. above the freezing point of water. It is in the proportion of the Terhydrate, that sulphuric acid and water undergo the greatest condensation, or reduction of volume in combining.

ACIDUM SULPHURICUM AROMATICUM.—This prepartion was contained in the Edinburgh and Dublin Pharmacopœias. It is not quite so strong as the dilute sulphuric acid, for which it forms an agreeable substitute. It is prepared by diluting two ounces of sulphuric acid with two pints of rectified spirit, and digesting in the mixture some powdered cinnamon and ginger.

ACIDUM SULPHUROSUM.—A solution of sulphurous acid gas in water is now officinal. It is to be prepared by putting a mixture of wood charcoal, and sulphuric acid into a glass flask fitted with a bent tube, and applying heat; the evolved gas is first passed through a small waste bottle, and then into a vessel of cold distilled water. The sulphuric acid reacting on the charcoal produces a mixture of sulphurous acid and carbonic acid gases.

$$2\,(S\,O_3\,H\,O) + C = 2\,S\,O_2 + C\,O_2 + 2\,H\,O.$$

The sulphurous acid is absorbed and retained by the cold distilled water, while the carbonic acid escapes. The Pharmacopœia orders sulphuric acid to be used; but we presume sulphuric acid of commerce is meant, and not the redistilled acid. The process given is one in common use, and is very easily conducted. By substituting metallic copper or mercury for the charcoal, the sulphurous acid gas may be obtained pure; but for making a solution of the gas, the production of carbonic acid is of no importance.

Recently boiled but cold water is capable of dissolving thirty-three times its volume of sulphurous acid gas. The solution is very liable to become weakened by evaporation

of the gas ; it is also very prone to absorb oxygen from the air, and form sulphuric acid. It should, therefore, be kept in a well-closed bottle and in a cool place. The presence of the sulphuric acid may be recognised by chloride of barium, which is not affected by the sulphurous acid. The Pharmacopœia directs the strength of the solution to be determined by the volumetric solution of iodine.

One fluid drachm mixed with a little mucilage of starch, should require 164 measures of the iodine solution to produce a permanent blue colour. When iodine comes into contact with sulphurous acid in the presence of water, hydriodic and sulphuric acids are formed.

$$SO_2 + I + HO = SO_3 + HI.$$

Sulphurous acid is very poisonous to plants, and especially so to cryptogamic vegetation. Hence it is used in the treatment of certain skin diseases of parasitic origin.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. BAKER BROWN continues his Clinical Lectures on the "Diseases of Women Remediable by Operation," his present subject being "Recto-Vaginal Fistula." This lesion is most commonly produced by sloughing of the soft parts in consequence of protracted labour. Recto-vaginal fistula and vesico-vaginal fistula sometimes occur in the same subject. The first is cured more easily than the second, because there is no complication from the trickling of the urine. The operation consists in paring the edges of the opening and bringing them together by sutures. The after-treatment of recto-vaginal fistula consists in the administration of opium to keep the bowels confined, and the liberal use of wine and generous diet to maintain the vital powers of the patient, and thus ensure a better union of the parts.——Mr. HOLMES COOTE relates the "Particulars of the Treatment of a Case of Tetanus" in which the Calabar Bean was freely administered. The patient was a healthy looking man, who had had his finger amputated for an injury by an iron roller. Several medicines were administered, namely, croton oil, calomel, the Calabar bean, morphia by hypodermic injection, and quinine ; but although the man recovered, it is not easy to determine to which medicine the cure was to be attributed. He took altogether fourteen minims of the extract of Calabar bean, equal to fifty-six grains of the powder.——Dr. J. MOORHEAD contributes the particulars of an interesting case of "Spurious Encephalitis." The patient was a gentleman, aged sixty-two, who was seized with symptoms somewhat similar to those which indicate congestion of the brain, but which were really due to exhaustion of that organ. The treatment was stimulating throughout, and the result was quite successful.——Mr. HENRY SMITH gives a Report of a case where a "Portion of Tobacco-pipe was Broken into the Bladder, and was Removed successfully after the use of the Lithotrite." The patient was a youth of nineteen, who had introduced a clay pipe down his urethra into the bladder, for some supposed difficulty in micturition. On removing it he found that two inches of the pipe had been left behind. Mr. Smith introduced the lithotrite and broke the portion of pipe into two pieces, and then crushed one of the pieces. The patient afterwards passed spontaneously a portion of the broken part of the pipe, and subsequently all the rest came away, including the part *which had not been crushed by the lithotrite.*—— Dr. G. MACKENZIE BACON contributes a "Brief Account of the Government Regulations on Prostitution in Italy, and of the Sifilicomio at Naples." The regulations now in existence in Italy are very similar to those established in Paris ; and in Naples they have lately been assimilated to those already existing in Northern and Central Italy. The *surveillance* exercised over prostitution is exceedingly strict, the whole of the regulations being enforced in a systematic manner, and according to the statistical returns the results are a diminution of syphilitic disease, and a considerable revenue to the Government.

THE 'MEDICAL TIMES AND GAZETTE.'

Mr. PAGET communicates a clinical lecture on "Some Cases of Local Paralysis." The principal subject of the lecture was a young man who, in consequence of an injury to his head, lost the use of his left arm, which soon began to waste. Mr. Paget relates some other cases of local paralysis, one of which was in one of the lower extremities in a gentlemen who had been thrown from a horse, and had injured his left hip-joint. For cases of local paralysis, Mr. Paget recommends warmth, friction, and shampooing, constant voluntary efforts, and the employment of galvanism. ——Dr. GARROD continues his "Lectures on the British Pharmacopœia," his present lecture commencing with Opium, its Constituents, and Medicinal Compounds. Dr. Garrod believes, as the result of numerous trials, that hydrochlorate of morphia is about four times stronger than opium as an anodyne and sedative ; that the hydrochlorate is quite as good a preparation as any other salt ; that codeia is destitute of the valuable properties of opium. The resins of opium probably possess some active properties, which may account for the difference between the action of opium and that of the salts of morphia. Lactucarium, though not included in the British Pharmacopœia, is noticed by Dr. Garrod, who has employed it in practice, but has found it inefficacious as an anodyne and sedative, although he has given it in very large doses amounting to sixty grains three or four times a day.——Mr. LE GROS CLARK continues his clinical lecture on "Excision of the Knee-joint," an operation which he has performed in seven cases, generally with a successful result. Mr. Clark has never met with serious hæmorrhage, and generally the bleeding is trifling compared with what might have been anticipated, nor has he found the shock to be severe, or that, in his own cases, pyæmia has supervened.—— Mr. JOHN WOOD communicates a paper on "Rupture," and describes the operation he has devised and practised for the radical cure of that affection. He has performed the operation in nearly a hundred cases, with the result of more than two-thirds of cures, and only one death, and that from pyæmia. The object of the operation

is to close the aperture by which the hernia descends, and this is effected by passing silvered wires across the inguinal ring, and skewering or trussing up the sides of the canal; or in more severe cases by invaginating so much of the fundus of the hernial sac and its coverings as to fill up the openings completely, and tying upon it the sides of the hernial canal. The ligatures used by Mr. Wood are made of stout copper wire, silvered over.

The 'British Medical Journal.'

Mr. Brodhurst continues his lectures on "Orthopædic Surgery," his present subject being "Torticollis or Wry-Neck." This affection is sometimes congenital, but more usually acquired, and its most frequent cause is paralysis. The immediate occasion of wry-neck is shortening of some of the cervical muscles, especially of the sterno-cleido-mastoid, and in confirmed cases, the subcutaneous section of this muscle must be practised.——Dr. W. Tilbury Fox communicates a paper on the "Nature of the so-called 'Parasites' of the Skin," being a criticism of an article written on the same subject by Mr. Erasmus Wilson in the last number of the 'British and Foreign Medico-Chirurgical Review.'——Mr. E. Cousins relates a case of "Recent Intussusception in a Child," the malady being relieved by inflation *per anum*.——Dr. T. M. Rooke relates a case of "Large Calculus Impacted in the Urethra, and its Removal." It was lodged in the urethra near its orifice, and as it was impossible to extract it by an ear forceps, the urethra was slit up from the mouth, and the calculus was removed though not without difficulty.

GENERAL CORRESPONDENCE.

A WORD ON THE LECTURE SYSTEM.

To the Editor of the Medical Circular.

Sir,—I am obliged to you for the honour of the able comments with which you accompanied the publication of my letter, and am glad to think that in the main there is little substantial difference in our views. The examining bodies do not, as you tell us, exact even so many as a thousand lectures out of the three or four thousand, which I suggested as offered by the lecturers and also dabbled in by the students. There are, as you remind us, "magnificent museums," invaluable "chemical laboratories," with "long ranges of sick wards," all open to allure the student to the practical study of his profession, and, as you add, the colleges have of late years essayed to encourage the tendency by giving to their examinations a more practical character. But what of all this Sir, if the result be as you tell us, that a sufficient supply of clinical clerks and dressers is not to be obtained, and if, as you add, "with confidence," "a lamentable want of practical knowledge is displayed by candidates at many of our medical and surgical examining bodies?" Whatever the explanation, whether the students are overdone with theory, or underdone with practice, or suffer equally under both disadvantages, the effect appears to be the same. The first moment that the only test that is worth a farthing is applied, they fail; a failure that might mean the loss of everything to some valuable member of society, whose lot it might be to offer the practical test now essayed in more harmless forms in the colleges.

In writing my observations on the excessive development of the "vox et præterea nihil" in our Medical teachings I failed, apparently, to make it clear that I was thinking less of the requirements of the examining bodies, than of the immense supplies of the lecturing element with which our schools find it desirable to compete for the preference of students, now consulting the last programme of an establishment which claims to offer the *ne plus ultra* of a modern medical education, the University College School, how many courses do your readers think are offered to the neophyte? In addition to practical pharmacy, to anatomical demonstrations, and to three courses on clinical midwifery, clinical medicine, and clinical surgery, I find there are eighteen courses set down, and if "logic" happen to be one of these, the explanation is added, that it is at all events necessary for the candidates of the Army Medical Department. Only think of eighteen courses! As the three clinical courses I have named, taking the lecturers to keep their promise of giving seven a week, would amount alone to a thousand or more in the four years, how alarming is the total reached, when we think of eighteen more courses under delivery with more or less frequency during the week through the same periods, and always tempting the attendance of men who, having paid "perpetual for the whole," do not easily reach the assurance that they have received their money's worth? For their own sakes it is to be hoped that they never attain to the self-inflicted misery of listening to the three or four thousand at which I roughly estimated their number, but if they do, I will only say that a conversation with one of them, as met on his return from attending a lecture, heard perhaps for the fourth time, would be more interesting than even the explanations of Demasippus, whose impressions after a somewhat like occasion, are described for us in the "Unde et quo" of Horace. But, if in a school, under such modern organization as that of Gower street, we have the professors offering so many temptations to withdraw their pupils from all the more useful arenas of their duty—how must it be in Edinburgh, where, as Mr. Syme complains, matters are still worse, and where, as he assures us, "the students have seldom in their second or third years more than one hour in the day available for the dissecting-room?"

The truth is, this "theory, theory, theory," is the error and vice of all our systems of teaching, and has possessed itself of our Medical system more than of any other in the proportion that it is more out of place. All the senses are placed on the superannuated list in favour of the ear, and the thoroughly experienced physician or surgeon, who remembers that he began practice with twenty theories for every disease, and fifty sure modes for their treatment, and now has scarcely more than one remedy for fifty diseases, and no satisfactory theory to account for any fully, as he hears some young professor teaching him how to deal with the old foe with many faces, must feel much as old Hannibal must have done when hearing the Asiatic Professor eloquently expounding to him the only sure mode of taking rich cities, and winning great battles.

The views on the great laws of nature, and on the adaptation of means to the actual exigencies of our human experience, are only to be acquired by a very thoughtful observation of whatever phenomena fall within the range of our duties, and that inner digestion of our own knowledge which makes it an almost original part of our own organization. Without this, we may, like Hamlet's courtiers, acquire the tune of the profession, and a certain airy dexterity, which may carry us through the "habits of outward encounter," but once blown to our trial, "the bubbles will out." As the Irish farmer said to some celebrated agricultural chemist lecturing on the improvement of soils, and whom he had perhaps listened to by the light afforded by some instructive failures in the neighbourhood, "Your thaoury may be all very fine, misther, but for my part, sur, give me the craps." The lecturer thought Pat a dull scholar for seeing no connexion between the two; but who knows if he was not as near the mark after all as his master?

I am, &c., Vigil.

The Medical Mission at Canton have resolved to enlarge the hospital connected with the mission. Towards this object nearly three thousands dollars have been received. Dr. Colledge, F.R.S., at present in England, has been chosen President for the ensuing year.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 30, 1864.

GRATUITOUS MEDICAL SERVICES.

The death of a woman at Birkenhead, from hæmorrhage after delivery, and without Medical assistance, has given rise to a somewhat sharp discussion, on opposite sides of the question, between the 'Medical Times and Gazette' and the 'British Medical Journal.' It appears that the poor woman with her husband came to Birkenhead about six weeks since, and had engaged no Medical attendant, and in the beginning of the present month late one night she was taken in labour. The husband went in succession to the houses of six Medical men, but none of them would attend, and one of them is reported to have said that "he would not turn out till a guinea was put into his hand." At last one of them who had gone to bed ill, and who had therefore refused to go at one o'clock in the morning, was again applied to at four, and being adjured to come and save the woman's life, obeyed the summons, but his services were too late, as the patient was pulseless, there was no brandy to be had, and she sank.

There was a Coroner's inquest, and, of course, several severe observations were made by some of the jurymen against the Medical Profession, but the Coroner explained to them that there was no law to compel a Medical man to attend a case unless he pleased, and that the real blame rested on the deceased herself and her husband in not engaging Medical assistance on their first arrival in the town.

This painful but by no means unusual circumstance has, as we have just observed, given occasion for some smart sparring between our two contemporaries, the 'British Medical Journal,' applauding the six doctors for their refusal to obey the summons, and congratulating the Medical Profession at Birkenhead for the healthy state to which they had been brought on the subject of gratuitous Medical services; while the 'Medical Times and Gazette' denounces the whole transaction as a disgrace to the Medical Profession throughout the world, and severely takes to task the writer on the subject of Gratuitous Medical Services, in the 'Journal' of the Association.

The 'Medical Times and Gazette' scorns the idea of the Medical Profession being in any way influenced by trading notions, and urges that a Medical man should always act for the benefit of others and not for his own; that he should cultivate science for the interest of his fellow-creatures; that he should give away his services to all who are unable to pay for them; and that when he receives anything he should take it as a gratuity, which may be greater or less according to the means of the person benefited, and should never claim it as a right. It therefore follows, according to this reasoning, that in a poor neighbourhood, Medical men should fix their abode solely to relieve the sufferings of their neighbours, that they should be ready to wait upon them day and night for the love of science, and that they should expect their reward from the advent of some peer or millionaire from Belgravia, whose bounty would compensate for the penury or dishonesty of the rest of the district.

Now, we do not condemn the sentiments of the writer of the article in the 'Medical Times and Gazette;' we only declare them to be Utopian. He may probably be some Oxford or Cambridge graduate, fresh from College, warmed by the generous and enthusiastic notions inspired by the perusal of the standard writers in ancient and modern literature, and full, to overflowing, of confidence in the innate goodness of human nature. Or perchance he may be some middle-aged or elderly practitioner on whom fortune has been benignant with her gifts, whose coffers have been always well filled with inherited wealth, or whose richer patients shower upon him in profusion the golden rain which captivated the heart of Danae, and which even to the philosopher is seldom unacceptable. We heartily hope that such may be the case, and that many of our brethren are in this happy condition, which naturally has a tendency to tinge with a roseate hue our views of human life, and to create generous sentiments towards all mankind.

But, unhappily, there are a vast number of our professional brethren, and we fear they are the great majority, whose condition is the reverse of that which we have just shadowed forth; whose generous feelings have become blunted by intercourse with a hard and unfeeling world, whose means have become exhausted by their unavailing efforts to obtain a maintenance, and who, even if successful, are barely able to keep the wolf from the door. Such men would probably inform us that the writer of the article to which we refer is a mere visionary, and that if his views were carried out in actual practice, the universal bankruptcy of the Medical Profession must ensue. They would tell us that a great multitude of patients do not pay them, and that they never intend to pay; that some intend to pay and are not able to do so, and that some who intend to pay while they are ill, forget all about the matter when they are well. As far as the higher and the richer walks of life are concerned, many a practitioner could tell us that such persons do not throw away their guineas indiscriminately on the deserving members of our Profession, however much they may patronize quacks and pretenders of all descriptions, and that instances are not wanting where even some of this favoured and exalted class will not hesitate to cheat the Doctor, if it can be done in a genteel way.

Hence, therefore, we cannot altogether endorse the enthusiastic views entertained by our contemporary, although at the same time we cannot treat the Birkenhead case quite so lightly or so exultingly as is done by the 'British Medical Journal.' We cannot believe, and we do not believe, that any member of our Profession would willingly and knowingly allow a fellow-creature to die, any more than we should believe that he would refuse to extricate from the water a person in danger of drowning, or from the fire a person in danger of being burned. We rather believe that the announcement that the poor woman at Birken-

head was dying, was received with that natural incredulity which results from the fact that most applications to Medical men are expressed in those exaggerated terms, for the purpose of obtaining prompt attention, and was neglected on the same principle that the child who cried "wolf" so often, at last received no assistance when the wolf had really come.

There is justice in what the 'British Medical Journal' states about the Medical Profession having a heavy and long unsettled claim against "society." It is "society" which too often cheats the doctor, makes him work for little or for nothing, recompenses him but scurvily when he deserves recompense the most, and abuses and ill-treats him whenever it can. We have no wish to hear of a repetition of the Birkenhead calamity, which, after all, might have been averted by an application, on the part of the sufferer, for paid Medical advice, or for the aid afforded by some of those charitable institutions in which our country abounds; but at the same time we hope that the Profession will hereafter put a fair value on their own services, and either persuade or compel the public to estimate them at an equitable rate.

THE INSURANCE OF THE POOR.

[COMMUNICATED.]

Mr. Gladstone's Industrial Annuities Bill is exciting a notice amongst us altogether disproportioned to our interests in it. As a profession, we have as little to do with it as many are individually fancying that we have much. It concerns the Government and the assurers—but beyond them whom? They propose to have a business transaction together, and may reasonably stipulate whatever conditions they please as to the contract that is to bind them to one another. If they want our assistance, they can have it on precisely the same principle. We in our turn are the masters to fix our own conditions. We may safely leave their bargain to the ordinary laws of commerce. If unfavourable to the industrious assurer, the law will prove a dead letter. If over favourable, the advantage will not be considerable enough to be worth our protest; for who would be at pains to amplify about some trifle exceeding which would be after all but a premium on honest thrift. A Medical man can hardly expect much from a system of insurances meant exclusively for the poor, and implying payments that will average but a few pence a week. Where there is nothing, says an old proverb, the king loses his rights; and men who have a reputation to maintain as members of a learned and gentlemanly profession would find it hard, probably, to reconcile the dignity of their position with taking a share as "experts" in bargains in which the advantage rendered would so rarely be worth the expense of time and money at which it would be secured.

The data of age, occupation, and general good health, may not furnish very conclusive evidence or a perfectly equitable contract; but what matters it if there be some slight miscalculation, and an average on large numbers being formed, who shall say that the steadiness and good sense implied by the very proceeding may not bring right results which calculated on other bases, would probably be unsatisfactory?

It is our money to be sure that is dealt with as much as that of any other portion of the community, and without waiving our interests as consulting authorities on one side, we may not unreasonably claim to be guardians of the public purse on the other. There is, however, some difficulty in reconciling pleasantly the two positions, and a professional movement about the trifles that alone are really in question, would be as undignified as some of the parochial tempests elicited by Medical Officers when claiming from Poor-law Boards a becoming repayment of their public services. And if it be indeed "our money" that is to make good the possible loss through inequitable insurances, it may be that our interference would not make the loss much less, or compensate for the difference or the injury arising to the great object of the proposed law by any corresponding good effect on our professional standing. The experience supplied by our Medical relations with the benefit societies is not an encouraging one. It is not pleasant to think about a worthy colleague with the diplomas of the College of Surgeons and the Society of Apothecaries in his pocket, walking his three or four miles to earn the sum of four pence by a professional consultation. Better occasionally that assurers against sickness and death should make a mistake than that the members of a learned profession should be degraded by being made the instrument of such humiliating exigencies.

SUMMARY OF THE WEEK.

THE MEDICAL COUNCIL.

Although the proceedings of the Branch Meetings of the Medical Council are not officially communicated to the public press, and although, in fact, the Report of the last sitting in London was sent out only in a private and confidential manner, it has transpired that a resolution has been passed to the effect that the Branch Council for England having given their attention to the Report of the Medical Acts' Amendment Committee, are of opinion that it is not expedient at the present time to engage in fresh legislation. The exact meaning of this resolution is not very apparent at first sight, but it will become intelligible when coupled with the recent small agitation in favour of legislation for the chemists and druggists, and the more important question of defining the meaning of certain clauses in the Medical Act, the interpretation of which has hitherto caused considerable discussion, and involved great disappointment to the Profession. As far as the proposed changes in Pharmacy are concerned, we stated long ago that there was no chance of their being carried, as we knew that the English Branch Council was entirely opposed to the scheme, which was concocted on the other side of the channel, and was founded upon the existing state of Pharmacy in Ireland. But if the resolution also affirms that the Act of 1858 requires no amendment so as to make its operations more effectual in suppressing illegal practice, we deeply regret the decision

of the Branch Council, for we think that it is the duty of the Council to press the Legislature to render clear and distinct many clauses in the Act, which lead at present only to confusion and misapprehension.

THE COLLEGE OF PHYSICIANS AND THE NEW PHARMACOPŒIA.

At a recent meeting of the Fellows of the Royal College of Physicians of London, the worthy and excellent President, Dr. Watson, who was unanimously re-elected, observed *inter alia*, that he believed he was expressing a general and deeply-rooted opinion when he said that the New Pharmacopœia had occasioned great disappointment and perplexity, and that many of the changes which had been introduced, such as that in the atomic constitution of corrosive sublimate, were not only injudicious but highly dangerous. He stated that he himself had not been able to master the details of the new work, and he understood that many of the Fellows were in a similar predicament. We may take leave humbly to suggest that it was from an apprehension of this kind that we commenced and are now continuing in the MEDICAL CIRCULAR a series of able and elaborate papers on the British Pharmacopœia, by writers of tried and acknowledged reputation, and that if the learned President and the Fellows of the College, together with the mass of the Profession generally, will peruse those articles for about six months, we will promise them a considerable addition to their existing stock of knowledge. We are no apologists for the new Pharmacopœia, and we have boldly exposed many of its errors and absurdities, but, nevertheless, it may be taken as an instalment of something better to come hereafter. In the meantime, and while the College of Physicians are mastering the details of the new work, we willingly second the recommendation of the President, that Medical men should for the present continue to prescribe according to the London Pharmacopœia, only taking the precaution to write P. L. or Pharmacopœia Londinenses at the top of the prescription.

REVIEW OF BOOKS.

Proofs of the Non-existence of a Specific Enthetic Disease. Addressed to the Secretary of State for War. By David Macloughlin, M.D. Pp. 58. London: Churchill and Sons.

In point of bad reasoning, bad taste, bad grammar, and bad spelling, this is one of the worst pamphlets we have ever seen. The object of the writer is to prove that there is no such thing as syphilis, and therefore no necessity for curing it, or of preventing its propagation. In the year 1814, Dr. Macloughlin attended two soldiers, both of whom had ulcers on their genitals. One had mercury administered to him and died in two months; the other had no treatment at all, except washing the sores, and he recovered in eight days. Hence, we presume, we are asked to believe that in the one case the patient was killed by the treatment, and in the other that the patient recovered because he had no treatment. But moreover, some of the most distinguished surgeons have declared their inability to point out the exact diagnosis between a primary syphilitic ulcer and one which is not syphilitic; therefore, there is no such thing as a true syphilitic ulcer, and the medical treatment of the so-called syphilitic disease annually deprives the army of the services of thousands of men, even if it does not, as Dr. Macloughlin broadly hints, destroy the lives of thousands. The Army Medical Department knows nothing about the so-called syphilitic disease, having never studied it scientifically; and the civil surgeons understand it just as little as their military brethren. Such is the trash put forth in this pamphlet, which lugs in the names of some of the most experienced practitioners in France and England, as being favourable to the views advanced, and for this compliment the practitioners in question will no doubt be duly grateful. It would be a waste of words to notice this production any further.

On Diabetes and its Successful Treatment. By John M. Camplin, M.D., F.L.S. Third Edition. Revised, with Additional Notes and Observations, by J. G. Glover, M.D. Pp. 104. London: Churchill and Sons, 1864.

The author of this little work was unfortunately carried off by death while he was preparing the materials for a third edition, and his literary executors have thought it advisable to meet the demands of the Profession by presenting it in its new and slightly enlarged form. As far as revision is concerned, there is very little to be said in the way of commendation, for the author's additional manuscript seems to be in the same state as where he left it; the punctuation being entirely neglected in the later passages, and the sense therefore being very obscure.

The work itself is already favourably known to the Profession as a species of autobiography, written by a gentleman of no great scientific attainments, but who wrote from personal experience on the treatment of a disease, from which he himself was a sufferer, and from which he obtained very considerable relief by adopting the dietetic and medicinal regimen he has described in his pages for the benefit of the community. Regarded in this light, it is a very useful monograph, and is characterised by a modest tone, as the author makes no pretension to having discovered any specific remedy for the malady of which he treats. He lays, however, very great and just emphasis upon the benefits derivable from a strict attention to diet, and an abstinence from sugar and starchy substances; and the now well-known bran bread and biscuits, the formulæ for which were devised by Dr. Camplin, form most important articles in the successful management of what is too often a fatal, and always a most alarming disease.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 23.

Mr. PRESCOTT HEWETT, President.

Mr. SYDNEY JONES brought forward a boy who had

NUMEROUS EXOSTOSES.

They were very numerous, and were situated chiefly on the lower extremities; but there were some on the ribs and on the bones of the arms. They were symmetrical. Mr. Jones said that, as the boy's parents would not permit any operation to be performed, dilute nitric acid was given internally, and, he thought, with some benefit. None of the exostoses were larger, and some were certainly smaller.

Mr. W. ADAMS referred to cases of multiple exostoses under his care at the Orthopædic. They were, he said, invariably symmetrically placed and symmetrically developed. He had never given nitric acid. In ninety-nine out of one hundred the growth spontaneously ceased. He had seen cases ten years after they had ceased to grow. If an acid were to be given, he should, on theoretical grounds, prefer the phosphoric.

Mr. SYDNEY JONES said that he commenced the treatment by phosphoric acid; but he was found fault with for using it. It was said that if there were an excess of lime in the system, the acid would form with it phosphate of lime, and thus furnish more material for deposition.

Mr. HULKE said that the growth of the exostosis was due to the cartilaginous layer over it rather than to an excess of earthy matters in the system.

Mr. SYDNEY JONES thought that if there were an excess of phosphate of lime in the blood, the tendency to the increase of the exostoses would be greater.

Dr. SANDERSON suggested that it would be well to give distilled water in such cases.

Mr. BROOKE asked if lactic acid had been tried, as it was said that lactic acid removed excess of phosphate of lime.

Mr. SQUIRE exhibited

A MALE CRAB LOUSE.

This was a rare specimen, as Kuchenmeister had only examined females, and Moquin-Tandon makes no mention of the male. The male differs considerably from the female. Mr. Squire also exhibited a photograph taken from the microscope, and suggested that more use should be made of photography to delineate microscopical specimens in pathology.

Mr. HENRY SMITH exhibited

PARTS REMOVED IN EXCISION OF AN ANCHYLOSED KNEE.

A soldier was shot in the knee-joint at Inkermann. Violent inflammation followed, but he at length recovered with a stiff knee, and was enabled to act as a Commissionaire for six or eight years. At the end of this time inflammation again set in. When Mr. Smith again saw the patient the limb was bent nearly at a right angle, and was nearly useless. Mr. Smith removed a wedge of bone, and thus restored the limb to the straight position. He was able to remove just enough to get the leg straight by the two incisions necessary to cut the wedge. The patient, a tall, healthy man, recovered. His limb was quite anchylosed, and he was now overlooker at a mine in Wales, and could walk twelves miles a-day.

Mr. HENRY LEE said that excision of the knee-joint was not so successful in adults as in children. He had recently removed a segment from the anchylosed knee of a child with an excellent result.

Mr. HENRY THOMPSON thought the case should scarcely be called one of excision of the knee-joint.

The PRESIDENT remarked that the operation was rather to be thought of as one of excision of bone than as an excision of a joint. The joint was quite gone, all the parts being fused together.

Mr. TEEVAN exhibited

AN OBTURATOR HERNIAL SAC.

It was taken from the body of an adult male which came into the dissecting-room at Westminster Hospital. The sac was about an inch long, quite empty, and had protruded before it a considerable piece of the subperitoneal fat. There was also in this subject extensive tubercular affection of both lungs, together with a scirrhous cancer of the rectum.

The PRESIDENT then related a case in which a patient with symptoms of strangulation, and who had protrusion of the femoral ring, was operated on, as for femoral hernia, but no intestine was found. The symptoms continued, and the patient died. At the autopsy, strangulated obturator hernia was found. The President remarked that Mr. Obré was the first to diagnose strangulated obturator hernia during life, and thus to save the patient's life.

Dr. MURCHISON read a report on Mr. Pitt's case of obstruction of the bowel by a concretion. The concretion contained a good deal of cholesterine, and was no doubt of biliary origin. Dr. Murchison also showed another like specimen, by which the small intestine had been obstructed; but in this case there was a fistula between the duodenum and the gall-bladder.

Dr. DICKENSON showed a piece of bowel from a patient who died of

TYPHOID FEVER.

A boy, a sweep, died of typhoid fever on the sixth day. He had had no spots, but diarrhœa and abdominal tenderness. All the solitary glands in the small intestines were in a state of great prominence, nearly as large as peas; they had large, round heads, and narrow necks. Peyer's patches were swollen, and one or two were ulcerated near the valve.

Dr. MURCHISON did not think such appearances rare in typhoid. In some cases Peyer's patches, in others the solitary glands, were chiefly affected. Such a condition of the solitary glands had led some to compare it with variola.

Dr. MURCHISON exhibited a specimen of

ABSCESSES IN THE KIDNEY FROM A PATIENT WHO HAD HAD TYPHOID FEVER—PYÆMIA (?).

The patient, a girl, aged nineteen, died on the forty-second day. On the thirtieth day she was well of the special typhoid symptoms, but still did not get on, but became more and more emaciated; but she had no rigors, and none of the ordinary symptoms of pyæmia. After death, ulceration of the intestines was found, presenting good specimens of the atonic ulcer. The spleen had returned to its natural size, and the mesenteric glands were not enlarged. In the kidneys were several small abscesses. There was no other evidence of pyæmia.

TESTES FROM AN HERMAPHRODITE SHEEP.

Dr. Wilkes exhibited some testes which had been given him by Mr. Turner, of Bermondsey, and which had been taken from an ewe sheep. The animal had always been regarded as a female sheep, and was cut up as such by the butcher. The testes were found in the groin. Each consisted of two rounded bodies placed one over the other; the lower was evidently an undeveloped testis, but the upper was of a more doubtful nature. It contained several large tubes, and Dr. Wilkes thought it might be the remains of a Wolffian body. The vas deferens ended in a blind extremity. Dr. Wilks alluded to the fact of too much stress having hitherto been laid upon the fact of an animal possessing undeveloped testes as determining the sex. A more modern investigation, such as that of Mr. Curling, had shown that a testis retained in the body, and of the character described, was functionally powerless, and thus its possessor might have none of the attributes of the male sex. What was remarkable, however, was the fact that in such instances the animal often put on the character of the female. It was so in the present example. John Hunter had remarked the same in oxen, and in the human subject similar cases had been observed. Dr. Wilks mentioned the instance of a person who possessed every feminine quality except the essential sexual character, and yet in this person undeveloped testes existed. Although she had always been considered a woman by herself and friends, she was now (as regards the undeveloped organs) to be placed in a bottle, and ticketed as a male. There did not seem sufficient reason for so doing. Although the poet Tennyson had declared that "Woman was not undeveloped man, but diverse," this doctrine had not been physiologically proved.

Dr. WALE HICKS exhibited a specimen of

MALFORMATION OF THE GREAT VESSELS.

This specimen was taken from a child who died on the fourth day. The true aorta, arising from the left ventricle, was small, and gave off only the innominate and the left carotid and subclavian arteries, while the artery given off from the right ventricle was very large, and after giving off the pulmonary arteries, was continued over the left bronchus as the descending aorta. The septum ventriculorum was perfect. The same child was the subject of crania bifida, a circular opening in the occipital bone forming a communication between the cranial cavity and a sac formed of dura mater, lined by serous membrane, and containing fifteen fluid ounces of blood-stained serous fluid.

Dr. GIBB exhibited for Dr. Grant, of Ottawa,

A DRAWING OF THE HYPOGASTRIC REGION OF A LAD AGED TWENTY,

with eversion of the bladder, absence of the normal umbilical cicatrix, and deficiency of the corpus spongiosum. There was constant dribbling of urine, and consequent irritability of the surrounding skin. Directly above the pubes was a projecting growth, red, villous, and exceedingly vascular, three inches broad, and divided into three lobes, the whole structure arising from eversion of the bladder. The penis was rudimentary. There was a congenital inguinal hernia of the left side, and both testes were normal, and so was the body in other respects.

Mr. HINTON exhibited a specimen from a case of

LARGE AURAL POLYPUS.

The specimen was taken from a man, aged 42, who died

from an injury. A fibro-cellular growth occupied the whole meatus of the left petrous bone, and protruded from its orifice. It was attached to the periosteum of the canal at its superior part, but took its origin chiefly from the cavity of the tympanum, which it seemed entirely to fill, being attached to the whole of its walls except the inner surface of the membrana tympani, the upper third only of which was destroyed. The Eustachian tube was not obstructed, but the growth was attached all around its tympanic orifice.

The upper portion of the mastoid cells also were filled with a similar fleshy mass. There was no disease of the bone. The right ear was healthy.

Mr. HINTON showed also

THE PETROUS BONES TAKEN FROM A BOY, AGED 16, WHOSE SKULL HAD BEEN FRACTURED BY MACHINERY.

In this case the line of fracture passed from near the left orbit through the petrous bone of the opposite side (the right); it took the line of the Eustachian tube, and the membrana tympani was separated from its attachment to a small extent at its most superior part. There was profuse bleeding from the mouth and from this ear. From the other ear also, although not at all implicated in the fracture, a few drops of blood had escaped; and on examination it appeared that the membrana tympani had been detached in exactly the same spot as on the opposite side, thus indicating a line of force traversing the skull on this side corresponding to the direction taken by the fracture on the other.

HARVEIAN SOCIETY.

MARCH 3RD.

PRESIDENT, WM. ADAMS, ESQ., in the Chair.

Dr. HICKMAN related the following case: A man, a butler, aged thirty-two, expired suddenly. He had been quite well on going to bed, and a young man going to fetch him found him lying dead. On making a post-mortem examination thirty hours after death, no clear cause of death could be discovered. The blood was fluid. There was no disease of the heart or great vessels; right side of the heart flabby and full of blood. Brain and kidneys healthy. Naturally suspecting that this might be a case of suicide, he removed the stomach for analysis. At the inquest, however, there was no evidence tending to prove that there was the slightest probability of suicide, nor was there any history of previous illness. Consequently, Dr. Hickman could not pronounce as to the cause of death, and the verdict was left an open one. On examining the contents of the stomach for prussic acid, none was discovered. Since the inquest he had ascertained that the man had for some time complained of pain in the side, and that he had had a fit. For many years he had complained of pain in the side after walking fast. Did the man die of angina pectoris?

The PRESIDENT asked whether the coronary arteries had been examined?

Dr. HICKMAN replied in the negative.

Mr. JAKINS asked whether the arteries in the brain were healthy?

Dr. HICKMAN replied in the affirmative.

Dr. BALLARD mentioned two cases of sudden death which had come under his notice. 1. A man with orchitis was lying on a sofa with a lotion on his testicle, otherwise in perfect health, but he suddenly died, and after death no lesion could be discovered sufficient to account for this fatal result. 2. A magistrate, a patient of his, had been at Goodwood races a few days before his death. On that day, however, at twelve o'clock he was walking up and down Marylebone lane. Being constipated, he asked Dr. Ballard to give him something to relieve him, and Dr. Ballard sent some medicine and an enema. About an hour afterwards he expired suddenly at stool. On post-mortem examination, the coronary arteries were found to be ossified; but otherwise the body was perfectly sound.

Mr. SEDGWICK related a similar case of sudden death: A young man had gone to bed a little ailing. His landlady had administered a warm drink to him as he complained of feeling poorly. When she awoke she found him dead, and that he had been dead for some time. There were no post-mortem appearances sufficient to account for the death, though the body was thin and the heart weak; consequently, the verdict was left open. The young man used oxalic acid in his trade; but none was found in his stomach.

Dr. TILBURY FOX mentioned the case of a coachman of Dr. Walshe, who, having been rather unwell the day before, was brought into University College Hospital, and died in a few hours afterwards. No post-mortem appearances were found to account for death. There was some albumen in his urine, which might possibly have poisoned the brain and caused stoppage of the heart's action.

Dr. HICKMAN remarked that uræmia seldom causes death of so rapid a kind. He thought some alteration ought to be made in coroners' law, as such cases were slurred over, and there was a disposition on the part of some coroners to come to a verdict too rapidly.

Dr. COCK mentioned a case of spontaneous gangrene occurring in a child aged eight. The child had been feverish for some days, when its left thigh began to swell above the knee and upwards. There was no pulse in the artery or in the posterior tibial. The liver was mottled, cold, and shrunken.

Dr. HART VINEN thought it probable that a plug of fibrine had been sent into the artery and had blocked it up.

Dr. BALLARD mentioned that Dr. Murchison had seen thirty or forty cases of phlegmasia dolens after typhoid fever, almost all occurring in the left thigh.

Dr. VINEN had seen lately such a case in the left thigh after typhoid fever.

Dr. HICKMAN had seen lately a case of spontaneous sloughing of the skin of the feet, small in extent, but occurring in both feet. The arteries were patent and there was great pain. Also a case of sloughing of skin of the breast in a young woman.

Mr. ADAMS had recently had a phagedænic ulcer under his care, extending down deeply, almost as far as the bone. No special history was attached to the case, except that the patient, a girl, had been kicked on it. This was the largest sloughing ulcer he had ever witnessed, and he now had some difficulty in making the foot a useful one. The girl was not at service. He had at present also a case of sloughing of both feet from frost-bite. Both legs and feet were much swollen.

Dr. DRYSDALE related a case where death had apparently been caused by the inhalation of sulphurous acid gas. The patient, aged thirty, a healthy young man, without hereditary taint, was, with two other workmen, employed in a gallery at the mint, where all three were involved in the fumes of the gas. He was rendered insensible, and on recovery felt a tightness at his chest. About a week afterwards he had profuse hæmoptysis, and after this the percussion note was high pitched under both clavicles, but most under the left. Profuse sweats ensued, and all the symptoms of phthisis pulmonalis. He was able to walk about, but in four weeks he became insane, and being taken to Hanwell, he died shortly. No post-mortem was allowed.

Dr. HART VINEN mentioned that a child he had seen had become insane after drinking sulphuric acid. He thought that phthisis pulmonalis and insanity were very frequently observed together and related.

Dr. T. FOX thought it possible that this case might have been one of acute abscess of the lungs without tubercles.

Dr. COCK thought it probable that, although the man had no hereditary predisposition, still he might have been as a townsman, in a condition liable to the outbreak of the tubercular crasis.

Dr. HICKMAN thought that the delirium at the latter part of this history might have been caused by tubercular meningitis.

PROPOSED NEW LUNATIC ASYLUM AT NORWICH.—The Commissioners of Lunacy having objected to the present building and site, the Town Council of Norwich have resolved upon erecting a new asylum.

OBITUARY.

R. A. FROGLEY, F.R.C.S.

Ralph Allen Frogley was born and educated in the town of Hounslow, afterwards the scene of his honourable and successful career. His professional studies were conducted in London, at the Hunterian School in Great Windmill-street, and at St. George's Hospital. He obtained his diploma at the Royal College of Surgeons in the year 1812, and forthwith commenced the active practice of his profession. He was compelled to this step by the complete failure of his father's health, to whose fast declining practice he succeeded. In the field of usefulness thus open to him he speedily established his own reputation and a very lucrative practice This he conducted single-handed till the close of the year 1839, when he received his former pupil and assistant, Dr. Emmot (since of Egham), into partnership. He was subsequently associated in practice with Dr. Hall, now of Brighton, a gentleman well-known to the profession, and of high repute in that town; and lastly with his worthy successors, Messrs. Bullock and Douglas, who at present successfully carry on the practice. Mr. Frogley was elected a Fellow of the Royal College of Surgeons in the year 1852. He was married to Mary, daughter of the Rev. John Neville Freeman, vicar of Hayes, who survives him, by whom he had no family.

In Mr. Frogley the profession and the public have lost one of the most able of the hard working surgeons who have devoted their time and energies to practice in a country district—a position in which all the capabilities of the physician and operative snrgeon may at any time be called into requisition, while the same individual should possess aptitudes to perform with equal efficiency the minor ministrations of the ordinary family medical attendant. Few have been more fitted by natural attributes to succeed in all these branches of professional practice. By the nobility and gentry of his neighbourhood he was received on terms of intimacy and friendship, while his professional services were highly appreciated by them. But it was amongst the poor that his natural benevolence of disposition and kindness of heart found their full scope. To them, as a labour of love, he ungrudgingly gave his skill, his energies, his time, and his money that he might alleviate their sufferings in the time of sickness and danger; and in return they freely accorded to him their gratitude and love. He was endowed with great physical strength and powers of endurance—qualities so essential to the unremitting performance of arduous duties occurring and recurring at all hours of the night and day, and at considerable distances from his home. In addition to his private practice, he officiated for many years as surgeon to the parishes of Heston, Norwood, Southall, Feltham, Hanworth, Bedfont, Cranford, and Harlington.

With great activity of mind and body, Mr. Frogley was gifted with more than ordinary powers of observation—with a sound and cautious judgment which gave him an almost intuitive insight into the difficulties and dangers of the cases brought under his consideration. In the management of the untoward occurrences and complications incident to obstetric practice, where promptness, judgment, and operative skill are all important, Mr. Frogley was acknowledged to be pre-eminent. He was also deservedly in high repute as an operating surgeon. To his skill and efficiency in this branch of practice he principally owed his fame and success in life. The writer has witnessed the dexterous performance by him of all the principal operations of surgery. Amongst these may be mentioned lithotomy, reduction of hernia, ligature of the carotid artery and of the common femoral artery, and various amputations. Two successful cases of amputation for enchondroma of the femur will be found narrated in the "Medico-Chirurgical Transactions," vol. xxiv. In one of these cases the limb was removed immediately below the trochanter minor, the incisions being made so as to admit of disarticulation at the hip joint if found necessary. The limb when removed, with the tumour, weighed four stone—one-third of the entire weight of the patient before the operation. His reputation as an operating surgeon, and as an experienced and skilful obstetrician, naturally led to his being consulted in cases of difficulty by many of his brother practitioners residing in the adjoining villages—a compliment paid only to those in whom great integrity of character is known to be associated with superior talent.

With unswerving resignation to the will of the Almighty he suffered for the last four years of his life from that lingering and debilitating disease, diabetes; to which were latterly added valvular disease of the heart, anasarca, and pulmonary congestion. Under these maladies his strong constitution ultimately succumbed. He departed this life on the 15th instant, aged seventy, in peace with all men. His loss will be deplored by all who knew him well, and his memory will ever be held by them in the highest esteem.

His funeral took place in his native town; and the thronged thoroughfare, the arrest of business, the closed shutters, silently, but feelingly, showed that his fellow-townsmen were sensible that a great and good man had passed from amongst them.

DEATHS.

BRADY.—On the 16th inst., Dr. T. Brady, of Upper Temple street, Dublin, aged 62.

HAMILTON.—On the 10th inst., J. Hamilton, L.R.C.S.Ed., of Dungannon. Co. Tyrone.

KING.—On the 18th inst., at Gibson square, Islington, G. King, Inspector-General of Hospitals and Fleets R.N., aged 73.

MACKENSIE.—On the 17th inst., at Cheltenham, T. Mackensie, C.B., late Inspector-General of Hospitals, Bombay.

QUINTON.—On the 14th inst., W. Quinton, M.R.C.S.E., of Cannock, Staffordshire, aged 53.

RANKINE.—On the 15th inst., at Beulah Lodge, Helensburgh, Dr. J. Rankine, late of Blackwood, South Australia, aged 61.

SMITH.—On the 19th inst., at Caroline street, Bedford square, Mary Anne, the wife of Henry Smith, F.R.C.S.E., aged 35.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON:—At a General Meeting of the Fellows held on the 21st instant, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:

Frederic Bagshawe, M.B. Cantab., 21, Connaught-square; James Alexander Grant, M.D., Montreal, Ottawa, Canada West; William Henry Witherby, Coombe, Croydon.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst.:—

Edward Colden, St. George's Hospital; John Henry Edwards, Llangefni, Anglesea; William Gandy, South-street, Park-lane; William Garlick, Park-square, Leeds; Daniel Isles, Fairford, Gloucestershire; Joseph Morris, Studley, Warwickshire; Harvey John Philpot, Wilton-terrace, Kensington; Charles Richard Price, London Hospital; Edward Peter Shorland, Westbury, Wiltshire; Algernon Newbegin Watts, Westminster Hospital; Walter Whitehead, Windermere; John Hargreave Wraith, Over Darwen, Lancashire.

The following gentleman also on the same day passed his first examination:—

Frederic George Denton, Hornsea, Hull.

SMALL-POX AT PORTSMOUTH.—The small-pox has made its appearance to a considerable extent amongst the soldiers and sailors at Portsmouth. There are many cases in the hospital.

HARVEIAN SOCIETY OF LONDON.—The next meeting of this society will be held on Thursday, April 7, at eight p.m., when a paper will be read by Mr. Weeden Cooke, "On the Tumours affecting the Female Breast;" following a discussion "On Diphtheria."

VITAL STATISTICS OF THE ROYAL NAVY.—The latest report of the health of the navy, recently issued, is for

1860. That year the total force of the service is estimated at 64,025 officers and men. Of this number 938 died, or in the ratio of 14.7 per 1,000 of the mean strength. Of these deaths, 712 were from disease, and 226 from violence, chiefly by drowning and falls from aloft, for only 4 were from wounds received in action. The death-rates, therefore, from disease and from violence respectively were 11.1 and 3.6 in every 1,000 men employed; so that of every four deaths in the service, in 1860, one was accidental or violent, and three were the result of disease. Besides the losses by death, 2,844 men, or fully thrice the number dead, were invalided or discharged out of the service in consequence either of chronic and inveterate disease or of the results of injuries. What proportion of these men died on shore after their discharge there are no means of determining. That many must have sunk under these maladies may be presumed from the fact that between a third and fourth of the whole were labouring under pulmonary (chiefly phthisical) or cardiac disease, or under the effects of dysentery. The total number lost to the service by death and invaliding during the year was 3,782, or rather more than a seventeenth part of the whole force employed. As to the proportion of men constantly off duty from sickness, the average throughout the service, taking one day with another, was 3,436, or more than a nineteenth part of the entire force; in other words, the effective strength of the navy was at all times reduced by the aggregate crews of four or five ships of the line. To these facts and figures it may be added that the total number of cases of disease and injury was in the proportion of 1·4 each man in the service; and that the total number of days' sickness, spent either on board ship or in an hospital on shore, was such as to give about twenty days off duty per man in the course of the twelvemonth.

QUEEN'S COLLEGE, LIVERPOOL.—H. G. Morton, Esq., F.G.S., Honorary Secretary to the Liverpool Geological Society, has been appointed to the Lectureship on Geology and Palæontology; and Rev. R. Grant Brown to that on Arabic.

A NEW MEDICAL CHAIR IN PARIS.—The Minister of Public Instruction has just created at the Collége de France (a Government institution for the gratuitous teaching of the higher branches of science and literature) a chair of the History of Medicine. The course of lectures will commence early in April, and the professor appointed is the eminent philologist Daremberg.

THE CHALMERS HOSPITAL, EDINBURGH.—The Chalmers Hospital, a new and elegant building recently erected in Lauriston-place, has just been opened. The Directors, with a large number of Medical gentlemen, met on Saturday, the 12th inst., at the hospital. The building has been erected and founded in accordance with the will of the late Mr. Chalmers, plumber, in Edinburgh, who left 27,000*l.* for that purpose. The Directors have appointed Dr. A. H. Douglas, Acting Physician; Professor Miller, Acting Surgeon; and Dr. J. Clark Wilson, House Surgeon.

IMPROVEMENTS IN THE PARIS HOSPITALS.—The physicians attending the Hospital Cochin in Paris, having observed for some years past several cases of puerperal fever among the women there, and of which they have not been able to discover the cause, have determined to make a change in the arrangements. They have resolved that the wards devoted to female patients shall be occasionally closed; that is, when a ward shall have been occupied for several months, it shall be left vacant for some time, and exposed to a current of air. In order to assist in carrying out this arrangement the Municipal Council of Paris are about to build a large addition to the hospital. The new building is to contain four wards for women. Three only of them are to be occupied at a time, and one left vacant. Another improvement is about to be introduced into the Paris hospitals. A sitting room is to be attached to each dormitory, so that when a patient is sufficiently recovered to leave his bed he may have a place to read or to play at some innocent game, such as chess or draughts. Besides assisting in a perfect recovery of the convalescents, this plan will enable the patients confined to their beds to enjoy more quiet.

A FOREARM WRENCHED OFF DURING EFFORTS AT REDUCTION FOR DISLOCATION.—M. Adolphe Guérin related to the Paris Surgical Society, of which he is a member, the following extraordinary case. A woman aged sixty-three was admitted into the St. Louis Hospital for a luxation of the shoulder-joint of three months' standing. On examination, it was found that the humeral head was lying under the coracoid process; and, notwithstanding the long time the dislocation had existed, M. Guérin immediately gave directions for an attempt at reduction. Not having pulleys at hand, mere traction was tried first. Extension was made by a lac, first fixed above the elbow, and afterwards at the wrist. Counter-extension was employed as usual, and four very intelligent and steady pupils were desired to pull gently, steadily, and without jerking. Whilst traction was thus gradually being accomplished, a snapping noise was heard, and the forearm fell to the ground, the operators, rather terrified, being besprinkled with blood from a spouting artery. M. Guérin controlled the vessel immediately, applied a ligature, pared the wound, sawed off the protruding portion of the humerus, covered the wound with a lateral flap formed by the tearing process, and obtained a stump of the usual kind. By examining the forearm lying on the ground, it was found that the severance had taken place at the elbow, and the forearm seemed to have broken off like a dead bough breaks off from a tree. The bones and surrounding parts were soft and friable, and the muscles could be easily unravelled with the finger, like a clot of blood. All the textures, in short—vessels, nerves, muscles, and bone,—were discovered to be unsound, and the radius and ulna were snapped across by the moderate traction which the students had employed. Microscopic examination confirmed these views. M. Guérin considered that the alterations above alluded to were the result of the compression of the brachial plexus during the luxated state of the head of the humerus; and he thought that the practical lesson to be derived from this accident was, that surgeons having to treat luxations of three months' standing will do well to order tractions of a very moderate kind, so as to avoid so unpleasant an issue as the one just described. It seems to us that the *age* of the woman had a good deal to do with the result; nor can it be overlooked that the pulling of four persons at an aged patient's arm was in itself a procedure of some peril.

COMPULSORY VACCINATION.—Mr. E. S. Leete, Medical officer of the Newton district, has appealed to the Warrington Board of Guardians for the enforcement of the provisions of the Vaccination Act. Notwithstanding the prevalence of small-pox in the district, several parents have opposed the vaccination of their children. The Board have given directions to the registrar to proceed against the parties so offending.

TESTIMONIAL TO A SURGEON.—A testimonial, bearing the following inscription, has been presented to Edgar George Pottle, Esq., as a mark of esteem for his valuable services and kind attention to many cases of accidents and injuries which occurred during the progress of the main drainage works at Plaistow:—"Presented to Mr. Edgar G. Pottle by the surgeon, engineer, and managers of the North London Main Drainage, as a token of their high esteem and confidence, also for the satisfactory manner in which he performed the duties of assistant-surgeon to the above works."

DR. DUNCAN MACPHERSON AND THE MADRAS GOVERNMENT.—The Indian press, which has so frequently supported the members of our profession in their just claims on the Government, has recently commented in strong terms on the injustice recently inflicted on Dr. Macpherson. The *Madras Athenæum* thus briefly states the case: "Dr. Macpherson, who was promoted for distinguished services in 1858, proceeded to England on medical certificate in 1862, when he had before him, in the terms of the Royal Warrant of 1860, her Majesty's assurance that his appointment was secured to him until he should attain the age of sixty-five years. While he was absent, the Madras Government, though failing to procure the concurrence of the Governor-General, succeeded in gaining the acquiescence of the Home authorities to the limitation of the services of the Inspector-General to a period of five years. Yet, though they had the

power to reappoint him for a further term of five years, they did not do so, but actually dislodged him before he had completed his short five years' tenure of office. And notwithstanding a stringent dispatch from the Secretary of State Dr. Macpherson remains at present out of employ." In the *Gazette* of the 27th of January we read that "Inspector-General of Hospitals, Dr. Macpherson, is permitted to *reside* and draw his pay in the Mysore Centre, or Southern Division." The public are, therefore, deprived of the experience and knowledge his published werks prove him to possess.

THE KNIFE AND SAW VERSUS CONSTRICTING AND BREAKING. — Two Paris surgeons of reputation, Messrs. Maisonneuve and Chassaignac, seem to have bid adieu to the knife and saw, and taken to constricting of soft parts, and snapping of bone. The dread which some patients express at the usual surgical instruments is sometimes very great; but what would they say were they to know all the horrors accompanying the amputation of a limb by first breaking the bone, through the soft parts, by means of a *crusher*, and then dividing these parts with relays of chains and whip cord! M. Chassaignac has ridden his hobby so far as to perform lithotomy with his chain; and M. Maisonneuve has amputated the thigh by breaking and tearing. All these distressing proceedings are undertaken with a view of preventing hæmorrhage and purulent infection; but, in spite of twisting and snapping, the parts *do* bleed, and patients *do* die after the operations. It is with these methods as with all the theories of medicine which have from time to time been propounded: too much universality is attempted, and exaggeration spoils the good which moderation might have produced. 'La France Médicale' (of March 16th) states that M. Maisonneuve removed a tubercular testis by constricting skin and cord to separation. No bleeding ensued. When suppuration had begun, serrefines were used, and the patient did well. We beg nevertheless to say, that constriction of the strictures which compose the cord may act injuriously on parts within the abdomen. And we add that when a portion of the frame is removed, a little bleeding does no harm, if there is no special counter-indication. The same system, with hemp cord, was adopted for a cancer of the lip: three threads were passed through the base, and the three loops twisted until the tumour fell off. Here, again, no dressings were applied, and healing took place rapidly after suppuration.

THE PLYMOUTH PUBLIC DISPENSARY.—At the quarterly meeting of the Committee of the Plymouth Public Dispensary, on the motion of the Rev. J. Yonge, seconded by the Rev. J. Bliss, C. R. Prance, M.D., was elected one of the physicians to the Institution, in the room of Dr. Cookworthy, resigned.

GRATUITY TO A SURGEON. — At a meeting of the Governors of the Torbay Infirmary on Saturday last, a unanimous vote of thanks was passed to Dr. Woodman on his retirement from the duties of house-surgeon, and a purse of ten guineas presented to him, the funds of the institution not allowing them to make a larger grant.

PROPOSED INFIRMARY AT DONCASTER. — The movement for the new institution is proceeding most favourably. The only difficulty connected with it is that of finding an appropriate site; the one already in view being in many respects ill-adapted in the essential requisites for an hospital. The best sites are in the position of Mr. Forman, a gentleman to whom the noble example of Mr. Howard, of Stanley, in his gift of a plot of ground for a similar purpose at Burnley, might be presented for imitation.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAR. 30.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

THURSDAY, MAR. 31.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

FRIDAY, APRIL 1.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, APRIL 2.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

MONDAY, APRIL 4.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 5.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Laryngoscopal Medication, or the Local Treatment of the Diseases of the Throat, Larynx, &c. By L. Elsberg, M.D. New York: W. Wood and Co.

On the Nature, Pathology, and Treatment of Puerperal Convulsions. By R. Hodges, M.D., F.R.C.S.I. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

MEDICAL EDUCATION.—In reference to our remarks on Medical Education, condemnatory of the custom of paying the Examiners according to the number of successful candidates, we have been informed that at the University of St. Andrew's, since the year 1850, the Examiners have been paid the same fee for successful as for unsuccessful candidates.

AN INVALID.—Mr. Acton, 17 Queen Anne street, Cavendish square, W.

Dr. KIDD.—We regret our inability to publish the paper in consequence of its length, and the other urgent demands on our space.

Opodeldoc.—We shall feel obliged if any of our readers can inform us what is the etymology of this word, and when it was introduced.

A LATE MEMBER OF THE EXAMINING BOARD AT THE UNIVERSITY OF ST. ANDREW'S will find that we have noticed the subject of his letter.

THE HARVEIAN SOCIETY.—The Report of the meeting is inserted.

Dr. E.—The newspapers have been received, but for reasons already given, we think it inexpedient to allude any further to the subject.

Mr. O'D., *Limerick.*—The report of the trial is too long for insertion, and the points involved are of no public or professional importance.

Dr. C. J. P. will find that we have adopted his suggestion.

CHANGE OF NAME.—We are requested to state that Dr. Charles Jones, of Manchester square, has taken the additional name of Percival, as was announced in the 'Times' of the 10th inst.

Dr. HEATON.—We do not at present know of any person calculated to supply the vacancy, but we should recommend our correspondent to apply to the office of one of the Medical agents, either personally or by letter.

JOHN OF ST. ALBAN'S.—Will the new Act as contemplated by the "Medical Council," (if realised) be likely to prohibit chemists from compounding medicines; if so, such powers will go far beyond the Apothecaries' Act of 1815, that Act not being retrospective in its operation. Such an Act would ruin the chemists and druggists of this country, and such an Act of Parliament would operate against registered surgeons, if they did not happen to possess the Apothecaries' Hall certificate, and thus prohibit such parties from dispensing their own prescriptions, as well as those of legally-qualified physicians.

[It is not likely that any such measure will ever pass, but pure surgeons cannot, under the present law, dispense their prescriptions.—ED. MED. CIRCULAR.]

To the Editor of the Medical Circular.

SIR,—In consequence of the brief notice in your "Review of the Periodicals" of March 9, of a paper by Dr McClintock, I am induced to offer a few remarks on "missed labour;" it was

applied by Dr. Oldham to those cases in which the woman went on to her full time, but the child failed to be brought forth, owing to a want of parturient efforts. The waters in those cases are discharged at the expiration of the natural gestatory period, unless they have been so previous to it, and the fœtus is apparently dead at the time when labour should have come on. It is somewhat difficult to distinguish missed labour from extra-uterine pregnancy, and no doubt some of the cases supposed to be and published as belonging to the former, should be placed under the head of the latter.

There are about twenty well-authenticated instances of missed labour. The child sometimes remains in utero an almost incredible length of time beyond the usual period of gestation, and that too without the supervention of decomposition; in the instance adduced by Dr. Cheston, this period was protracted to fifty-two years, and yet "the body of the child was very firm and compact, as if condensed by great pressure; it seemed completely deprived of its fluids, and formed therefore a contrast to the juicy state of a body recently deprived of life; of blood either in a fluid or coagulated state or of that colour, which results from this fluid being contained in the vessels of a part there was not the slightest appearance." The cause of the non-putrefaction is the exclusion of air from the cavity in which the fœtus is enclosed.

In the following instances the period of protraction was:—3 months (Oldham); 8 months (Menzies); 16 months (McClintock); 17 months (Dewes); 2 years and a half (Montgomery); more than 3 years (Nebelins); 9 years (Schulz); 11 years (Vondorfer); 20 years (Caldwell); 40 years (Voigtel); 52 years (Cheston).

The discharge—when putrefaction has taken place—may be so intensely fœtid as to lead to the supposition that malignant uterine affection is present. The etiology of the occurrence is yet involved in obscurity.

One of the last recorded cases of this lesion is that mentioned by Dr. McClintock, in the 'Dublin Quarterly Journal of Medical Science,' Feb. 1864; we give the following abstract:—The patient, a large flabby woman of cachectic appearance, was forty-five years of age, and mother of many children; her last confinement had taken place fourteen months previous to her calling upon Dr. McClintock. Her condition on presenting herself was: *Great* impairment of the general health, owing—the patient considered—to the existence for some months of a constant profuse and intensely fœtid discharge per vaginam; there was not any hæmorrhage and but little pain. A globular tumour, in size equal to the uterus when four months gravid, was detected in the hypogastric region.

The os uteri was thickened and indurated, and on pressing the finger against it the fœtid discharge flowed freely and copiously away; these led to the inference that the affection was malignant. Examination with the *sound* demonstrated the presence in the uterus of some hard substance, evidently osseous or calcareous in its nature; examination with the finger passed well up the cervix and into the uterine cavity enabled several bony projections and surfaces to be made out. Having fully satisfied himself of the presence of the bones in the uterus, Dr. McClintock elicited from the patient this additional history respecting herself:—Twelve children had been born alive, a thirteenth was born dead, but at full time; conception again took place for the fourteenth and last time, and she went on well until the seventh month, when the fœtus died; gestation continued, and at the end of the ninth month labour pains set in, and discharge of blood and water supervened, nothing was born; five weeks subsequently severe pains resembling those of labour again occurred, and continued for two days without any cessation; they were attended with hæmorrhage, and on vaginal exploration a fœtal rib was found in the vagina; other bones entirely denuded of flesh came away at this time, and on various subsequent occasions fragments of bone were extruded. After dilatation of the os and cervix by means of a sponge tent, the patient was submitted to ten successive operations, at each of which more or less of the bony mass lodged in utero was removed. Symptoms of pyæmia, and death occurred after the tenth operation.

The treatment to be pursued in cases of missed labour is removal *as soon as possible* of the mass of corruption lying buried in the cavity of the womb; the os should be capable of admitting two fingers, and if not so previously to the time we may have selected for operation, it should be dilated by the sponge tent, or by one composed of sea tangle.

I am, &c.,

March, 1864. G. DE GORREQUER GRIFFITH.

Royal College of Physicians of LONDON.

TWO LECTURES ON THE LARYNGOSCOPE, will be delivered at the COLLEGE, PALL MALL EAST, by Dr. GEORGE JOHNSON, On Wednesday April 6th, and Friday, April 8th, at five o'clock P.M.

LECTURE I:—
THE METHOD OF USING THE INSTRUMENT, AND THE HISTORY OF ITS INVENTION.

LECTURE 2:—
ILLUSTRATIONS OF ITS VALUE IN THE DIAGNOSIS AND TREATMENT OF DISEASE,

(By order of the President.)

1864. W. COPNEY.

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MINERAL WATERS IN A PORTABLE FORM.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,
Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 164.)

The Alterations in the Sounds of the Heart.—Having considered the nature and the causes of the healthy sounds of the heart, it is now necessary to explain the modifications which they undergo under the influence of disease. Remembering that the maximum of intensity of the first sound is immediately below and a little to the left of the nipple, and that of the second is a little higher above and to the right of the nipple, on the left side, and that these sounds diminish in intensity in proportion as they are distant from the præcordial region, till they are absent altogether in the right side and back of the chest:—the auscultator will be able to appreciate the abnormal conditions which the sounds present when disease is present. Even when there is an absence of morbid sounds, or murmurs, the healthy sounds may be altered in their situation, their extent, their intensity, their pitch, or their order of succession, and it is very essential to note these particulars, which sometimes accompany or help to characterise serious diseases of the heart, sometimes result from abnormal conditions of the blood, at other times are due to disturbed states of the nervous system, and occasionally are caused by morbid affections of different organs unconnected with the heart except in a physiological sense.

Thus, for instance, the sounds of the heart and the impulse which always accompanies the first sound, will be altered in their seat, and will be perceived above the points just indicated, in cases where the diaphragm is pushed upwards by flatulent distension of the abdomen or by ascites; and they are perceived on the right side to a greater or less extent in the well-known case where the heart is dislocated by a pleuritic effusion on the left side.

The extent to which the sounds will be heard will also vary very considerably, being sometimes confined to an unusually limited space over the præcordial region, and sometimes spread over the greater part of the front and even the back of the chest. The diminution in the extent to which the sounds are heard may depend upon the diminished size of the heart, or to the feebleness of its action, or to general weakness of the system, and this condition is almost always accompanied by a diminution in the impulse of the organ. On the other hand, the extent to which the sounds are heard, and the impulse felt, will often be very much increased by a number of circumstances, some of great pathological importance, and many of no great significance; and the Medical attendant must carefully examine, not only the sounds themselves, but all the concomitant circumstances of the case, in order to arrive at a correct conclusion. Thus, an increase in extent of the sounds of the heart may denote a dilatation of the organ, which, however, is usually accompanied by hypertrophy, and will present other more characteristic signs. Hence, except in rare instances, a mere increase in extent of the sounds without a corresponding increase of impulse, does not denote organic disease of the heart, and is usually indicative either of some peculiar condition of the nervous system, or of some disease in adjacent structures. Nothing, in fact, is more common, especially in thin persons, children, and women, than to find the sounds of the heart perceptible over a very considerable portion of the front of the chest, and yet there may be no organic disease, either of the heart, or of the lungs, or of any other structure. It is still more important, however, to recollect that in tuberculous disease of the lungs, or any other affection which consolidates those organs, the sounds of the heart will be heard over a very extensive space, because the condensed tissue will then act as a conductor of the sound. This is sometimes one of the earliest signs of pulmonary tuberculosis, and in not a few cases the heart has been pronounced to be diseased, when the real malady was in the lungs. It may, however, be observed that in such cases the dulness on percussion and the presence of bronchial breathing and bronchophony will throw light upon the diagnosis.

The intensity of the sounds of the heart also varies very considerably, being sometimes so loud as to be heard by the patient himself, or by persons at a distance, and sometimes so feeble that the ear can scarcely hear them at all when it is applied to the walls of the chest. In hypertrophy of the heart, the first sound is diminished and the impulse is increased; while in dilatation, the first sound is increased and the impulse is diminished; but as the usual morbid condition of enlargement of the heart is a combination of hypertrophy with dilatation, the sounds, and the impulse, and the extent to which they are perceived, are all increased in the same proportion. Again, the intensity of the sounds is diminished and their extent limited, and the impulse of the heart enfeebled, in those conditions of the organ where it is diminished in size and weakened in its action, or degenerated in its texture, or in other words, in that condition which is the opposite to hypertrophy with dilatation.

It was Laennec who first established the fact that the pulsations of the heart might sometimes be heard at a certain distance from the patients; in 1823, he observed this curious phenomenon in a young girl, and in 1824, he had two patients who exhibited it in a more remarkable degree than in his first case. He never heard the pulsations at a greater distance than from a foot and a half to two feet, and he convinced himself that the sound was that which accompanied the contraction of the ventricles, by their isochronism with the pulse at the wrist. Laennec states that out of more than twenty persons in whom he had heard the pulsations at distances varying from two inches to two feet, only about three or four were suffering from organic disease of the heart, all the rest presenting only nervous palpitation, and in all of them the phenomenon was transient. He, therefore, attaches to it no great pathological importance, but attempts to account for it by a theory which now seems absurd, and was never supported by any facts. He considered it to be due to the effusion of gas in the pericardium.

In a note appended to the last edition of his 'Traité d'Auscultation Médiate,' Laennec states that he observed this phenomenon in his own person, the sounds of the heart being perceptible to himself, and also to others who were in the room with him. He was ill at the time, and he suddenly felt and heard the contractions. He caused an attendant in the room to place her ear about six inches from the walls of the chest, and she heard them also very distinctly. The reason in his own case was evident, for he felt the region of the stomach distended with gas, and after an eructation the sounds were no longer perceptible at a distance.*

This observation is the more interesting, as it was written by Laennec on his death-bed, and was almost the last that he wrote. In a note appended to Laennec's work by Andral, the latter physician confirms the truth of Laennec's observation, and relates an interesting case in which he found the same phenomenon to exist. The patient was highly nervous and hysterical, and Andral heard the pulsations of the heart at a distance of several feet from the patient. The phenomenon was observed only during

* Laennec, 'Traité d'Auscultation Médiate,' vol. iii., p. 130.

certain hysterical or cataleptic fits, to which the patient was occasionally subject.

Since the time of Laennec, the sounds of the heart have been heard by numerous observers at a distance from the chest, but generally in a morbid condition of the heart or of the blood. Dr. Elliotson, who was one of the earliest investigators of the auscultatory phenomena of the heart, once heard a cooing murmur so loud that it was audible at the distance of nearly a foot from the patient. Dr. Hope states, that he once heard a sound of this character at the distance of two feet from the patient's chest.

Another curious circumstance, occasionally observed in relation to the sounds of the heart, is that instead of the ordinary double sound, there are three sounds, each systolic sound being repeated, the diastolic remaining single, or the diastolic sound being repeated, the systolic being single. In other cases there are four sounds, the systolic and diastolic being both doubled, and it is sometimes observed that only one sound is audible, which is always the first sound. When a triple sound exists, it is most frequently owing to a reduplication of the systolic sound. Dr. Bellingham † states that in two cases under his care where the first sound was doubled, he had the opportunity of examining the bodies after death, and he found the right ventricle much hypertrophied and dilated in both, and forming the apex of the heart; the left ventricle was normal in one and slightly dilated in the other, but the valves at the left side of the heart were sound in both cases, and no murmurs had been audible during life.

(To be continued.

HOSPITAL REPORTS.

KING'S COLLEGE.

Deficiency of the Anterior Wall of the Abdomen Remedied by Operation.

Mr. Wood operated on a boy in whom there existed a deficiency of the anterior abdominal wall from the umbilicus downwards, also of the anterior wall of the bladder and of the penis, as far as its bulbous portion. This kind of deformity is probably occasioned by want of proper development of the allantois.

The present condition of the parts was:—The lower portion of the abdomen was of the peculiar reddish tinge indicative of its being constantly moist with urine; the perinæum and upper and inner part of the thighs were in the same state; the penis was short, and almost hid beneath a mass of tissues, which stretched over it in a bridge-like manner, leaving, however, a space between their under surface and the shrunken organ. Immediately above this mass of tissues, which had been formed by Mr. Wood on the occasion of a previous operation, came the deficiency in the anterior walls of the abdomen and bladder, the cavity of the latter communicating externally, not alone through this deficiency, but also through the space lying underneath the mass of tissues to which reference has just been made.

The first step of the procedure was to pare a thin slice from the upper margin of the "mass of tissues," and the second was to map out from the left side of the abdomen by three incisions a somewhat parallelogram shaped piece of tegument; this part so mapped out was then dissected up from the subjacent tissues in order that it might fit to and cover-in the space in the pubic region; the dissection, especially toward the mesial line of the body, had to be carried on most carefully, lest the peritoneum should be endangered. A triangular-shaped piece of tissue was in the same manner taken up on the right side; the lines of incision, when taken together, were not unlike the letter *M*, placed with about the degree of obliquity here given. On examining the interior of the bladder, some phosphatic concretions were found in it, and were removed with the tip of the little finger, after which the viscus was well washed out with tepid water.

At the margin of the integument which had been brought down in the former operation, so as to fill up the lowermost gap in the deficient walls, the tissue of skin could be seen to have already began to assimilate itself to that of mucous membrane.

The left flap, having been freely dissected up and its inferior external angle having had a little piece removed from it, in order to allow the whole to fit more completely into the place intended for it, was doubled downwards upon itself, so that its cuticular aspect looked towards the interior of the bladder, and its raw bleeding surface outwards; in this position it was made fast to the bridge of tissues already formed by the previous operation; and it was also secured above to the margin of the gap in the abdomen, wire sutures being employed for the purpose.

The thighs were approximated, and the flap from the right side of the abdomen was then brought down upon that which had been laid over the bladder; the two raw surfaces were now in contact throughout, and were held together by means of the wire suture.

There remained now the two spaces from which the tegumentary tissues had been taken, and these Mr. Wood proceeded to treat by means of long needles and the twisted sutures; two needles being required in each wound for its closure, and a simple thread of suture being also put in at the lowermost part of each wound; strips of adhesive plaster, carried from one side of the abdomen to the other, and a few strips of wetted lint placed over them, all being then made fast by a perinæal bandage, completed the operation.

Mr. Wood mentioned that there are on record three successful cases of this kind of plastic operation.

Mr. Holmes, who in England has drawn so much attention to this subject, in the cases upon which he operated, took his flaps from above, having their roots also superiorly, the surfaces between them being vivified, so that more perfect union might be obtained. Unfortunately, in some of Mr. Holmes's cases, sloughing of the flaps ensued and frustrated the operation; one of the cases, however, was successful.

Professor Pankoast, of America, also takes a flap from the centre, and then brings his side flaps into the centre, where he unites them.

The causes of failure are sloughing of the flaps from want of proper arterial supply, or their death from urinous extravasation between their denuded surfaces. The plan adopted by Professor Pankoast and by Mr. Wood of putting one layer over another, is decidedly the best, because, even should the urine escape through the deficiency, it will not get between every part of the opposed surfaces, and adhesion must take place at least in some spots. The flaps must be sufficiently large; the under one to close in the vesical opening, and the upper to cover entirely the deeper flap; unless these conditions be obtained, there is very great probability of failure in the proceedings.

The great difficulties in the operation are, that the recti muscles are wide apart, and that the structures imposed upon the peritoneum are so thin that the greatest caution is absolutely necessary for the protection of that membrane.

If the sac of the peritoneum should be opened, the urine will pass into it, and the chances are then very much against the patient; as the testes are usually in such instances in the groin, we must likewise avoid opening the sac containing them.

The flaps will slough should their roots be too narrow, or their entire depth from the surface too slight.

Mr. Wood's operation differs in one very material point from that of Professor Pankoast; the former takes the greater part of his flap from below, that is, from the scrotal

† A treatise on 'Diseases of the Heart.' By O'B. Bellingham, M.D., F.R.C.S., p. 132.

tissues, the base of the flap being likewise below. The advantage of this is, that you avoid dividing the arteries as they run from below upwards, which you can scarcely do, if you reverse the order of taking up the flap; when the arteries are in this manner cut across, the flap is obliged to depend upon anastomosing vessels for its arterial supply, and is, therefore, insufficiently nourished.

It should be our great rule to have the root of the flap downwards.

A difficulty in effecting a complete cure sometimes presents itself; it arises from the impossibility in some instances of procuring a closure of the wound at the upper margin of the pubis; as a consequence of this want of closure a fistula forms, and that, too, of no very tractable form.

We must avoid having a strain upon the flaps or upon the tissues surrounding them; should there be any, we must remove the sutures which occasion it, otherwise our flaps will be destroyed. Cases of this malformation are by no means uncommon, but the proportionate number of cures effected by operation is—as shown above—very small indeed.

Of this operation, Mr. Erichsen speaks as follows in his 'Science and Art of Surgery:' "This malformation is incurable. Operations have been planned and performed with the view of closing in the exposed bladder by plastic procedures, but they have rarely proved successful, and have terminated in some instances in the patient's death; they do not, therefore, afford much encouragement for repetition. The patient should, therefore, wear a properly-constructed instrument to receive and collect the urine, consisting of a hollow shield strapped over the part, communicating by means of a tube with an India-rubber bottle, which may be attached along the inside of the thigh."

In cases like that under notice, the inner or mucous surface of the bladder is everted and protrudes through the deficiency in the abdominal wall; the tumour thus formed varies in its dimensions according to the natural size of the bladder, the laxity of its coats and the condition of the viscera behind it; it is exquisitely sensitive, of a bright red or scarlet colour, very vascular in appearance, is papillated, presents all the features of mucous membrane, and is seen to be covered with a mucus-like secretion, which is alkaline, and seems poured out expressly to protect the delicate lining of the organ.

Conical papillæ mark the situation where the ureters open into the bladder; there is one of these papillæ on each side of the mesian line of the inferior wall or floor of the bladder, and in each is an ovoid depression, not more in diameter, perhaps, than about a line.

The penis is short as though it were shrivelled up, and is generally implicated in the lesion, being affected with epispadias; the testes are drawn into the inguinal canals, and the scrotum, with the neighbouring parts, are in a raw condition owing to the urine being constantly poured over their surface; the scrotum is besides shrunken.

The ureters do not appear to be at all so sensitive as is the bladder.

These cases of extroversion of the bladder afford opportunities of studying various matters in connection with the action of the urinary system.

The first to which we shall allude is the manner of the passage of the urine from the ureter into the bladder:—The lower end of the ureter, immediately above its papilla-like projection, is perceived to become distended and the ovoid depression in the papilla is opened to the extent of two or three lines, revealing a drop of urine in its cavity, and at once explaining the cause of the distended appearance of the lower part of the tube and of the opening of its mouth; this drop falls into the bladder, and the ureter then, with an evident sphincteric action, closes itself, and in doing so increases the depth of the oval depression. These series of actions are performed about three times in every minute, and the drop let fall from the one ureter uniting with that from the other to form one large drop, trickles down to the floor of the bladder.

The quantity of urine is pretty uniform, but the amount discharged through one ureter varies not a little nor is their action simultaneous, but, on the contrary, it is irregularly alternating.

As would be anticipated, the recumbent posture is not favourable to the emptying of the kidneys, but on the person assuming the erect position after he has lain for a little time in the horizontal, the flow is both rapid and full, the fluid being projected downwards in a little stream, or else in large drops.

The urine when thus expelled from the kidneys, supposing the patient to be otherwise healthy, is acid, and has an average specific gravity of 1·25.

From experiments conducted with different medicinal preparations, it has been demonstrated that their rapidity of absorption is dependent upon the condition of the stomach at the time of their introduction into it; for in those instances where a full meal has been taken, the substances so introduced were not noticed in the urine until a much longer time had elapsed than in the cases where a light meal had been taken, or where fasting had been enjoined for some hours.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF
H. LETHEBY, M.B., M.A., PH.D., &c.,
FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. IX.

ACIDUM TANNICUM.—We have already had occasion to allude to the chemical constitution of tannic or gallo-tannic acid when speaking of gallic acid; and shall now confine ourselves to the process given for its extraction from gall-nuts. The British Pharmacopœia directs galls in coarse powder to be percolated with ether saturated with water. The liquid which passes into the receiver separates into two layers. The lighter upper layer, is ether containing in solution a very small quantity of tannic and gallic acid, and some colouring matter; the lower is a yellow syrupy liquid, consisting of tannic acid, ether, and water. The lighter liquid is separated, and the heavier is first concentrated over a water bath, and finally completely dried in a hot-air chamber, the temperature of which must not exceed 212° Gall-nuts thus treated yield from 35 to 40 per cent. of tannic acid.

No objection can be made to this process; but if the directions of the Pharmacopœia as to the drying of the product be explicitly followed, the tannic acid will not be obtained in the light vesicular state in which it is found in commerce. The drying is, in fact, the part of the process requiring peculiar management. When the heavier liquid has been evaporated almost to dryness over the water bath, it is usual to distribute it in small portions over glass plates, and the heat is applied above. In this way the lumps become puffed up as they dry.

The Pharmacopœia process, though very well adapted for procuring tannic acid in a small way, is not the process followed on the large scale. It is argued, however, that the Pharmacopœia is not meant to be a guide to manufacturers, and the processes given only pretend to be such as would

enable Medical men and pharmaceutists to prepare small quantities of medicines for themselves. This reasoning, perhaps, may justify the rejection of the simple method for obtaining the acid, which is given in the new American Pharmacopœia, and which is generally followed.

Powdered galls, first exposed to steam or to a damp atmosphere for some hours, are made into a paste with ether saturated with water. A pound of galls will take up about a pint of ether and four ounces of water; the ether and water must be well shaken together before they are mixed with the galls. The mass is well covered up, and allowed to stand for six hours; it is then placed in canvas bags, and submitted to pressure. A thick syrupy liquid is squeezed out of the mass, and the lower stratum is treated as in the previous process, and is dried in the same way. The galls may be completely exhausted by a second treatment, and the product amounts to 60 per cent.

It is unnecessary to say that the tannic acid obtained from gall-nuts by either of these processes is never pure. It always contains some gallic and ellagic acids; but as the Pharmacopœia seems to regard the presence of these as unimportant, we need not describe the rather complicated processes for the purification.

Tannic acid is a pale yellow powder, with a strongly astringent taste; it is sparingly soluble in ether, but readily soluble in rectified spirit and water. The aqueous solution precipitates gelatine, and strikes a bluish black colour with persalts of iron.* Its formula is C^{54} H^{22} O^{34}.

Acidum Tartaricum.—The British Pharmacopœia retains the Edinburgh process for making tartaric acid. It is a very good process, but manufacturers know of a better. The source of the acid is cream of tartar—the bitartrate, or, as it is now more correctly termed, the acid tartrate of potash, since tartaric acid being a bibasic acid, is in this case combined with only one equivalent of base. The first part of the process consists in adding carbonate of lime to a solution of the acid tartrate as long as effervescence is produced. In this way a precipitate of tartrate of lime is obtained, and neutral tartrate of potash remains in solution. Chloride of calcium is now added to decompose the latter, and thus the whole of the tartaric acid is thrown down in combination with lime.

The precipitated tartrate of lime is collected, washed, and then decomposed by means of diluted sulphuric acid, which takes the lime, and sets free the tartaric acid. The solution of the latter is filtered from the precipitated sulphate of lime, evaporated to a density of 1·21, and set aside for the acid to crystallise. The foregoing is a brief description of the Pharmacopœia process. Makers of tartaric acid on the large scale, usually start with *argol*, the impure acid tartrate of potash obtained in the making of wine. This is treated in several ways: among others, the following is given by Dr. Hofmann, in his "Report on Chemical Products and Processes," as the method employed at the works of M. Kestuer, at Thaun.

The crude tartar is dissolved in hydrochloric acid, which separates at once the greater part of the organic impurities and also some colouring matter insoluble in hydrochloric acid. The solution is then precipitated with lime, and the tartrate of lime thus obtained is decomposed by sulphuric acid as in the Pharmacopœia process. The crystallisation is effected in the usual way; but the first crystals of acid, obtained from crude tartar require to be re-dissolved and decolorised by animal charcoal.

Grape juice is, of course, the original source of all the commercial tartaric acid, but it is worthy of remark that the acid may be formed artificially. Liebig has found it among the products obtained by the action of nitric acid on sugar of milk; and Messrs. Perkin and Duppa observed that it was produced by the decomposition of bibromosuccinnic acid, when the silver salt of this acid was boiled with water; and, according to Schindler, it is formed from citric acid when lemon juice is kept for some time in bottles.

Tartaric acid, as we have said, is bibasic, a fact to be remembered when prescribing it with an alkali. Its formula is C_8 H_4 O_{10}, 2 H O = 150. Twenty grains will require for complete saturation the following amounts of alkaline carbonates:—

Bicarbonate of soda . .	22 grains.
Carbonate „ (crystals .	38 „
Bicarbonate of potash . .	27 „
Carbonate „ (B. P.) .	24 „

Tartaric acid crystallises in oblique rhombic prisms; it is freely soluble in water and in alcohol. A little acetate of potash added to either solution gives a white precipitate of acid tartrate of potash. It is sometimes contaminated with lime, which will be detected by oxalate of ammonia; and with sulphuric acid, which will cause a precipitate with chloride of barium.

* It is much employed in medicine as an astringent, especially in the form of an injection; but it may also be administered internally.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 22nd, 1864.

Mr. Partridge, President.

A paper was read by Chas. H. Moore, Esq., F.R.C.S.,

ON A NEW METHOD OF PROCURING THE CONSOLIDATION OF FIBRIN IN CERTAIN INCURABLE ANEURISMS,

WITH THE

REPORT OF A CASE IN WHICH AN ANEURISM OF THE ASCENDING AORTA WAS TREATED BY THE INSERTION OF WIRE, BY CHARLES MURCHISON, M.D., F.R.C.P.

In this joint paper the theory of the operation was first described by Mr. Moore. Dr. Murchison furnished the report of the case, with medical comments upon it. For the surgical remarks, Mr. Moore was alone responsible.

In February, 1863, Mr. Moore had been led to review the conditions of such aneurisms as could not be surgically treated through the artery, and had devised a method of producing consolidation of them in accordance with the mode of their natural cure.

The principles involved in this method were—1, that large aneurisms can only be benefited by the deposition of fibrin within them; 2, that the natural means of obtaining fibrin from the blood are inadequate, because it can only settle in layers on the wall; 3, that in the central part o an aneurism

there is a large quantity of blood with fibrin ready to collect on any apt material; 4, that fibrin may be elicited from arterial blood by exposing a foreign body in it. Two cases were quoted in which this had occurred: one, an instance in which gangrene of the leg had resulted from plugging of the arteries by fibrin detached from a needle in the left ventriele; the other, that of a sailor, who died three days after being shot, and in the interior of whose ascending aorta was a bullet imbedded in fibrin.

The foreign body which, according to our present knowledge, would produce least irritation was wire. If a large quantity were coiled in aneurism, it would attract fibrin, as the twigs do in whipping freshly drawn blood, support the mass which it entangled, and lead to the cavity of the aneurism being eventually filled. The wire might be passed in through a small canula, with care not to leave the last end in the minute wound, and not to direct a coil into the orifice of the artery.

Only a sacculated aneurism could be so treated, not one which had two orifices, since fragments of fibrin would be broken off by the force of the current. Brasdor's operation might be previously required in some parts. This danger might be incurred in a sacculated aneurism also, if wire enough were not introduced, because of the large intervals which would be left between the few coils of wire. The wire would remain in the solidified aneurism, and be harmless.

Mr. Moore then described the operation by which the foregoing proposal might be carried out.

Report of a Case of Saccular Aneurism of the Ascending Aorta projecting through the Anterior Wall of the Left Side of the Chest.

Daniel D——, aged twenty-seven, became a patient at the Middlesex Hospital, under Dr. Murchison, on Nov. 10th, 1863. Eight years before, he began to suffer from palpitations and dyspnœa, and after some months he had an attack of hæmoptysis. The hæmoptysis recurred at intervals, and in Nov. 1862, he first noticed a pulsating swelling in front of the chest to the left of the sternum. This increased with considerable rapidity, and the patient now became subject to severe attacks of angina pectoris. At the time he first came under observation, the tumour was situated in the angle formed by the left clavicle and the left margin of the sternum; it measured 10 inches in circumference at its base, and projected about 2 inches from the wall of the chest; its surface was rounded, and tolerably uniform, except at the upper part, where there was a tendency to point. Over the whole surface of the tumour distinct pulsation could be felt, each beat corresponding to the impulse of the heart. Nothing resembling an aneurismal bellows-murmur could be heard; but both cardiac sounds, and particularly the second, were louder over the tumour than at the base of the heart. There was dulness on percussion to the right of the tumour, over a space measuring 2 inches transversely, and 3 inches from above downwards. The apex of the heart could be felt beating between the fifth and sixth ribs. The cardiac dulness was slightly increased, but the sounds heard on auscultation were normal. There was no inequality of the arterial pulse on the two sides of the body. The voice was normal. The patient had an occasional cough, and expectorated a viscid muco-purulent matter, but there was nothing peculiar in the character of the cough. Over the whole of the left side of the chest there was comparative dulness on percussion, with coarse, at some places tubular, breathing, and subcrepitant râle. On the right side of the chest the percussion was clear and the breathing puerile. The appetite and digestion were good, and the bowels regular. There was no dysphagia, and no pain or tenderness at any part of the spine. The pupils were of normal and equal size. On Nov. 20th, and again on Dec. 28th, the urine was ascertained to be free from albumen.

After the patient was admitted into the hospital, on the 20th of November, the attacks of angina almost entirely ceased. The pulse varied from 104 to 116 when the patient sat up, but would fall to below 100 when he lay down. The size of the tumour continued to increase, until, on the morning of Jan. 7th, 1864, it measured 16¾ inches at its base, and projected 2⅔ inches from the wall of the chest. The tendency to point at its upper part became more decided, and the integuments at this part were much attenuated, and assumed a dusky red discoloration, while occasionally they were the seat of pricking pains, and were slightly tender. These changes were most marked during the last week of December and the first week of January. The patient's general health notwithstanding did not suffer. He ate and drank well; he got up daily, and walked about the ward. On the evening of January 6th he played a game of draughts with another patient, and on the following morning he was up and walking about as usual.

Early in January it became obvious that the bursting of the aneurism through the integuments could not be long delayed. It was accordingly resolved to recommend to the patient Mr. Moore's proposed operation. During the month of December this operation had been carefully considered, but it was then deemed unadvisable to have recourse to it. It was now explained to the patient that the procedure in question offered some chance of prolonging his life, although in itself it was not free from danger. The patient at once assented, and the operation was performed on Jan. 7th, at half-past one p.m.

The operation consisted in the introduction of a quantity of fine iron wire into the aneurism, with the object of inducing coagulation. A small pointed canula was inserted into the tumour, and the wire was passed in through this without difficulty. The operation occupied one hour, and the quantity of wire introduced was twenty-six yards. It gave rise to no pain or inconvenience excepting a slight and transient feeling of faintness. The quantity of blood lost did not exceed half a fluid ounce.

The immediate effects of the operation were a reduction of the pulse from 116 to 92, an almost complete cessation of the pulsation in the tumour, and a diminution in its size. Immediately before the operation, the circumference of its base was 16¾ inches; at the close of the operation it was 16 inches. These changes began to be noticed soon after the commencement of the operation, and became more marked as it was proceeded with. At a quarter past eleven p.m. the patient was asleep, and his pulse was only 78. He slept comfortably during the night, and had no bad symptom until the following morning.

On Jan. 8th, at nine a.m., the patient was seized with a fit of rigors lasting three quarters of an hour, and followed by great pain in the back of the neck and some pain in the tumour. At one p.m. the pulse had risen to 144, and was full and bounding. The action of the heart was tumultuous, and all the arteries of the body could be felt throbbing with considerable force, but there was no difference in the force or volume of the beat on the two sides of the body. The patient complained of great pain in the tumour when he moved. The tumour was already somewhat larger than before the operation, and the dusky discoloration was of a deeper tint. There was intense thirst and great restlessness; the skin was dry and very hot; and the respirations were 40. At twenty minutes past one p.m. the patient was bled to the extent of eighteen ounces, and at half-past three p.m. twelve ounces more blood were abstracted. After the second bleeding twenty minims of Battley's sedative solution were administered.

From these measures the patient derived temporary relief, but he had a restless night, and at half-past six a.m. of the following morning (Jan. 9th) he had a second attack of rigors. At one p.m. he had a third attack. At half-past one he was in great distress, owing to pain in the tumour and at the back of the neck. The tumour was extremely tense and decidedly tender, particularly at its upper part. Its circumference at the base measured 1¾ inches more than before the operation. Distinct pulsation could be felt again at its upper part. The pulse was 136 and soft; the action of the heart was less tumultuous, and there was no abnormal cardiac sound. Large and repeated doses of opium and digitalis were now commenced. At half-past ten p.m. the pulse had fallen to 126, but the patient complained of being afraid to cough on account of a severe jerking pain in the tumour, which the effort to do so always induced.

On Jan. 10th, at ten a.m., the patient had taken seventy-three minims of tincture of digitalis, and the equivalent of almost ten grains of opium, during the preceding twenty-one hours, and the result was, that he was in less pain, the pulse had fallen to 104, and the tumour was slightly reduced in size, its circumference being half an inch less than on the preceding day. At half-past seven p.m., however, he was seized with a severe burning pain in the tumour, and a feeling of tightness as if it were going to burst. The tumour was larger and more tense than ever; the pulse rose to 132; the heart's action was again more impulsive, and there was intense thirst. To-day it was noted for the first time that the pulses in the right temporal and radial arteries were slightly fuller than in the corresponding vessels on the left side.

Opium in large and repeated doses, along with digitalis, was persisted with. In the course of two days and a half (commencing on Jan. 9th), as much as the equivalent of twenty-seven grains of opium was administered. The treatment, however, failed to give relief. The tumour increased rapidly in size, and on the 11th distinct pulsation could be felt at several parts of its surface. The radial pulse was 128, small and compressible, and still fuller on the right side. The beat of the right anterior tibial artery was also decidedly fuller and stronger than that of the left. The cardiac impulse was extremely feeble. The respirations were performed chiefly by the diaphragm and the muscles on the right side of the chest; the left side of the chest was almost motionless. The whole of the left side of the chest in front, unoccupied by the tumour, was dull on percussion, and no respiratory sound could be heard on this side, except immediately below the clavicle. Brandy and other stimulants were now given, but without any decided result.

On the morning ot the 12th the patient was evidently sinking. The pulse was about 136, but was so weak as to be counted with difficulty. The circumference of the tumour at its base was now 3½ inches more than before the operation, and the urine passed during the night was found to be loaded with albumen. At eleven a.m., four and twenty hours and a half after the operation, the man died.

An autopsy was performed a few hours after death. The walls of the external tumour were formed by the integuments and fibres of the pectoral muscle, infiltrated with serum. They were nowhere less than a quarter of an inch in thickness. The skin covering a great part of the tumour presented a deep livid hue. The interior of the tumour was filled, for the most part, with a fibrinous coagulum, enveloping and imbedded in the coils of wire, and firmly adherent to the surrounding walls. The rest of the cavity contained fluid black blood. The interior of the outer tumour was nowhere lined with a prolongation of the arterial coats; but it communicated with the proper aneurismal sac within the chest by two large openings in the first and second left intercostal spaces, the intervening rib being bare and eroded, and at one place broken through. The aneurismal tumour within the chest was about the size of a man's fist. It lay immediately behind the sternum; it encroached slightly upon the upper lobe of the left lung, and inferiorly it rested upon the right auricle. It was partially filled with a fibrinous coagulum, which was continuous with that in the outer tumour, and was adherent at one part over a space measuring about one-third of an inch in diameter. It communicated by a circular opening, scarcely so large as a sixpence, with the ascending aorta. Through this opening a clot projected from the aneurism into the vessel, and extended downwards into the heart, and upwards into the arch. The greater part of this clot was evidently of post-mortem date; but part of it, close to the opening, was pale, firm, and laminated. There was considerable atheroma of the coats of the thoracic aorta. The pericardium contained about eight ounces of turbid serum, and its opposed surfaces were coated with a thin layer of recent lymph. The upper part of the parietal pericardium presented a patch of livid discoloration, about the size of a florin; and at the centre of this patch the cavity of the pericardium was merely separated from that of the aneurism by a delicate membrane. It was at this part of the aneurism that the coagulum was adherent. The heart was slightly hypertrophied. Its valves and muscular tissue, and likewise the coronary arteries, were healthy. The left lung was everywhere firmly adherent, and its pleura much thickened. On section, numerous cavities were observed, evidently resulting from dilatations of the bronchial tubes. In the intervening spaces a firm fibrous tissue took the place of the normal vesicular structure. The right lung was for the most part healthy. Both kidneys contained a number of circumscribed abscesses, varying in size up to that of a small pea. A cluster of six of these small abscesses was found at the apex of the left kidney. In the cortical substance of both kidneys a number of patches of yellowish deposit, of a large size, but less defined outline, were also observed. On microscopical examination, this appearance appeared to be due to the presence of a granular exudation deposited between the uriniferous tubes. The liver was large and fatty The other parts of the body could not be examined.

After recording the history and post-mortem appearances of the case, Dr. Murchison enumerated some of the more important features of clinical interest, independent of the operation, which it presented.

In his concluding remarks, Mr. Moore referred first to the circumstances of the operation, and to its early effects, which were highly satisfactory. So much fibrin appeared to have collected at the end of an hour that the pulsation of the tumour and its sharp second stroke were no longer perceptible; the aneurism had much diminished in size; the pulse, which, notwithstanding medicines, had beat 112 for weeks previously, and was 120 before the operation, had fallen to 92, and at night was about 80. This unlooked for abundance of the fibrin accumulated not by an inflammatory, but by a mechanical process, was an unprecedented circumstance. Its effects could not be foretold. It appeared to have caused local inflammation and the rigors, with great acceleration of the pulse. No aneurism could long resist such a pulse. Death had probably resulted from acute pericarditis, which was induced, not by continuity with the inflammation outside the chest, since neither the inner aneurism nor the pleuræ were inflamed, but incidentally by the imminent bursting of the intra-thoracic aneurism into the pericardium. No fragments of the clot of fibrin, large enough to be detected by the naked eye, had been detached, but microscopic portions were supposed to have existed in the kidneys. Neither the old nor the recent disease of the kidneys had actually caused death, which was due to the changes about the chest, and was, through the pericarditis, an indirect and not inevitable consequence of the operation. No coil of wire had passed through the opening of the aneurism.

Three facts appeared to Mr. Moore to justify a repetition of the operation, or of some modification of it:—1. The separation of fibrin upon the foreign body, and its rapid deposition. 2. The exemption of the inner aneurism from inflammation, probably to be accounted for by its possessing a lining membrane, which the outer cavity had not. 3. The firm adhesion of the clot to the wall.

Not having yet thought of a more suitable foreign body than wire, he had but two modifications of the operation to suggest: 1. The introduction of a smaller quantity. The objections to this had already been pointed out. 2. The use of slender needles as temporary means of procuring the consolidation of the fibrin. The safety of this must depend on the number of needles which might be inserted, the gentleness with which they should be withdrawn, and the period at which fibrin so procured should acquire a sufficiently firm attachment to the wall of the aneurism to allow of the artificial support of the needles being dispensed with.

The President inquired if the reading of Mr. Moore's concluding remarks was essential, the time of the Society's meeting having nearly expired.

Mr. Moore said he should be happy to spare the Society from the reading of his remarks in full, and very briefly recounted their principal points. In answer to another question by the President, Mr. Moore observed that the method of treatment which he had suggested differed from that by galvano-puncture, in that the latter caused consolidation of the entire mass of the blood between the points o-

the needles, which was objectionable, as not being permanent and curative; whilst the former elicited fibrin from the blood, which was the material of natural cure.

Dr. Copland remarked that the case was one of very great importance, but it proved nothing in favour of the mode employed for coagulating the blood in an aneurismal tumour. It would be observed, however, that the wire had not been introduced into the inner aneurism, and this to some extent might explain the failure of the proceeding. Moreover, he thought that no such plan could supersede the treatment of aneurismal tumours by diet and medicine, which he believed in most instances would be found more effectual in coagulating the blood. The case before the Society might, however, serve as a guide to surgeons for the future; but the proceeding should not be resorted to so long as diet and medicine could afford benefit.

Mr. Hilton wished to ask Dr. Murchison what he considered to have been the cause of the patient's death.

Dr. Murchison stated, in reply, that several causes had, in his opinion, contributed to the fatal termination. In the first place, he was inclined to put the contamination of the blood with inflammatory products derived from the tumour, giving rise to pyæmia and embolism. The purulent deposits found in the kidneys left no doubt as to the existence of pyæmia. These deposits had been carefully examined microscopically by himself and by Dr. Cayley (the pathologist to the Middlesex Hospital), and had been found to present all the characters of pyæmic abscesses. It was true that they were small, the largest being about the size of a small pea; but this circumstance was at once accounted for by the short time that the patient had survived the supervention of the symptoms of pyæmia. An important observation had been made in this case on the third and fourth days after the operation—namely, a very appreciable difference in the force and volume of the arterial pulse on the two sides of the body. This condition had not existed previously, and was not accounted for by the anatomical relations of the aneurismal tumour. No opportunity had been afforded of examining the arteries of the limbs after death, but the observation referred to, taken in connection with another morbid appearance found in the kidneys—namely, that of extensive inter-tubular deposit of a recent nature—led him to infer that embolism was one of the results of the operation. An observation had been made in the case which seemed to clinch, as it were, the development of these lesions found in the kidneys at a date posterior to the operation. Before the operation the urine had been free from albumen, but the urine passed on the day before death had been loaded with albumen. It was worthy of remark, that the anatomical characters of the aneurism were less favourable to the contamination of the blood with fibrinous flakes and inflammatory products than they would probably be in most aneurisms where the operation would be thought of. The orifice of communication with the aorta was small—not so large as a sixpence; and the whole of the proper sac of the aneurism within the chest had been interposed between the aorta and the external tumour, into which alone the wire had been introduced. Nevertheless, the blood had become contaminated. With regard to the pericarditis, it was a subject for speculation how far it was pyæmic in its origin, or whether it was due to a propagation by continuity of the inflammatory process from the sac of the aneurism, or resulted from the threatened bursting of the aneurism into the pericardium. The last explanation might be the true one; but while it was uncertain if the bursting of an aneurism into the pericardium was usually preceded by pericarditis, there could be no doubt that the pyæmia existing in this case would predispose strongly to pericarditis excited by any cause; and the fact that the pyrexia was ushered in with repeated attacks of severe rigors indicated that the pyæmia, rather than the pericarditis, was the first link in the chain of morbid events. Moreover, it was probable that the pointing of the aneurism in the direction of the pericardium was determined by the operation. Although an aneurism of the thoracic aorta often burst spontaneously into the pericardium, it was well known that this was a very rare event when there was an external tumour. The condition of the circulation on the day after the operation—a full, bounding pulse of 144—was extremely favourable to the giving way of a weak portion of the aneurismal sac. The causes of death, then, appeared to be pyæmia and pericarditis supervening on the operation.

Mr. Fergusson regretted that this case had been detailed with so much unnecessary minuteness, thereby occupying so much time that there was no opportunity of discussing it. It should have been condensed into one-fourth of the space which it occupied. (Hear.) The case, however, was one of great interest, and the Society must feel grateful to Mr. Moore and Dr. Murchison for the description of a case and of a mode of proceeding never before put into practice on the living body. He regretted that the experiment had not been carried out to its full extent, the wire not having been introduced into the aneurism proper, so as to produce a more direct influence of the heart's action on the blood. He considered the proceeding would be justifiable in cases similar to the one related, and in those aneurismal tumours of a more surgical character in which the mode of treatment to be pursued did not clearly suggest itself to the surgeon. The plan of passing wires and needles into aneurismal tumours had been suggested as much as thirty years ago; but he had never heard that it had been actually carried into practice, until the present case.

Mr. Moore, in reply to the observations of Dr. Copland and Mr. Fergusson, said that in the performance of the operation he had taken particular care not to introduce any of the wire into the inner aneurism, both because he had considered it essential to keep the distribution of it within that cavity which he had explored with the probe, while of the inner aneurism, and of what might become of the wire in it, he knew nothing; and also because, had the patient survived and required it, the treatment of the inner aneurism might have been the subject of subsequent consideration. He bowed to the opinion enunciated by Dr. Copland, that no aneurism should be submitted to this treatment so long as medical and dietetic measures were of service; and he should not think of recommending or adopting it except when these measures had lost their beneficial effect on the aneurism. Beyond those circumstances of the case which appeared to his colleague, Dr. Murchison, to have occasioned the fatal issue, he ventured to call attention to one other which he thought to be the most important and the starting-point of them all—namely, the very large mass of fibrin which had collected through mechanical means in the aneurism. To it he attributed both the local and the constitutional excitement which had commenced on the morning after the operation, and had, he believed, caused the pericarditis and the death. The main question before the Society of course was the prospect of advantage which this case held out from a repetition of the operation, or of a modification of it. He had come to the conclusion that the fatal issue was not an essential inevitable result of the operation, and that cases might occur in which it would prolong life. The first effect of the insertion of the wire had been very surprising, the pulsation of the aneurism and the peculiar sharp second stroke having become imperceptible at the end of an hour. This fact implied that the same effect might be produced in a little longer time with a smaller quantity of wire than had been used in the present case, and that that portion of it which had been inserted with difficulty might have been dispensed with. He did not wish, however, to be supposed to be laying down a positive rule for the treatment of other and perhaps dissimilar cases. The grounds on which the operation was based were all of them facts previously known, and familiar to all the Fellows present, whom he considered equally capable with himself of forming an opinion, and of contributing to avert the causes of the failure of the proceeding in the present case.

Some discussion subsequently took place respecting the reading of very long papers *in extenso*, and some irregularities in the manner in which papers were forwarded to the Society. The matter will probably come before the Council.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 6, 1864.

MEDICAL EDUCATION IN ENGLAND.

In our former articles on the subject of Medical education, we have addressed ourselves to readers in all parts of the three kingdoms of which our country consists, and in the remarks we have made, we have alluded to Medical education as a whole, and not as it was carried out in any one division of the empire. From the width of our scope and the general nature of our observations, and from the studied caution we have maintained in avoiding any allusion to individual cases, we have unfortunately fallen into the dilemma of having our strictures misappropriated by quarters in which they were never intended to apply, and of calling forth reclamations from institutions which we never intended to censure. One of the causes which induced us to enter upon the question of Medical education was the extraordinary pamphlet on the subject published by Professor Syme ; and one of our chief objections to the sentiments it expressed was that they were ludicrously inappropriate to the state of affairs in England and Ireland, however much they might be applicable (though still in a very limited sense) to one of the Universities of Scotland. We feared that the notions entertained by Mr. Syme might, from the natural respect due to his position in Edinburgh, be misconstrued as conveying the views and wishes of the Profession, and we have laboured, and we believe not altogether in vain, to disabuse the public on the subject. Some of our contemporaries have handled the same topic, but the writers have committed pretty much the same error as Mr. Syme in one respect, namely, that they have examined the question only in a partial light, as seen at the school or in the province where they are themselves established.

It is time, however, to descend from generals to particulars, and as England is certainly the largest and most populous division of the United Kingdom, it is only fair to devote an article to the state of Medical education as it exists in our own part of the nation ; and without any undue bias on the score of nationality, we think we may affirm that things are not so bad with us as some writers assume them to be. In a pamphlet which has just reached us "On the Present System of Medical Education in England," by Mr. G. W. CALLENDER, Assistant-Surgeon to St. Bartholomew's Hospital, the subject is very ably and temperately handled, and we are the more inclined to commend the opinions expressed by Mr. Callender as they entirely coincide with our own.

It will be recollected that among the faults of the present system commented upon by Mr. Syme was the enormous number of lectures which it was alleged the Medical student was bound or expected to attend, and other writers have indorsed the imaginary views which he expressed. We do not in the slighest degree impute wilful exaggeration or misrepresentation to Mr. Syme, but we distinctly accuse him of allowing himself to utter statements which are unsupported by sufficient evidence, and of supposing that the system he deprecates is really in operation throughout the United Kingdom. We may even offer an apology, or rather a justification, for the University of Edinburgh, in requiring attendance on a somewhat disproportionately large number of lectures by different professors, because that institution has always maintained a very high character as a school of Medicine, and the courses delivered there are probably more ample than those conducted at inferior schools. But Mr. Syme asserts that the British student of Medicine in general is overwhelmed by a multitude of lectures, and we have proved that such is not the case in our leading article of March 16.

Mr. Callender, who derives his experience from the largest of our Metropolitan Hospitals, confirms, and, indeed, more than confirms, the statement we then made. He shows that the time actually occupied by the lectures at St. Bartholomew's amounts *to two hours daily*, a period which is utterly insignificant when compared with the length of the day, or with the time expended in learning any art or science whatever. It is true, indeed, as we ourselves remarked, that some people object to lectures altogether as means of instruction, but then it is incumbent on such objectors to invent some other plan to supply their place.

Having thus shown how small a space of the twenty-four hours was really devoted to lectures, we pointed out that ample time was left for practical study, and here again we are completely confirmed by the testimony of Mr. Callender. He tells us that the courses of Anatomy, of General Anatomy and Physiology, and of Chemistry, during the first winter session at St. Bartholomew's, occupy exactly twelve hours of the student's time in each week : but that Practical Anatomy, that is to say, learning the bones and dissecting the various parts of the body under the superintendence of the demonstrators, occupies three hours daily. In addition to these exercises, it is the habit of the teachers of the school to require students during their first winter session to attend the surgical practice of the hospital for one or two hours daily, in order to render them familiar with the work in the wards, with the out-patient department, and with the post-mortem examinations, and for the purpose of cultivating a general acquaintance with surgical nomenclature, and with the appearances presented by accidents and diseases. Thus seven hours a day are apportioned to study, but only *two* for lectures, and the rest to Practical Anatomy and Hospital Practice. During the summer session, Botany, Materia Medica, and Practical Chemistry, involve an average daily attendance of *an hour and three-quarters*, but as the lectures on these subjects are concluded each day by noon-time, the rest of the day is left free for attendance on the practice of Surgery, and on the Medical wards and Medical out-patient department. During the second, third, and fourth winter sessions, a routine of pretty much the same character is pursued, the lecturing element being, in fact, entirely

subordinate to the practical; but to pursue the subject as sketched out by Mr. Callender, would be little more than to repeat the words of our own article, to which we have alluded.

We cannot help adverting in terms of the highest approbation to one of the features in the educational system pursued at St. Bartholomew's, namely, that there is provision each year in the wards and out-patient department for *one hundred and four clinical clerks*, and for *one hundred and twelve dressers*, each pupil remaining in office for three months at least, in either department, and having under his charge for that time, whilst on duty in the wards, the occupants of fifteen medical, or twenty surgical beds. We advert the more readily to this most valuable and excellent arrangement, because it is not very many years ago when such offices at our large hospitals could be procured only by money, and were altogether inaccessible to the great bulk of the students.

Mr. Callender, in the case of the students of St. Bartholomew's, rather indignantly repudiates the idea that they ever avail themselves of the perverted system of teaching, which goes by the name of *grinding*, and he gives a very high character for industry and attention to the students now attending at that great institution. We are delighted to learn that such is the case, and we hope that the students at all the other metropolitan schools will follow the example so admirably set them. The fact is, as we understand from Mr. Callender, that the best features of the grinding system are retained at his school, while its abuses are rejected, and that the demonstrators and tutors are so diligent in their duties as to render it unnecessary for the students to seek for tutorial assistance outside the walls of the building. This gratifying statement entirely carries out our opinion, that if the duties now performed by the grinders were ably and honestly performed by intra-academical lecturers and tutors, from *the commencement of the student's career*, the grinding system, thus conducted, would become one of the greatest boons to the student of medicine, instead of being, as we fear it too often is at present, a mere refuge for the destitute, and the last hope of the idler.

In connexion with this subject, we may state that the whole question of Medical Education was discussed at a late meeting of the Edinburgh Medico-Chirurgical Society, when Dr. Andrew Wood, who was the chief speaker, laid down a series of propositions, as heads of an improved plan of Medical Education. The following are his suggestions, in his own words, and we affirm, without fear of contradiction, that they *have all been adopted in London*, except the class-examinations, which, although strongly recommended, no authority as yet has power to enforce.

"Make," says Dr. Wood, "the preliminary studies and examinations in truth preliminary. For this purpose raise the age of commencing strictly professional study to 18; prune the professional course so that the student may have fewer courses of lectures to attend, and fewer lectures in each course; re-arrange the sessions; make class-examinations imperative on teachers and students; see that ample time is left to the student for reading and reflection, and that his course of reading is properly directed; see that he has ample time and opportunity to avail himself of practical instruction in the dissecting-room, in the wards of the hospital, at the dispensary, in the laboratory; see that, while the class-examinations be as minute and searching upon all points connected with the subjects taught as may be desirable, the final examinations be chiefly based upon the requirements of practice, and be directed to ascertain whether the student retains that knowledge which he ought to retain, and without which he cannot practise safely; see that a distinction, as is right, be made between the curriculum and examinations for a simple license to practise, and those for a license to practise accompanied with a title of honour, such as the degree of an university."

SUMMARY OF THE WEEK.

THE PROPOSED LEGISLATION FOR CHEMISTS AND DRUGGISTS.

We have already announced that the Branch Medical Council for England have decided that in their opinion it is not expedient at present to apply to Parliament for any amendment in the Medical Act; and thus, among other proposed novelties, the scheme of legislating for the Chemists and Druggists will probably fall to the ground, so far as the Medical Council is concerned. But in the meantime, the Chemists and Druggists themselves are stirring in the matter, and whether from the fear of legislation being pressed upon them, or from a desire to improve their status, are joining the Pharmaceutical Society in preparing the heads of a Bill to be presented to Parliament. The Society itself is not taking any very active steps, from the natural fear of defeat in case it should propose any plan which might be suspected of favouring exclusive interest, but it is rather yielding to the pressure of the Pharmaceutical practitioners out of the pale of the Society, in devising a measure which may give satisfaction to all parties. On the 17th of March, a Special General Meeting was held at the Pharmaceutical Society for the purpose of considering the propriety of asking for legislative interference, and the following heads of a Bill were proposed for consideration:

"After the 1st of January, 1865, no person to keep open shop for dispensing the prescriptions of duly qualified Medical practitioners unless registered as a Pharmaceutical Chemist under the Pharmacy Act, or as a Chemist and Druggist under this Act. Examination established for all who commence business after this date.

"Examiners under Pharmacy Act to be the Examiners under this Act.

"Registrar under Pharmacy Act to be Registrar under this Act.

"Chemists and Druggists in business in Great Britain before 1st Jannary, 1865, entitled to be registered as Chemists and Druggists, on payment of a fee not exceeding one guinea, and saving to them all their existing rights.

"Assistants and Associates under Pharmacy Act, who have passed Minor Examination, to be registered as Chemists and Druggists on commencing business.

"Council of Pharmaceutical Society to make orders for regulating Registers to be kept.

"Duty of Registrar to make and keep correct Register.

"Evidence of qualification to be given before Registration—of Examination on the part of those who enter business after said date;—of having been in business before said date by others.

"Annual Register to be published and be evidence.

"Penalty on wilful falsification of Register.

"Penalty on obtaining registration by false representations.

"Penalty on falsely pretending to be a registered person, or keeping open shop for dispensing said prescriptions, not being registered.

"Registered Chemists and Druggists, having passed Minor Examination, may be elected as, and continue and use title of, Associate of Pharmaceutical Society, and may vote at Meetings of the Society.

"Saving of rights of duly qualified Medical practitioners.

"Benevolent Fund may be applied to past Members and Associates, also to Parmaceutical Chemists and Registered Chemists and Druggists."

MR. GRIFFIN AND THE POOR-LAW BOARD.

Mr. Griffin, in anticipation of the Poor-law Medical Relief question being again brought under the notice of the House of Commons, has printed and published a Summary of the Principal Points of Evidence submitted to the Select Committee of the House of Commons on Poor Relief. In this summary, Mr. Griffin urgently presses upon the notice of the House of Commons the grievances at present suffered by the Poor-law Medical Officers, and the measures which ought to be introduced in their favour, and he also exposes the erroneous conclusions which Mr. Cane, one of the Inspectors of the Poor-law Board, has drawn upon the whole subject of Medical Relief to the Poor. We very much fear that the lawyers and other officials of the Board are the reverse of friendly to the Medical Profession, and we, therefore, advise our brethren throughout the country to be true to themselves, and to second Mr. Griffin in his persevering endeavours to obtain for them an adequate degree of justice at the hands of the Legislature. Mr. Griffin's pamphlet should be in the hands of every Poor-law Medical Officer.

MISS GARRETT AND THE MEDICAL CORPORATIONS.

From the pass-lists published in the newspapers, it appears that Miss Garrett, who is well known to be pursuing her Medical studies with a view to qualifying herself for practice, has passed a second ordeal at one of the Medical Examining Boards, the first being the Preliminary Examination in Classics and Mathematics, in which branches, we have been informed, she not only passed respectably, but most creditably. In her recent examination she has gained another step, having qualified herself, by her attainments in Anatomy, Physiology, Chemistry, Materia Medica, and Botany, to present herself hereafter for a final examination for a licence to practice. It is matter of public notoriety that many of the Examining Boards have refused to admit Miss Garrett to examination, but in the case of some of them, which are regulated by the provisions of certain Acts of Parliament, it appears that, as a mere matter of dry law, they have no power to exclude her, and are, therefore, without choice in the matter, and must admit her to examination if she presents the necessary documents and complies with the requisite formalities. Whatever may be thought of Miss Garrett's proceedings, as a precedent for the conduct of others of her sex, (and we ourselves have serious misgivings on the subject), it is quite impossible to deny the merit of great industry and energy, amounting to moral heroism, to this accomplished young lady. Impelled by no sordid motives, inasmuch as her resources are sufficient, and her social position most respectable, she has voluntarily devoted herself to pursuits, which, to the majority of her sex, are distasteful, and positively repulsive; while in the collateral studies relating to Medicine, she has proved herself not only equal, but in many instances superior, to her male competitors. Driven from one Medical institution, she has sought refuge in another; denied the means of acquiring information in the English Schools of Medicine, she migrated to those of Scotland, and, being there denied attendance at the public lectures, she availed herself of private instruction. Returning to England, she applies for permission to attend the dissecting-room of one of the Hospital Schools, and the permission is withheld; but, undaunted by the obstacle, she obtains, by night, the practical knowledge which she is unable to acquire in the day; and as she is refused the privilege of entering the Hospital as a student, she obtains an engagement as a nurse, and acquires for herself the knowledge which she vainly seeks from the assistance of others. As we have before remarked, we offer no opinion as to the propriety or expediency of committing the treatment of disease to women, but in the instance to which we refer, we cannot withhold our admiration for the courage displayed under circumstances which would have daunted the spirits of most men, and which, it might have been thought, would long ago have crushed the aspirations of a woman.

DR. MOORE AND THE POOR-LAW BOARD.

It is but too plain that the Medical Profession have little or nothing to expect from the tender mercies of the Poor-law Board. Dr. Moore having been dismissed by the Bethnal Green guardians, on grounds which are utterly untenable, the Poor-law Board has sanctioned the dismissal by requesting him to resign. The Poor-law Board does not pretend that any charges have been established against Dr. Moore, unless, indeed, it be that he has occasionally used black ink for red, or red for black, we forget which, in some of the entries in the parochial books. But the Board thinks that he ought to be called upon to resign, on grounds of expediency, as they do not think that he and the Guardians can act together in harmony. Not one word do they allow to escape them of the horrible condition of certain parts of Bethnal Green, the purification of which has been effected mainly by the energetic remonstrances of Dr. Moore, and the true condition of which the Bethnal Green Guardians long attempted to conceal. They lay great stress upon some strong expressions employed by Dr. Moore in reference to the Guardians, and which we do not intend to defend, except on the ground of enormous provocation: for when a man is boldly accused of lying, pilfering, and extortion, it is almost too much to expect that he will tamely submit to the imputations; and the very consciousness of his innocence will sometimes increase his indignation, and cause it to exceed the bounds of moderation. If the Poor-law Board imagine that they will gain popularity by thus attempting

to whitewash the Bethnal Green Guardians, they have made a grievous mistake, for public opinion, in this case at least, is in favour of the Medical victim, and the records of Poor-law cruelty and neglect in Bethnal Green will long cry out "trumpet-tongued" against the iniquities which may be sometimes perpetrated by local mismanagement.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Solly commences a series of "Clinical Lectures on Diseases of the Spine and Paralysis," and relates the particulars of two cases recently under treatment at St. Thomas's Hospital. One was that of a sailor, who was precipitated from the topmast during a gale of wind, and who sustained a serious injury to the spine, from which, however, he eventually recovered, under the use of caustic over the lower portion of the spine, mild and continued doses of mercury, and eventually quinine and strychnia. The other case was that of a man who had been a soldier, and whose spine had become injured by long marching, and exposure to wet and cold. He was treated successfully by the use of the moxa to the region of the spine, the internal employment of quinine, and wearing a spinal support.——Dr. Edward Smith contributes his second paper on "Dietary in Disease," and describes the treatment of spareness of habit, which is to be corrected by lessening any marked activity of the vital functions, and supplying starchy, oleaginous, and highly nitrogenised food, in as large a quantity as can be digested. Milk is one of the most useful articles of food for this purpose, as it contains fat and nitrogen in large quantities.——Mr. Hancock continues his "Cases Illustrative of the Benefit derivable from Division of the Ciliary Muscle." In one, this operation was successful after iridectomy had failed; in another, it was successfully substituted for the extirpation of the eye-ball; and in another, the division of the ciliary muscle of one eye was the means of restoring sight to the other.——Dr. Thomas Palmer offers some observations on "Subclavian Murmur," which, as Medical Officer to certain benefit societies, he has frequently heard in cases where the subjects were apparently in perfect health. He attributes the sound to pressure upon the subclavian artery by some accidental cause, and does not attach to it much pathological importance.——Mr. C. F. Pollard relates "A Case in which Extensive Fibrinous Coagula in the Heart and Large Vessels were Diagnosed previous to Death." The case is interesting at the present time, when the subject of coagulation in the vessels during life is exciting great attention.

The 'Medical Times and Gazette.'

Dr. Garrod continues his "Lectures on the British Pharmacopœia," the present lecture being principally devoted to a description of the changes in the preparations and compounds made in the new work. A list is given of the chief omissions and new introductions, none of which, however, are of very great importance, and many involve only technical or nominal alterations. But the liquid extract of ergot is described as a preparation worthy of notice, and useful in obstetric practice; the liquid extract of opium is intended as a substitute for the present sedative solution; and the liquid extract of pareira is said to possess all the valuable properties of the plant.——Mr. J. Z. Laurence commences a series of "Lectures on the Optical Defects of the Eye." The present part is devoted to some introductory observations on the laws of optics and the nature of light.——Dr. Julius Althaus communicates a very learned and elaborate paper on "Trichina Disease: its Prevention and Cure." The history of this parasitic worm has lately acquired fresh interest from the fact that its introduction into the human system through the medium of certain articles of food, especially pork, has been lately ascertained to cause disease and death. The trichinæ, as is well known, were first accidentally observed in the muscles of a body in the dissecting-room of Guy's Hospital, and were described by Professor Owen as belonging to the tribe of nematoid worms; and since that time their characters have been minutely examined by a multitude of observers, especially by Virchow and Leuckart. The worm itself, and the disease to which its presence gives rise, have been abundantly observed of late years, especially in Germany, and several fatal cases have been recorded. With regard to the propagation and development of the trichina, the curious discovery has been made, that just as the cysticercus cellulosæ is the larval state of the tænia solium, so the *encysted* trichinæ are the larval conditions of the *free* trichinæ. Thus, if a dog is fed with encysted trichinæ, numerous free trichinæ may be found a few days afterwards in the intestines of the animal. When trichinæ are introduced in the encysted form into the human stomach and intestines, they appear to burst from their covering, and assuming the free state, they force their way into the general structures of the body. While the cysticercus and the tænia seldom cause death, fatal results are often caused by the trichina.

REVIEW OF BOOKS.

Excision of the Scapula. By James Syme, F.R.S.E. Pp. 35. Edinburgh: Edmonston and Douglas. 1864.

This little work contains the details of three cases in which an entirely new operation was performed by Mr. Syme, and as the proceeding is a formidable and dangerous one, but nevertheless may become absolutely necessary in certain cases, the operator has done well in describing it. The first case was that of an old woman who presented a large tumour involving the left scapula, which was removed, though not without great danger from hæmorrhage. The patient recovered from the shock of the operation, but afterwards sunk, apparently from old age, and the tumour was found to be composed of a mixture of osseous and cerebriform matter. The second case was that of a man, aged forty-three, who presented a somewhat similar disease to that described in the last case, and in whom also the scapula was removed. The tumour, on microscopical examination, presented a suspicious appearance, but still the patient was well fifteen months after the operation, and an illustration is given in the frontispiece of the appearance the man presented after his recovery. In the third case, which was that of a gentleman aged forty, there was a growth of a fibro-cartilaginous character of the head of the

humerus, which was excised by Mr. Syme; but the disease returned, and the scapula was, therefore, removed, with a successful result. In relation to the formidable operation described in this monograph, Mr. Syme draws the conclusions, that "the entire scapula, either alone, or together with the arm, may be removed without much difficulty or loss of blood; that the wound thus inflicted may heal quickly and soundly; and that the arm, if preserved, may be strong and useful;" and he therefore trusts that Excision of the Scapula will be recognised as a legitimate and established procedure in Surgery.

On Paralysis, Neuralgia, and other Affections of the Nervous System; and their Successful Treatment by Galvanisation and Faradisation. By Julius Althaus, M.D., M.R.C.P.L., Physician to the Royal Infirmary for Diseases of the Chest. Third Edition. Pp. 236. London: Trübner and Co. 1864.

Since the discovery of electricity, a variety of attempts have been made to render its powers available in the treatment of disease, and it is, indeed, not to be wondered at that so powerful an agent should be supposed to be endowed with therapeutical properties. As soon as the electrical machine was invented, the sparks obtained by friction were applied in the treatment of paralysis and other diseases; and when, at a subsequent period, the phenomena of galvanism were exhibited, the continuous electrical current was called into operation on account of its supposed curative powers. Still more lately, our distinguished countryman, Faraday, ascertained that electric currents, of an interrupted character, might be obtained from a permanent steel-magnet, and these currents were also applied to the treatment of disease, especially by Duchenne, by whom this method of employing electro-magnetism has been called "Faradisation," and is known at present in France by that name. As usually happens in the case of the discovery of a new and powerful agent, its therapeutical properties are often over-estimated, and its application is often misunderstood, and such has certainly been the case with electricity and its modifications, galvanism and electro-magnetism, which have often been employed therapeutically by electricians unacquainted with medicine, and sometimes by Medical men unacquainted with the principles of electrical science. Dr. Althaus has the double merit of thoroughly understanding electricity in all its forms and applications, as well as being an able and accomplished physician, and in consequence, his book has become a trusthworthy guide upon the subject of which it treats. The present is the third edition, and it has been carefully revised, and enlarged by numerous scientific and practical additions.

GENERAL CORRESPONDENCE.

THE USE OF MERCURY.

To the Editor of the Medical Circular.

SIR,—Permit me, in the briefest possible terms, to answer a letter addressed to you by Dr. Drysdale, and published in the MEDICAL CIRCULAR of Feb. 17th.

In my communication, to which the letter of your correspondent is a rejoinder, I mentioned the name of Dr. Gooch in connection with mercurial administration, merely because he, being a man of the very highest distinction and of acknowledged merit, must be looked upon in Medical subjects at least, as an authority, and more particularly as an authority upon the *good* to be derived from the proper administration of the drug, which Dr. Drysdale I fear unwisely, has proposed *to blot out altogether* from the list of therapeutic agents.

I employ the word "unwisely," for I think that the great mercurial opponent, by carrying his antipathy to the drug too far, and urging against it such an array of objections, without allowing it even one good quality, has damaged, or at least tended to damage, the cause he might otherwise have so ably advocated and supported.

It was right to quote the opinion of Dr. Gooch, since he has shown, in his report upon cases of "irritable uterus," the immense benefit accruing to the sufferers from the administration of the medicine now under consideration.

I might have advanced a number of names in support of the *fact* that mercury *is* a most powerful *remedial* agent, and the names so advanced would have been of men esteemed and renowned in the Profession for their acute observation, and for those other qualities which form sound and discriminating practitioners. But I rest satisfied with the names I have already brought forward, and will not even now fall back upon the body of reserve which I have at command.

Dr. Drysdale, at his leisure, might peruse the essay of Dr. Gooch.

In reply to the question, "For what end is the drug to be given in typhoid fever?" I will refer the inquirer to the article upon typhoid fever, written by Dr. Wood in his "Practice of Medicine," since in it he will find the answer, and which, based upon the experience of Dr. Wood himself, must command attention.

I would ask Dr. Drysdale if he has never heard of mercury being prescribed in the morbus coxæ of even scrofulous subjects, and prescribed with most decidedly beneficial effects? Surely he has both heard of it and seen it.

I have now before me a case, which in the course of last summer I saw in Dublin, under the care of Dr. Walshe, of that city. It is that of a little child, who was dying of tabes mesenterica, and with whom the usual remedies were used, but without effect; hydrarg. cum cretâ was administered, and very soon the condition of the patient became improved, and he subsequently left the hospital with the disease not only arrested, but wholly "got under," so that he was again able to enjoy life, the disease having been *mastered by the poisonous* (?) *drug*, and made rapidly to yield place to renewed health and strength.

I cannot understand what Dr. Drysdale means by—"With regard to irritable uterus, it has been my lot to see mercury frequently given in inflammation of the cervix uteri, &c., but *never with any good* effect." In the first place, I would say irritable uterus has nothing whatever to do with the subsequently mentioned affection—namely, inflammation of the cervix; and, secondly, Dr. Drysdale does not state to *what form of inflammation* reference is made in his words; moreover, from his quotation of Dr. Hewitt's opinion, I am inclined to think he imagines "inflammation of the cervix uteri, &c." to occur only in the "puerperal states." Again, I must mention that I do not *remember* Dr. Hewitt to have said "Mercury was of no service in *any* puerperal states." I should like Dr. D. to define what he means by "puerperal states." Is the bichloride of mercury wholly inert in thickened and indurated conditions of the cervix uteri? In allusion to another part of Dr. D.'s letter, I would make answer, that I hope, upon a future occasion, to bring forward examples of rupia, ecthyma, pemphigus, in which the subjects of the affections had not been submitted to the influence of either mercury or syphilis.

I give again—again, because it has been published before—the following history of the case to which Dr. D. has alluded, inasmuch as that contained in his letter differs materially from what I have previously stated, and from the report I am bound to make of the patient's condition at the time Dr. D. took his notes.

The patient asserts "that the sore felt quite hard,—that there was very little, scarcely any matter from it—that he had a bubo in the left groin about a week after the sore appeared—that this bubo was opened, and that a good deal of matter came away—that when this bubo was healing, and about a month after its first appearance, another came in the right groin—that it also was opened, and gave exit to much matter—that each bubo took about a month to heal—that he never had any enlargement of the glands, *till* the sore appeared, and that then, *for the first time*, he noticed enlarged and hardened glands in the neck—that the sore was on the left side of the urethral orifice on the glans." Concerning his present condition, I have to state that he is covered *all over* with spots and cicatrices—that there are large indurated glands in both groins—both

axillæ and in the neck—that on his admission he had no red line at the margin of the gums, nor any sponginess of them, indicative of having had mercury administered—that mercury, no matter how given, always disagreed with him, and aggravated all the appearances of the malady, while, under simple treatment, he made a comparatively rapid and steady progress to health.

Dr. Drysdale says:—"At present he has the marks of a *mild* attack of rupia on his face and various parts of his body." Why, sir, he was covered with the marks of a *most severe* attack of the disease in question, and the "marks," *comparatively* light upon his face, were, at the time, in a condition—passing as they were through their several stages—characteristic of the severe form which the malady had assumed. Had Dr. D. seen the patient some weeks previous to the occasion of his taking notes, he could never have used the words "mild attack."

I know not how Dr. D. can surmise "that probably the patient took a three months' course of bichloride of mercury, in small doses, at Haslar, and more at Holloway;" because the gums were at no time made even tender, nor has the system ever in any way been affected by the treatment either at Haslar or at Holloway; moreover, there was *no sign* of mercurialisation when the patient presented himself at the Lock, and whenever he took mercury during his stay in the last-named hospital, he was invariably made worse, whereas, by the treatment pursued at the first two mentioned places, he was benefited, and, apparently, cured, as he was likewise by the *simple* course of treatment which was tried with him at the Lock Hospital.

Again, supposing—which of course I do not admit—that the patient *had* taken the bichloride, Dr. Drysdale's statements cannot be made to hold good—since they are conflicting—because he thus writes, in the words of Dr. Bennett,—"This disease I have *never* met with but in individuals who have been subjected to mercurial *poisoning*." Now, sir, I contend that Dr. Drysdale cannot adduce one sign upon which to rest his supposition, that the patient was, at one time or another, subjected to "mercurial poisoning"—not one link in the entire history of the patient could be pointed at as indicating any "mercurial poisoning." Dr. Drysdale says,

"The sore was a *soft* one."

I published in one of your previous numbers the fact that the sore was a *hard* one, as the man himself told me at the time, and still persists in saying.

By the Doctor's asking:—"How do we know that the rupia was not entirely caused by the mercury?"—I opine he considers the syphilitic taint in no wise connected with the causation of the skin affection. I will grant him this—since I deem it a truth, and one at which he has arrived—that mercury, if it has produced deterioration of the health, will, or may, *per se*, tend to rupial disease, or will actually produce it.

Dr. Drysdale writes, "there is no enlargement or induration of the glands:" this I am in justice bound to oppose, since it does not accord with the result of my examination made both before and after Dr. Drysdale had seen and examined the man. The glandular conditions I have mentioned above.

I must ask, how can we diagnose the cicatrix of a soft sore from that of a hard one?

I beg to state that I *have* brought forward as full an account of Mr. Erichsen's case, alluded to by Dr. Drysdale, as was necessary, and that it is published in your hospital reports for this year, and that I understood from Dr. Drysdale that he was going, immediately after his visit to the Lock, to the University College Hospital, for the express purpose of giving the patient himself a thorough cross-examination.

Furthermore, in one part of his letter your correspondent states:—"Rupia is met with but in individuals who have been subjected to mercurial poisoning;" while in another he has it, "Syphilitic bone disease has been seen only in those cases which have been submitted to a *course* of mercury."

With many apologies for encroaching upon your space, already replete with communications upon this subject,

I am, &c.,

G. de Gorrequer Griffith.

Claverton Terrace, St. George's Square.

P. S. I would draw attention to the fact, that we Allopaths have been vigorously attacked in 'The Monthly Homœopathic Review," and that one of the subjects which forms the ground of attack is, "The Use of Mercury in Syphilis."

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of the Medical Circular.

Sir,—Be good enough to allow me space to inform the Poor-law Medical Officers, that on March 30, I forwarded to the Select Committee on Poor Relief a pamphlet containing a Summary of the Principal Points of Evidence relating to the Medical Relief of the Poor, which I had the honour of submitting to them last February. I did so in consequence of observing in Knight's 'Official Advertiser,' that "it is understood the Committee have determined not to examine any further witnesses, and are now considering their report." Having, therefore, great fear that my evidence might not be taken into consideration, I adopted the simple course of sending a condensed report of it to each member of the Select Committee, thinking it just possible that during the Easter Recess he might have leisure to read it.

Mr. Cane, in his "statement" to the Committee, took my evidence, and replied to it almost *seriatim*. I have adopted a similar course with his statement, and in like manner have given a rejoinder, which I hope will entirely refute his plausible but erroneous conclusions. I regret that the low state of the finances would not permit me to print a sufficient number of copies for all the Poor-law Medical Officers; one, however, I have sent to each of the subscribers to the Association for this year, and so far as the remaining part of the 200 copies will go, I shall be glad to forward them to those who may send their subscriptions. I understand that it is probable the Committee will shortly make their report to Parliament. I sincerely trust it may be favourable to our views, but whether it is so or not, I feel convinced we have proved our case, and judgment ought to be given in our favour.

Since March 20th, I have received the following subscriptions:—

R. T. Morris, Wigan, 1*l.*; P. A. L'Fargue, Meriden, 5s.; W. Prowse, G. Farthorne, B. A. Brickwell, all of Amersham, 2s. each; Dr. Barker, Aldershot, 5s.; T. Odell, Atfield, 10s.; H. J. Dowling, 5s.; T. M. Kendall, Freebridge, Lynn, 10s.; T. Harper, J. N. Stevens, J. H. Hicks, W. Dale, J. H. S. May, all of Plymouth, 2s. 6d. each; A. S. Kingdon, Bideford, 10s.; T. L. Pridham, Bideford, 5s.; A. Fernie, Barnstaple, 10s.; J. P. Berryman, St. Anstell, 6s.; W. B. Irwing, Newark, 5s.; G. Hardy, Rugby, 5s.; Dr. Smith, Weymouth, 1*l.* 1s.; G. T. Smeathman, Wycombe, 5s; H. S. Wood, Tavistock, 5.; W. B. Young, Reading, 10s; T. L. Walford, Reading, 5s.; F. Workman, Reading, 5s.; H. Dodgson, Cockermouth, 5s.; H. Bell, Cockermouth, 5s.; H. Giles, Witham, 1*l.*; E Moore, Bethnal Green, 2s. 6d.

I am, &c.

12 Royal Terrace, Weymouth, April 2, 1864. Richard Griffin.

New Voltaic Pile.—M. Maistre Fils has proposed a new voltaic pile. The peculiarity consists in the employment of iron instead of zinc for the oxidable metal, and in the arrangement of the charcoal or copper discs; these, which are circular, are all placed on a spindle which can be made to revolve; the discs dip into the liquid in the cups to such an extent that about one-third of their surface is covered; the exciting liquid employed is water containing a hundredth part of its volume of nitric acid. Iron is considered better than zinc, because there is no danger of its forming a deposit on the discs, the revolution of which prevents their becoming coated with hydrogen, and so rendered inactive.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.

The tenth annual general meeting of shareholders and members of this Association was held at the head office on Thursday, the 17th of March. Francis Webb, Esq. (Deputy-Chairman), presided, in the absence of Dr. G. H. Barlow (the Chairman of the Board), who was professionally attending an important trial in the provinces. The Association will be more familiarly known to the Medical Profession as the New Equitable Life Assurance Company, which is now incorporated with the Briton under the present title. The New Equitable was founded by the late Mr. Wakley for the purpose of securing to the members of the Medical Profession a proper remuneration for the important services rendered by them to life assurance companies, and which, up to the date of its formation, had received no adequate recognition.

It is stated that the Briton Medical and General (and New Equitable) Life Association has in the past ten years paid in medical fees over 17,000*l.*, and that during the last two years alone the fees paid amount to 4,844*l.*

The Chairman said, among other observations, that one-fourth of the proposals brought before the Board had not been completed, showing that the same care and vigilance which had always characterised this Office, and which had been the greatest causes of its success, had still been exercised. Notwithstanding the rejection of so many proposals, they continued on the ascending scale as regarded the new premiums. They had gone from 10,000*l.* and 15,000*l.*, to 18,000*l.*, and next year they hoped to do 20,000*l.* or 21,000*l.*, and this showed that they were looked upon throughout the country as one of those offices which agents had pleasure in recommending. This continuous rate of progress was very satisfactory. The receipts for the past year were 113,000*l.*, and after deducting all expenses and claims of which they had any knowledge, up to the 31st of December, there was a surplus of 45,000*l.*, to carry over to the reserve fund. Any office that could carry over one-third of its income was doing exceedingly well. It was one of the data by which they could judge of the soundness of an office. One-third of the income of this Association would be 37,000*l.*, whereas they carried over 45,000*l.*, notwithstanding many extra expenses.

The state of the Association was considered by the meeting to be highly satisfactory, and the proceedings terminated by the usual votes of thanks to the officers.

DEATHS.

AMESBURY.—On the 27th ult., suddenly, J. Amesbury, M.R.C.S.E., of Lansdowne place, Brighton, aged 68.

ANDERSON.—On the 16th ult., at Nice, Dr. Anderson, of Newburgh.

BELL.—On the 26th ult., at Jedburgh, J. Bell, M.D., aged 34.

BEVERIDGE.—On the 15th ult., at Tarbert, J. H. Beveridge, L.R.C.S.Ed.

CHEETHAM.—On the 24th ult., at Eaton road, Chester, J. K. Cheetham, M.D., of Rochdale.

HALL.—On the 24th ult., at White House, Longton, John Marshall Hall, youngest son of Robert Hulme Hayes, L.R.C.P.Ed., aged 3 years and 3 months.

HUNT.—On the 19th ult., at Bournemouth, Hants, J. J. Hunt, L.K.Q.C.P.I., of Danesfort, Mallow.

INCE.—On the 25th ult., Eugene S. Ince, M.D., of Wilton street, Grosvenor place, aged 28.

JOHNSTON.—On the 18th of Feb., of typhus fever, at Antrim road, Belfast, Francis Graydon Johnston, M.R.C.S.E., formerly of St. Angelo, Co. Fermanagh, and late of Charlton, Kent.

MAITLAND.—On the 28th ult., at Blackburn, Richard Maitland, M.D., and J.P. for the County of Lancaster, aged 69.

M'GILCHRIST.—On the 27th ult., at Castle street, Edinburgh, John M'Gilchrist, M.D.

SANDERSON.—On the 15th of February, at Kurrachee, Dr. J. T. Sanderson, 1st Bombay Light Cavalry.

THOMSON.—On the 14th ult., at Edinburgh, J. Thomson, Student of Medicine, of Fochabers, Moraysbire, aged 20.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 24th ult.:—Evan Evans, Llandyssil, South Wales; Francis Fox, Ringwood, Hants; John Hall, East Retford, Notts; Albert Lloyd, Bristol; Revett Powles, Coleridge, Ipswich; James Ricketts, Liverpool; Edward Thomas Shaw, Packington street, Islington.

On the 23rd ult.:—Alfred Philipps, Lamb's Conduit place, W.C.

The following gentleman passed his first examination on the 24th ult.:—Frederick Edward Worthington, Manchester.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley brought his course of twenty-four lectures on the Structure and Classification of the Mammalia to a close on Saturday week. Professor Fergusson will not commence his course until June next, when he will deliver six lectures on the Progress of Surgery during the present century.

DESTRUCTION OF THE DUBLIN APOTHECARIES' HALL BY FIRE.—On Wednesday last a fire broke out in the stores of the Apothecaries' Hall of Dublin. It was one of the most destructive fires that have occurred for a long time—property to a considerable amount (it is reported 15,000*l.*) having been sacrificed. This is not surprising when it is considered that the stores were filled with pharmaceutical preparations. It was first observed a little before 5 o'clock a.m., and was completely extinguished at 7; but in the interval the building was completely gutted. The books and valuable laboratory machinery were saved.

PRIZE ESSAY ON TOBACCO.—Among the prize questions of the Belgian Academy of Medicine is one for the best essay "to exhibit by observations and experiment the effect of the use and abuse of tobacco in a healthy man," for which a medal worth 300 francs will be given.

ARSENICAL POISONING BY ABSORPTION.—On Saturday, February 27th, Mr. B. L. Gross, one of the coroners for Suffolk, concluded an enquiry into the death of a child named Boatman, the daughter of a small farmer at Wissett, near Halesworth. The deceased was aged nine years, and lived with her father and stepmother. The child was taken ill, gradually got worse, and died soon after a Medical man was called in. The surgeon (Mr. Howard), feeling satisfied that the child died from poison, refused to certify the cause of death. An inquest was accordingly held, and when the jury viewed the body the scalp of the head was found to be in a shocking state from ringworm, and covered with vermin. The stepmother stated that about ten days before the death of the child she applied some precipitate powder and a little poison in the shape of an ointment to the head, to kill the vermin. The coroner ordered a *post-mortem* examination, and the appearance of the intestines and stomach pointing to arsenical poison in some form or other, it was felt important to ascertain whether the child died from arsenical poison, and if so, how it was administered. The viscera were accordingly sent to Professor Taylor, who stated at the inquest that the child died from arsenic applied externally, and absorbed into the system. The condition of the viscera, in their appearances, in the nature of their contents, and in the minute imponderable quantity of arsenic present in them, was not consistent with the supposition that arsenic had been given in a solid form or in a liquid form by the mouth, but it was quite consistent with the absorption of the poison through the skin of the scalp, and its subsequent diffusion by the blood. The scalp of the deceased was found to contain a large quantity of arsenic associated with a quantity of mercury (white precipitate), which had been applied as above stated in the form of an ointment. The jury returned a verdict to the effect that the deceased died from the effects of an ointment containing arsenic applied to her head by Mrs. Boatman, she being ignorant of the consequences, and intending merely to heal disease of the scalp; at the same time the jury desired the coroner to express to Boatman and his wife their sense of the neglect and ill-treatment of the deceased.

Professor Owen, F.R.S.—This distinguished physiologist had the honour of delivering a lecture on Natural History before the Queen and Royal Family on the 29th ult., and will deliver three more by command of Her Majesty.

Imports of Medicines from China.—From a return just published, it appears that during the year 1862, there were imported into this kingdom from China :—Camphor, 1,222 cwt. ; cassia lignea, 345,140 lbs. ; oil of cassia, 20,166 lbs.; other essential oils, 62,634 lbs. ; rhubarb, 165,326 lbs.

The Health of Portsmouth.—In consequence of a paragraph which appeared in the 'Morning Herald' and 'Standard,' of the 25th ult., relative to the smallpox at Portsmouth, the Mayor thought it advisable to convene a meeting of the medical gentlemen who are practising in the borough, to confer on the subject, and to take such steps thereon as might be deemed expedient. More than two-thirds of their number attended the meeting, and the following resolution was adopted :—"That the cases of smallpox which have occurred in the borough of Portsmouth have been of a modified type of the disease, and the few deaths which have resulted, in this large population, have taken place principally among those persons who have not been vaccinated, and in densely crowded or ill-ventilated localities."

Western Circuit: Bristol, March 29th.—(Before Mr. Baron Martin): Long v. Marsh.—The plaintiff was a surgeon at Thornbury, in the county of Gloucester, and the defendant was a tin merchant there. The plaintiff, having been in difficulties, had been compelled to go through the Court of Bankruptcy, and the defendant, as one of the debtors, was summoned to the Court and admitted the debt, but resisted payment on the ground that the plaintiff was not a proper practitioner. The plaintiff then produced a receipt from the Council of Medical Education for fees for registering him. The defendant stated upon his oath that the receipt was a forgery. The Court of Bankruptcy then refused to make an order on the defendant for payment, but an action must be brought which would enable the plaintiff to prove his qualification. The action was then brought. The judge said that the document referred to by the plaintiff was a receipt from the Medical Council, while the declaration alleged it to be a certificate from the College of Surgeons. Leave was ultimately given to amend the declaration before the first day of term, or the plaintiff would be nonsuited.

Royal Medical College, Epsom.—Sir Charles Locock, Bart., M.D., has consented to preside at the annual festival of this excellent institution. We trust there will be a numerous gathering of our brethren to support the worthy baronet, and to testify by their presence and subscriptions the interest they take in the College.

The Royal Infant.—On the 17th ult., the infant child of their Royal Highnesses the Prince and Princess of Wales was vaccinated. The vaccine produced the desired effect, and the Royal infant has passed through the various stages of the process in the most satisfactory manner.

Presentation to a Military Surgeon.—A meeting of the 16th Kent Royal Volunteers was held last Monday week for the purpose of presenting a sword to Dr. Penfold, the honorary surgeon of the regiment. The chairman, W. Walter, Esq., on behalf of the subscribers and friends, warmly eulogised the exertions of Surgeon Penfold, to which he responded in suitable and feeling terms.

The late Dr. Tobin, R.N.—On the 17th of February, Dr. John Kelly Tobin died at Brussels, aged seventy-nine. He commenced his career in the Royal Navy, was present at the capture of the fleet in the Basque-roads, afterwards entered the army, and was present during the Peninsular War in seventeen general actions, and retired on half-pay of the 9th Lancers, in consequence of wounds.

Sanitary Regulations for the Transport of Troops.—Deputy Inspector-General of Hospitals C. A. Gordon, C.B., has published some remarks on sea transport for troops for India and China. He strongly advises the establishment of a regular organized line of transports under naval agents, commanded by the senior officers of the station, each ship to be commissioned for three or five years, and attached to victualling yards in India and China ; the erection of a grand island sanitarium, a transport department in Egypt, a receiving vessel at Alexandria, as at Hong Kong, and other improvements on the present system which deserve the serious attention of the authorities, who must be desirous of mitigating the grave evils which at present exist, as Dr. Gordon points out.

Foreign Co-operation with the Registrar-General.—The Registrar-General has recently brought under the notice of the authorities of the great cities of Europe a plan for securing returns of diseases and of the weather simultaneous with those of London. Vienna, which is the seat of one of the greatest medical schools of Europe, has already responded to his application, and he expects to receive from that city a regular series of returns which cannot fail to afford interesting comparisons with those of London. Vienna is about to adopt many of the sanitary improvements which have worked so beneficially in England; and Dr. Glatter, a most zealous officer of the City Council, has undertaken the task of measuring their effects on the prevailing disease and the rate of mortality.

Pathology and Treatment of Aphthæ.—In the 'Gazette Hebdomadaire,' Dr. Jules Worms treats, in a recent paper, of a disease which is lost in the host of buccal affections described by modern authors. His subject is *aphthæ*, a denomination formerly applied to every superficial and acute irritation of the mucous lining of the mouth, and which Guersant, Billaut, and Gardien have shown to consist in a vesicular and ulcerous eruption of the mucous membrane, which runs its course in the period of one or two weeks. From minute examination of the deposit on the surface of aphthæ, Dr. Worms concludes that it consists of a fatty matter, which is not to be found in any other disease of the mouth, and exclusively characterises aphthæ. The epithelium rises and soon breaks, exposing to view a yellowish secretion, previously discernible through the transparent cuticle, and of which the microscope and the chemical tests invariably show the sebaceous nature. It may, on the other hand, be remarked that aphthæ are never met with on the anterior portions of the mucous membrane, where anatomists have failed in discovering any municiparous glands, and where *herpes labialis* more commonly occurs ; hence Billard's surmise that aphthæ are a disease of the mucous follicles, characterised by a peculiar sebaceous deposit, acquires additional probability. In Mr. Worm's opinion, aphthæ are, therefore, but the *acne* of mucous membranes. This practitioner infers from the solubility of the exudation in ether that this substance may be a useful local remedy for aphthæ. The pain caused by the eruption, and the difficulty of checking its progress, are well-known features of the disease, and the inefficacy of cauterisation, chlorate of potash, anodynes, and other methods of treatment usually prescribed, is very generally acknowledged. Mr. Worms has, on the contrary, resorted to ether with much benefit; this remedial agent removes the yellowish secretion, a new epithelium promptly forms, and no trace of the superficial ulcers remains beyond slightly increased vascularity of the mucous membrane. Ether may, therefore, be applied locally with advantage, but the fact of the frequent connection of aphthæ with gastric disturbance must at the same time be borne in mind. —'Journal of Practical Medicine and Surgery.'

APPOINTMENTS FOR THE WEEK.

Wednesday, April 6.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.; Royal College of Physicians of London, 5 p.m.—Dr. George Johnson, "On the Laryngoscope : The Method of Using the Instrument, and the History of its Invention ;" Hunterian Society, 8 p.m.—Dr. Risdon Bennett, "On a Case of Hydatid Disease of the Liver ; with Remarks ;" Obstetrical Society of London, 8 p.m.—Papers by Dr. Meadows, Dr. Day, Dr. Barnes, &c.

Thursday, April 7.—*Operations* at St. George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Hospital, 1½ p.m. ; Great Northern Hospital, King's cross, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; London Surgical Home for Diseases of Women, 2 p.m. ; Royal Institution, 3 p.m.—Prof. Helmholtz "On the Natural Law of the Conservation of Energy

Harveian Society, 8 p.m.—Mr. Weeden Cooke, "On the Tumours affecting the Female Breast," following a Discussion "On Diphtheria."

FRIDAY, APRIL 8.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians of London, 5 p.m.—Dr. George Johnson, "On the Laryngoscope: Illustrations of its Value in the Diagnosis and Treatment of Disease;" Royal Institution, 8 p.m.—Dr. J. Percy, "On Iron."

SATURDAY, APRIL 9.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements."

MONDAY, APRIL 11.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 12.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

An Elementary Text-Book of the Microscope. By J. W. Griffith, M.D., F.L.S., &c. London: John Van Voorst.

The Prescribers' Companion. By Alfred Meadows, M.D., M.R.C.P. London: Henry Renshaw.

The Social Science Review. April, 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

IGNOTUS.—The Bael is the fruit of the *Ægle marmelos*. It is very much used in India in diarrhœa and dysentery, and is there considered as a specific in those affections.

F.R.C.S.—Our meaning must have been wilfully misunderstood by some one who had not taken pains enough to read the article.

A COUNTRY SUBSCRIBER.—We cannot take any further notice of the subject alluded to, although the case has our fullest sympathy.

Dr. J. L. EARLE'S paper on Post-partum Hæmorrhage will be inserted next week.

Mr. GRIFFIN.—The subject shall be noticed.

X. Y.—The book is a very good one, and it has been favourably noticed in our columns.

A SUFFERER is most strongly cautioned to avoid the advertising quacks, and to take the opinion of his own Medical attendant, or of some respectable practitioner in his neighbourhood.

PATERFAMILIAS.—1. Latin is required at nearly all the preliminary examinations, but Greek, in some cases, is optional. 2. Oxford and Cambridge are very good schools of Medicine at present, and the only objection to them is the expense of maintenance of the pupils.

T. V.—Chloroform has been employed, and with advantage, in dysmenorrhœa.

REGULAR SUBSCRIBER.—Probably the case recorded by Mr. Embling, of the appearance of the menses in a child of two years of age is unique; we are not acquainted with any other instance in which this function was called into activity at so early a period. The following is a brief abstract of the case to which we have made allusion:—The child had begun to menstruate when she was only two years old, and when seen at the age of three years "the mammæ were as healthily developed as in an adult of twenty years; the nates were also developed, the pubes having a slight flush of hair upon them; the labia, &c., were found to be in that condition which exists in a matured young person; the hymen was perfect, and the vagina, at least anteriorly, was of large size; the countenance was antique, and altogether the babe of three years had the appearance and gait of a little old woman. Menstruation and its concomitant pains were regular.

MR. ALFRED FREEMAN.—The name does not appear in the Medical Register or the Medical Directory for the present year. We are, therefore, unable to answer the question.

THE copy of the 'Belfast News-Letter' has been received.

Royal Medical Benevolent College.—The Council have the pleasure to announce that SIR CHARLES LOCOCK, Bart., M.D., has kindly consented to take the chair at the TWELFTH ANNUAL FESTIVAL of the College, which will take place at Willis's Rooms, King Street, St James's, on Saturday the 14th of May next, when it is earnestly hoped that there will be a large meeting of the friends of the Institution.

Gentlemen who are willing to serve as stewards on the occasion are requested to forward their names to the Treasurer, John Propert Esq., 6, New Cavendish Street, W. There is no liability attached to the office.

By order of the Council.

37 Soho Square, London. ROBERT FREEMAN.
30th. March 1864. Secretary.

St. Bartholomew's Hospital and MEDICAL COLLEGE. SUMMER SESSION commencing May 2.1864.

LECTURES.

Materia Medica.—Dr. Farre
Botany.—Dr. Harris
Forensic Medicine.—Dr. Martin and Dr. Odling
Midwifery.—Dr. Greenhalgh
Comparative Anatomy.—Mr. Callender
Practical Chymistry.—Dr. Frankland and Dr. Odling.

The Hospital contains 650 beds, and Clinical Lectures are delivered on the Medical Cases by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases by Mr. Lawrence, Mr. Skey, and Mr. Paget, and on Diseases of Women by Dr. Greenhalgh.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.* are rewarded annually. Further information respecting these and other details may be obtained from Mr. Holden, Mr. Callender, or any of the Medical or Surgical officers or Lecturers; or at the Anatomical Museum or Library.

Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland Place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.—

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 212.)

The Preventative Treatment.

I wish I could express in words how deeply I am impressed with the importance of employing certain precautions or remedies in every case of midwifery, for the purpose of preventing the occurrence of post-partum hæmorrhage. If the assertion were to be made, that half the number of cases of flooding which occur after delivery could be prevented by ordinary care on the part of the Medical man or patient, I believe it would be rather below than above the mark. Before I put into force the various precautionary means presently to be described, I was constantly meeting with flooding, whereas now I rarely do. Two or three Medical men have told me that they very seldom attend a case without flooding coming on afterwards; one of these gentlemen practises in a most healthy rural district too. Others, on the contrary, state that in their practice it is quite the exception for flooding to occur. It is impossible to attribute such different results to mere chance or luck. The true explanation is to be found in the mode of attendance. Flooding will be most frequent in the practice of Medical men who trust too much to nature, or are, on the contrary, very meddlesome.

The precautions which we may employ in preventing flooding after delivery should have for their aim more or less the insuring of two points—*perfect rest of body*, and *perfect contraction of the uterus.*

Prec. I. — The patient ought to be confined in bed. Amongst the upper class it is the usual mode of delivery; but the poorer class will almost invariably be confined with all their dayclothes on, at the foot of the bed, with the mattress turned up. They raise the three following arguments for being confined in that manner. 1st. They consider the stays are a great support and assistance. The only feeling of support which can be derived from stays must be from mere habit, from constantly wearing them; and against their use we know that they impede respiration, which is already rendered difficult from the pressure of the diaphragm upwards by the displaced abdominal viscera. 2nd. They require some fixed point against which they can place their feet in order to bear down, and another fixed point to which they can attach a towel to pull at, and thus further assist nature's efforts. Extraordinary efforts, as may be effected by such means, are perfectly unnecessary, and in some instances actually injurious; many a ruptured perinæum has been produced by straining too violently during the last stage of labour. Any straining, if necessary, can be effected in bed by holding the hands of the nurse, shutting the mouth, and bearing down. 3rd. The danger of messing the sheets when confined in bed. This is the most forcible argument these patients possess; for if the bedclothes are not properly protected, they are liable to become soiled by liquor amnii and blood. The "making of the bed," as it is termed, should be superintended by the surgeon, especially when attending upon the poor, for the nurses in that class are so ignorant as not even to know how to manage this simple affair properly. Many of them place the oilcloth, etc., in the centre of the bed, which not only renders the manipulations of the accoucheur more awkward, but any extra amount of discharge runs over, and wets that part of the sheet which lies between the oilcloth and the edge of the bed. Whatever is placed on the bed for its protection ought to have a good portion hanging over the edge, and the patient to bring her buttocks as near to the edge as possible, in order that if there should happen to be any unusual amount of discharge it may run off.

The patient's dress may consist either of the ordinary night-clothes, or, as I prefer it, a clean chemise and night dress well drawn up round the waist, and the rest of the body covered by a flannel petticoat and a single old skirt, with the feet enveloped in thick woollen stockings. It is better to let the patient stand or sit until labour has far advanced, unless she is exhausted from loss of sleep or from the length of the first stage; but she should be dressed ready for some time before she lies down, especially if from the previous labours we learn that they are quick, or if we find the os dilating rapidly. The great advantage of being confined in bed and dressed in the manner stated is that it ensures perfect rest after the termination of labour. I have several times noticed, in women who had been confined at the foot of the bed, the uterus well contracted, and no hæmorrhage while they remained there; but after all their day-clothes had been removed and clean things put on, and they had been literally dragged into bed, that the uterus had become large and tender, and hæmorrhage had commenced which, in some instances, could not be arrested without introduction of the hand, and the removal of clots.

Prec. II.—A small tablecloth, or, if there are two binders, one of them should be adjusted before the termination of labour, in fact, as soon as the patient is undressed. It ought to be passed (the patient standing up) once round the abdomen outside the skirt, and made to reach a little above the fundus of the uterus and a little below the hips, and then pinned four or five times on the *right side* of the patient. It should not be drawn tight except in cases where the uterus is very much anteverted from great flaccidity of the abdominal walls, as it prevents the fundus from taking the natural forward movement during a contraction. I used to put on the binder after delivery, but to adjust it properly while in the recumbent posture requires a considerable amount of exertion on the part of the mother, as some difficulty is generally found in getting the lower edge well under the hips; and sometimes it gets twisted, then it has to be removed and re-applied. There are many advantages in adjusting the binder before delivery:—1. It ensures perfect rest of body. 2. It can be more easily and more equally applied. 3. By pinning the binder on the right side of the body as she lies on the left we are enabled to tighten or loosen it at pleasure.

Prec. III.—The nurse should be instructed to tell the patient to empty her bladder frequently. The more cases of midwifery I attend, the more I feel convinced that a distended bladder is not an uncommon cause of post-partum hæmorrhage. I shall enter more fully into the consideration of distension of the bladder when I come to treat upon the subject of the causes and their treatment.

Prec. IV.—When the patient lies down, care ought to be taken that the head and trunk are placed higher than the pelvis, especially so just before the birth of the child; otherwise hæmorrhage is liable to be set up by the blood gravitating to the upper part of the vagina, and there forming a clot, instead of passing away out of the vulva. The vaginal clot obstructs the escape of blood from the uterus and affords it time to coagulate in the cavity of that organ. Clots in the uterus is a most common cause of post-partum hæmorrhage.

Prec. V.—The character of the previous labours, and of the present one, should be carefully studied. For example, if we find out from enquiry that the patient is *a flooder*, that is to say, always has an excessive loss of blood after her confinement, a dose of ergot should be administered as soon as the child's head is born, and another as soon as the rest of the child is delivered; or if we notice during the present labour that the delivery of the child is being effected by pains which occur at long intervals, we may be pretty sure that the uterus will act as slug-

gishly after delivery, and that hæmorrhage will arise from inertia. Ergot should be given in the same way in these cases as in those in which flooding occurs after every confinement, as the cause in both is the same. I may mention here, that when I first commenced systematically to carry out precautionary means for the prevention of post-partum hæmorrhage, I tried the effect of ergot after the birth of the child's head in every case I attended, thinking by so doing I should ensure perfect contraction of the uterus; but I was not at all satisfied with the result, for in the first instance, it very often gave rise to fearful after-pains, and, secondly, it sometimes produced the very evil I wished to avoid, viz., an excessive loss of blood. Ergot is very useful in the cases above mentioned, for, as the cause in both is inertia, the ergot excites the normal contraction of the uterus, and no more; whereas, if we give it in ordinary cases, we have the normal uterine contraction, plus the effect of the ergot, giving rise to inordinate action of the uterus, which not only causes great suffering, but often an undue loss of blood.

Prec. VI.—When the infant's head is born, the nurse should be directed to place her right hand over the fundus of the uterus, and to follow the uterus down as she feels it descend during the expulsion of the infant. This assists in preventing the uterus being left in a flaccid condition.

Prec. VII.—The child ought to be allowed to be expelled by the efforts of nature, unless its life is in danger; the only artificial aid generally necessary, is to direct the head and shoulders forward. There is usually an interval before the uterus commences to contract again, whenever it parts with any considerable portion of its contents suddenly, as when the liquor amnii is discharged, or the head is expelled, and when the rest of the body is born. If we pull away the infant without waiting for a contraction, the uterus is liable to be left large and uncontracted; and should a portion of the placenta become detached, before the uterus takes upon itself to contract, hæmorrhage is an inevitable consequence.

ON CLOTS IN ARTERIES.

By Dr. G. de Gorrequer Griffith.

As this is a subject fraught with immense interest, not only to the obstetric practitioner, but likewise to the general physician, as well as the general surgeon, no apology is necessary for making some remarks upon a case lately under the care of Mr. T. Nunn, published in our number for February 10.

It is reported that on the "5th of July the patient is only semi-conscious," and that on the "9th the power over the right side is lost." The notes for the 10th go on to say "died at 8.45 p.m., sixty days after operation." The post-mortem examination revealed the heart to be not only "flaccid and fatty," but to have "vegetations on the mitral valves toward their bases."

Thinking it not improbable nor impossible for the semi-consciousness and the loss of power over the right side to be at least in a measure connected, it occurred to my mind that both these conditions might be due to part or some of the vegetations having been washed off the mitral valves, urged by the systolic action of the heart into the general circulation, and hurried along until it (the vegetation) came to occupy a vessel the calibre of which was not sufficiently capacious to allow of its transit; hence its arrestment at a particular point and the supervention of the symptoms above noted.

I do not mean to assert this surmise as a fact, but feeling interested in the subject of clots in arteries, and the consequences of such an accident, I would venture to ask the opinion of Mr. Nunn upon this view of his case, since were it in affirmation with my conjectures, the case might be cited as another instance of the sequences of clots, or vegetations, in arteries.

Bearing upon this subject, Dr. Simpson has collected a number of cases which induce him to think arteritis and arterial obstruction, as occurring after labour, not so infrequent as was supposed, and that the paucity of published and recognised cases arose from the non-recognition of the peculiar symptoms, and the difficulty in detecting the pathological results of the lesion.

He enumerates as the several causes of the obstruction:—First, the separation of cardiac vegetations; second, the passing forward into the current of the circulation of unorganised blood coagula, or of fibrinous masses from the cavity of the heart; third, local arteritis; fourth, diseases of the blood; fifth, laceration of the internal coats of the vessel. To this last, as a cause of obstruction, Professor Turner some years since drew attention, and Dr. Oke, of Southampton, has published a case considered to be illustrative of the Professor's observations; the following is an abstract of it:—Hæmorrhage occurred during pregnancy, abortion supervened; to this succeeded coldness and anæsthesia of the left arm, as well as discolouration of the tips of the fingers, and absence of the pulse at the wrist; the cardiac and respiratory functions were properly executed, there being no disease of the heart or lungs. The extremities of the digits dropped off as a consequence of the gangrene which attacked them; the sphacelus extended no farther, and the limb became restored to its wonted healthy aspect and conditions. The patient lived for some time after, and exhibited no cardiac lesion.

There is a case mentioned by Dr. Simpson, in the 'Medical Times and Gazette,' for 1854, and which had been furnished to him by Dr. Burrows; the woman was a puerperal subject, and to all appearance suffered from the consequences of over lactation; there were also present obscure rheumatic pains in the limbs; hemiplegia suddenly set in after using a little more exercise than usual; a systolic cardiac bruit was quite audible on examination; the memory and the speech became affected; death supervened. The necropsy showed mitral and aortic valvular disease, vegetations being situated on both sets of valves. The left corpus striatum, owing to the process of ramollisement, was reduced to a mere diffluent pulp, while the artery supplying it with blood had, at its very origin from the middle cerebral, became choked up with a small mass like a grain of wheat.

Dr. Burrows had correctly diagnosed the case during life—first, from the fact of the woman being a puerperal patient; secondly, the presence of the cardiac valve disease; thirdly, the sudden hemiplegia, loss of memory, and other symptoms of ramollisement.

In 1847, in the March number of the 'Monthly Medical Journal,' Dr. Simpson recorded this case:—Previous to impregnation, the lady had laboured under endocarditis, and during the time she carried the child there were repeated attacks of dyspnœa; hæmorrhage at eighth month, dependent for its production upon placental presentation. The child was born alive, the long forceps being used to effect delivery; convalescence went on for a few days, when a sudden accession of decidedly untoward symptoms presented, and in the second week the pulse had ceased to exist from below the elbow, and the entire limb was cold, stiff, and insensible. Pulsation in right forearm returned very gradually, but the vessels of the lower limbs seemed to have been occluded. Erratic phlebitis attacked the patient, and she succumbed apparently from phlegmasia dolens of the left arm and left side of the face. At the post-mortem, the left vena innominata was found entirely closed by a plug of lymph, and the humeral artery at the elbow was in the same condition. There was no evidence of laceration of the inner coats of the artery. The uterus was quite healthy. The valves of the left side of the heart were studded with vegetations, the washing off of which by the blood into its current had, in the opinion of Dr. Simpson, occasioned the occlusion of the artery and the consequent symptoms.

Another case is recorded by Dr. Simpson:—The patient was young; had a premature labour, the child being her first; continued to do well for three weeks, at the end of which period feverishness and diarrhœa supervened, and the lochia began to assume a sanguineous appearance; neu-

ralgic pains, sometimes of a very severe type, attacked the lower extremities, especially the right. Seven weeks subsequent to labour, a sudden pain was experienced in the left groin, and a loud bruit could be heard with the heart's systole. A few days after these symptoms had presented, the pulse ceased to beat in the right arm—the cessation was complete and sudden. On the day following, an arterial beat could be detected in either femoral artery; gangrene of the toes of the left foot supervened, and the patient died.

There had been no previous history of any rheumatic affection.

The post-mortem examination demonstrated the pelvic and abdominal organs to be for the most part sound and healthy; the spleen, however, was pulpy, and studded throughout with masses of lymph.

The valves of the aorta were encrusted with friable vegetations, while the vessel itself was occluded by a plug of lymph just about its bifurcation into the iliacs; these latter vessels were likewise choked up by the same lymphy material, which at several points encased some purulent matter, as well as small bodies resembling the vegetations, by which the valves were encrusted.

The humeral artery of the right side was, as well as the other vessels, occluded at its bifurcation, and the femoral vein of the left side was found to be inflamed.

The plugs by which the vessels were blocked up were not unlike the cardiac vegetations.

In Dr. Macfarlane's case, the vegetations on the valves were very small; there was no obliteration of the brachial and femoral vessels, and the upper part of the plug seemed to be one of, or a portion of, the valvular growths.

In a case of Dr. Lever, the arteries in both extremities of the left side ceased to pulsate, gangrene attacked the affected limbs, and death of the patient ensued.

The examination after death showed the arterial and venous vessels to be alike obstructed, and also that there were vegetations upon the valves of the left side of the heart.

This train of occurrences had followed an acute attack of rheumatism during pregnancy.

Dr. Kirke's cases had had developed symptoms, dependent upon occlusion or obstruction of the cerebral vessels, and at the necropsy, vegetations similar in appearance and structure to those studding the cardiac valves were discovered to be the offending cause.

In the cases brought forward by Dr. Simpson, the evidences in favour of the obstruction being the result of the transmission from the heart along the arterial channels of vegetations formed upon the valves of the heart, are these:—The patients had suffered from endocarditis; the arterial pulsations had been suddenly arrested, showing that the obstruction was instantaneous, and not gradual, as would take place were arteritis the occasion of the symptoms; at the autopsy, vegetations were found upon the valves of the heart, and bodies in every respect identical in appearance and structure with these valvular growths were found at the site of the obstructions. Again, it is not unusual for outgrowths in other situations to be thus cast off from the point at which they originate. Dr. John Reid has described the separation of polypus-like bodies from the pleural and peritoneal surfaces; and all are quite familiar with the separation which occurs in cases of polypi from various mucous surfaces, as well as with those instances in which foreign bodies in joints come to have an existence independent of the structure whence their primary development.

Cruvelhier relates a case, in which a needle had entered the left ventricle, had become the nucleus for fibrinous coagula, that, being detached from it, had been projected into the circulation, and had occasioned occlusion of the lower limbs. The result of this obstruction was gangrene.

"The fourth cause" says Professor Simpson, "of arterial obstruction, is certain diseased states of the blood, or morbid matters circulating in it. In puerperal phlebitis, there are particles of pus and fibrine circulating in the blood; at first passing from the uterine veins to the right side of the heart, and becoming deposited in the lungs, liver, &c. Now, pus or fibrine is known to serve as a nucleus for coagulating the blood, and in the pulmonary or other arteries, sometimes leads to the formation of obstructing masses. Two cases of puerperal obstruction of the pulmonary arteries from this cause are given by Cruveilhier; the possibility of various morbid appearances in the liver, spleen, &c., being attributable to the same cause is dwelt upon."

In conclusion, I would call attention to a specimen in the Pathological Museum of the New York Hospital; it is the heart of a boy, whose body had been submitted to an autopsical examination after death from wound of the subclavian artery, the septum cordis ventriculorum was found transfixed by a needle, and yet, during life, no serious symptoms had been manifested.

Claverton terrace, St. George's square,
April, 1864.

HOSPITAL REPORTS.

KING'S COLLEGE.

Operation by Mr. Henry Smith.

(Continued from page 229.)

Mr. Henry Smith then proceeded to operate upon a robust, strong, and active young man for the cure of fistula in ano.

The history is as follows:—Æt. twenty-five; four years ago, while serving in India with his regiment, he got an abscess of the rectum, which bursting, resulted in a fistula; for this latter he was operated upon, but without removal of the affection. Again, about a year subsequently, he had to undergo another operation, which likewise failed, as did also a third.

On a very close examination of the rectum, in order that the cause of this frequent failure might be ascertained, *a stricture of the intestine was found*, which at once explained the difficulty. The stricture in every instance prevents the fistula from uniting, and the operation fails, not from any want of dexterity and skill on the part of the operator, but merely because the exciting cause is allowed to remain. In this case, while the man had been under observation, and was being treated by Mr. Smith, the stricture was dilated and the wound healed; however, when the patient discontinued his visits to the hospital, he neglected to use the bougie, the stricture became as bad as at first, and the fistula returned.

At the present operation, the stricture was nicked on two sides, and the fistula was divided in the ordinary manner.

Mr. Smith particularly dwelt upon the inutility of merely dividing a fistula where it existed along with a stricture of the rectum, and laid down, as the proper course of treatment, the cure of the stricture, in order to effect that of the fistula. In this case, the fistula was on the left side, and there were the cicatrices of the former operations, as well as hypertrophied portions of integument, indicative of the sites of the fistulæ.

The second case upon which he operated was that of a man weakly and delicate, who had a blind external fistula. The common plan of treatment was put in requisition.

The object of the methods of treatment in stricture of the rectum, is obviously to remove that condition of the bowel. This may be effected either by simple dilatation, or by division of the part with the knife.

The first is effected by means of an instrument called the rectal bougie, and which differs from the urethral bougie only in size, being made of gum elastic. It should be used every second or third day, and thus, in many instances, it will succeed in removing the constriction. Sometimes, however, the affection is of so long standing, that the stricture has become very tight and very hard, in which case we may, and only with great difficulty, be able to pass a

small-sized instrument: we may also find it almost impossible to dilate the constricted canal, or to produce a decided impression upon the tightened and indurated tissues. Under these circumstances, it is advisable, in conjunction with the attempt to dilate by means of the bougie, to nick the tissues, and so to loosen the offending parts. The best knife for this purpose is a probe-pointed sheathed bistoury. This latter mode of treatment constitutes the operation by division.

After incising the tissues and freeing them, a sponge-tent, such as is used in the dilatation of the os and cervix uteri, must be passed (well oiled) into the intestine, and completely through the seat of stricture. It must be allowed to remain for twelve hours, and when withdrawn, should be replaced by a larger sized sponge-tent, or by a bougie, it being a mere matter of choice which will be used to produce a cure. The bowels must on no account be allowed to become constipated, and may easily be kept regularly and gently open, by mild aperients, or by enemata.

When the seat of stricture is very high up—not to be felt by the finger—even the procedure by simple dilatation is attended with much difficulty, and the difficulty is commensurate with the amount of tightness, as also with the degree of induration co-existent. If, however, we succeed in passing one instrument, how small soever it may be, there will be comparatively little difficulty of introduction experienced in using other instruments subsequently, because the first will act as a guide. The best position in which to place our patient is upon the left side. Too large-sized bougie must not be used, nor should any force be employed in the passing of it, lest we perforate the bowel, and induce fatal inflammation of the peritoneum. This is a danger less likely to occur when the stricture is situated low down than when it is high up, since, in the latter instance, not being able to make an exploration with the finger, we may be led into the error of imagining that we have entered the canal of the stricture, and acting on this supposition, we strive to overcome the resistance, in doing which we push the bougie right on through the walls of the intestine, the obstruction being occasioned not by the stricture at all, but by one of the valvular folds of mucous membrane lining the interior of the bowel below the constriction.

There is a great difference in the pain felt by patients; this will arise either from local sensibility, or from a condition of general irritability or nervous susceptibility, having for its origin the affection of the bowel, or existing antecedently. To relieve this pain, this hyperæsthesia, the ordinary opium suppository may be introduced; in a female, this may be passed into the vagina, so that there will be no occasion to withdraw the bougie.

There is so great a tendency on the part of the stricture to recur, that very frequently the simple dilatation will prove ineffectual, and we will at length be compelled to put into force the plan by incision.

When the stricture is high up, it in some cases has happened that the bougie, instead of entering it and passing through it, is caught by a fold of membrane, and is bent backward upon itself; all this time we may be led to suppose it is travelling upward through the intestine, when in reality it is returning to the anus.

If the obstruction be complete, it may be necessary to perform the operation for artificial anus, and according to the situation of the constriction must the opening be made. As, however, the disease more frequently implicates the bowel below the descending colon, the operation termed Amussat's is that generally required. Should any doubt exist as to the position of the stricture, it will be advisable to operate for the artificial anus in the right iliac region.

Before any such operative measures be taken, resort should first be made to oil and oatmeal enemata, with the hope that the bowels, excited to expulsive action, will overcome the obstruction and relieve themselves. While we are waiting for this result, the strength of our patient is to be supported by every kind of light nutritious food, and such as will not allow much residue to collect in the bowels.

Strictures are of two kinds, the simple non-malignant, or fibrous, and the malignant, or cancerous. The treatment to which we have just adverted bears reference only to the simple variety of the disease.

Fibrous stricture is usually met with in that part of the bowel where the rectum joins the sigmoid flexure of the colon. It is likewise very often found a little below this point—that is, about a finger's length from the anus; sometimes it exists higher up than the line of junction of the two portions of the large intestine—namely, in the descending, or even in the transverse, colon.

There is a form of simple stricture met at about an inch, or an inch and a half, above the anus; it occurs most frequently in those suffering from piles, when inflamed or acutely painful; from ulcer in the bowel; from acute fissure; from the effects of delection, or, as in not a few instances happens, from hysteria. In this kind of stricture there is no organic disease, the affection being merely of a spasmodic character, and generally involving the superficial sphincter; it is more common in young nervous females, and is sometimes dependent on a loaded condition of the bowels. The fibrous variety obtains far more frequently in those who are advanced in years, especially in elderly females.

The symptoms are difficulty in emptying the bowels, and straining in the effort to do so, which, coupled with some pain and tenesmus, at first slight, but increasing with the advance of the disease, as well as with habitual constipation, awaken the attention of the patient to the fact that something must be wrong. On examining the evacuations, they are found to be small, broken up into irregular-shaped pieces, hard, scybalous, and covered over with blood and mucous; diarrhœa will alternate with the constipation; dyspepsia and distension of the abdomen will harass the patient. The peculiarity of the diarrhœa is, that it affords very little, if any, relief, and that the discharges are almost altogether composed of the fluid excretions of the intestines, very little solid fæces being passed.

Complete obstruction can only occur when the organic changes have lasted for a very long time, and have steadily grown worse; it is, therefore, but a very slow process, and even when it does supervene, may last for some weeks before death results. Instances have, however, occurred, in which the obstruction came on quite suddenly, and all the symptoms of acute strangulation of the intestine followed, death quickly terminating the sufferings.

The abscesses which form in connection with stricture of the rectum burst into the vagina, into the rectum itself, the ischio-rectal space, or passing down to the nates, may form an opening in this direction, ultimately leading to what is ordinarily termed fistula in ano. The great tendency of these abscesses, wherever they burst, is to eventuate in fistulæ.

Very frequently the purulent discharge is most offensive in character. Hectic, rapid and extreme emaciation, mark the formation of matter, and the ulceration of the mucous membrane of that part of the bowel which is the seat of the constriction.

Peritonitis sometimes arises in consequence of a communication of the local irritation, or from the ulcerative process forming an opening into the sac of the peritoneum, or from the abscess emptying itself into the same sac.

Census of Occupations.—From the general classification of the population enumerated in England and Wales at the census of 1851, and that of 1861, it appears that the physicians increased from 1,771 to 2,385, but the surgeons and apothecaries decreased in number, the profession answering to the preference of the patient for the higher title.

The Army Medical Library at Aldershot, founded by Dr. Gibson, the present Director-General, has recently received a very important addition in the contribution, by Dr. Fleming, of 139 volumes. The 'Aldershot and Sandhurst Military Gazette' has made some observations on the library, which are worthy of approbation.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF
H. LETHEBY, M.B., M.A., Ph.D., &c.,

Fellow of the Linnean, and the Chemical Societies, Medical Officer for the City of London, and Professor of Chemistry in the College of the London Hospital.

No. X.

Aconitia.—The preparation of aconitine, almost up to the time of the publication of the British Pharmacopœia, was considered an extremely difficult matter. In 1836 the London College gave a process for extracting it, which unfortunately did not answer, and therefore in the Pharmacopœia of 1851 all mention of the alkaloid was omitted. The British Pharmacopœia now supplies a process, the usefulness of which is guaranteed by the fact that it is the method employed by some of the largest makers of this alkaloid, Messrs. Hopkin and Williams, who liberally placed it at the disposal of the committee.

The process may be shortly described as follows:—Coarsely-powdered aconite root is boiled for a moment with alcohol, and then macerated for a few days. The whole is then percolated, and the mass exhausted with spirit. The greater part of the alcohol is now recovered by distillation, and the residue is then evaporated over a water bath to drive off all the alcohol. This is an important part of the process, since if the whole of the alcohol is not removed, the aconitia will not be completely precipitated. The residual extract is afterwards mixed with twice its weight of *boiling* distilled water, and the mixture, when cold, is filtered. The object of this filtration is to remove a small quantity of green oil which separates from the extract on the addition of the water. A slight excess of ammonia is now added to the filtered solution, and a gentle heat is applied. In this way a mixed precipitate of aconitia, napellina, and some resinoid matter is obtained, which is collected and dried. It is then powdered, and digested repeatedly with ether. The etherial solutions are then mixed, and carefully distilled to dryness. The dry extract is treated with warm distilled water, acidulated with sulphuric acid, and the solution, when cold, is again precipitated by the cautious addition of diluted ammonia. The aconitine so precipitated is washed with a small quantity of *cold* water, and then dried by slight pressure between folds of blotting paper.

The aconitine so obtained is usually of a pale brown colour. It can be obtained quite white, by redissolving it in dilute sulphuric acid, and treating the solution with animal charcoal, but the loss is considerable, a matter of importance with so expensive a substance. It has been procured in crystals by Mr. Morson, who discovered the curious fact, that in the crystalline state aconitine loses much of its activity. We are not aware that any analysis of these crystals has been made, which if done might throw some light on this alteration of strength.

Aconitine is freely soluble in alcohol and ether, and dissolves in 150 parts of cold, and 50 parts of boiling water; the solutions are strongly alkaline to reddened litmus. It combines with acids, forming neutral salts, which have not yet been crystallised. These salts are readily soluble in alcohol and water; the solutions give a precipitate with sulphocyanide of potassium, bichloride of mercury, and terchloride of gold, but not with bichloride of platinum. Caustic alkalies precipitate the aconitine.

Concentrated sulphuric acid first colours aconitine yellow, and then violet; nitric acid gives a colourless solution. It is, of course, completely destroyed by heat.

The formula of Aconitia is said to be $C_{60}\ H_{47}\ O_{14}\ N$, but this formula must be accepted with some reserve, since it is doubtful whether the pure alkaloid has ever been analysed.

The practitioner who wishes to make sure of the effects of aconitine, should be careful to order the English, made by Morson and Son, or Hopkin and Williams, the only London makers. A good deal of the alkaloid of foreign manufacture is imported, and sold at a much cheaper rate, but it may be said to be worthless for remedial purposes. We have administered as much as four grains of an imported specimen to a dog without producing any apparent discomfort to the animal; while one-twentieth of a grain of genuine aconitia is sufficient to cause death.

What foreign aconitia is composed of is unknown. M. Barreswill supposes* that much that is sold is asparagine, or, in some cases, for the most part sulphate of lime. Asparagine would be difficult to identify; but sulphate of lime would be detected on applying the Pharmacopœia tests, since it would be left as a white residue on burning the aconitine, and would not be dissolved by ether.

We have mentioned another alkaloid found in aconite root. When the precipitate obtained by the addition of ammonia to the aqueous solution in the first part of the Pharmacopœia process is treated with ether, a considerable portion is left undissolved. This residue dissolves in alcohol, and also in dilute acids, from which latter solution it is again precipitated on the addition of an alkali. The exact nature of the precipitate has not yet been made out; but by appropriate treatment of the alcoholic solution, a white substance of a bitter and afterwards burning taste, and which possesses alkaline properties, has been separated, to which the name *Napellina* has been given. It is said to be distinguished from aconitia by not being precipitated by ammonia from a hydrochloric solution, and by being more soluble in alcohol and water. We know of no analysis of this substance, at all events under the above name.

Recently, Messrs. J. and H. Smith have described† an alkaloid which they have discovered in aconite root, and to which they have given the name of *Aconella*. It is extremely probable that it is the same body to which the name Napellina had been previously given. The Messrs. Smith assume that this substance has the same composition as Narcotina,

* 'Répertoire de Chimie Appliquée,' 1863, pp. 353.

† 'Pharmaceutical Journal.' Jan. 1864, pp. 317.

with which body they believe it to be identical. Aconella is said to be inert; the physiological properties of Napellina have not, so far as we know, been examined.

With respect to its therapeutical properties, aconitia possesses, in a concentrated degree, the characters of aconite, and is used in medicine chiefly as an external application in some cases of rheumatism and neuralgia. Its dose for internal administration is about the $\frac{1}{60}$ of a grain. The poisonous dose may be stated as about the $\frac{1}{10}$ of a grain.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. ERNEST HART commences the number with a Clinical Lecture on "Cataract, with reference to Improved Methods of Diagnosis and Treatment." Mr. Hart selects three cases in illustration of the different forms which cataract may assume, and of the different prognosis which ought to be formed in each case. In one instance, the nature of the disease was evident at once; in the other two, the morbid changes occurring in the textures of the eye were revealed by the ophthalmoscope, which instrument Mr. Hart declares to be not merely useful, but, inasmuch as its indications are infallible when cautiously sought for, inestimable According as the changes in the structures are more or less advanced, as revealed by the instrument, and according as the other textures besides the lens are affected, will the chances of success be favourable or otherwise under operative proceedings. In some cases erroneously supposed to be cataractous, the use of the ophthalmoscope will reveal the real nature of the disease, which may be unconnected with the lens.——Mr. REDFERN DAVIES, of Birmingham, offers some "Remarks on the Operative and Mechanical Treatment of Prolapsus Uteri," illustrated by a case. He agrees generally, in his mode of proceeding, with Mr. Baker Brown, but differs from him in some respects, as in using silver wires instead of twine sutures. Mr. Davies does not agree with Mr. Brown in entirely condemning the use of pessaries, as he considers that "Zwanke's pessary" is free from inconvenience.——Mr. WILLIAM COLLES contributes a paper on a "New Method of Using Arsenious Acid in the Treatment of Leprosy," and he illustrates his remarks by the details of three cases which occurred in India, in all of which the disease assumed a very aggravated form, resembling elephantiasis. They were treated externally by an ointment composed of arsenious acid and simple cerate, but an ointment containing the biniodide of mercury was also used. The treatment was very successful in all the cases.

THE 'MEDICAL TIMES AND GAZETTE.'

The number commences with a Lecture on the "Conservation of Energy," delivered recently at the Royal Institution by Professor HELMHOLTZ. This discourse seems quite out of place in a Medical journal, as the subjects of which it treats have hardly any bearing upon medicine. For this reason, and from the fact that it really contains nothing new, we make no analysis of it, although we have read it with pleasure as an exposition of certain facts and laws in Natural Philosophy and Astronomy.——Dr. GARROD concludes his Lectures on the "British Pharmacopœia," making some observations on matters of comparatively minor importance, as the composition of the liniments, spirits, tinctures, juices, lozenges, &c. With respect to the therapeutical employment of potash and soda, which are used indifferently by many practitioners, Dr. Garrod thinks it probable that each may possess distinct remedial properties.——Dr. JULIUS ALTHAUS concludes his very interesting paper on "The Trichina Disease: its Prevention and Cure." The diagnosis of this affection in the living subject was not made until 1860, when Dr. Zencker recognised an epidemic of the disease in the town and neighbourhood of Dresden, and showed the presence of the trichinæ in a ham and several kinds of pork sausages, of which the affected persons had eaten. Several became seriously ill, and one died, and on the autopsy of the latter, an immense number of trichinæ were discovered in the muscles of the body. The parasites were administered to several rabbits, and they all died, and in all the animals trichinæ were found in the muscles. Trichiniasis is considered by Dr. Althaus as being probably always caused by eating raw or underdone pork, hams, or sausages; beef, mutton, poultry, and game, never contain them. Dr. Althaus thinks that Moses forbad the use of pork to the Jews because it contained trichinæ; and he affirms that trichiniasis would never have occurred in the human species if pork had been eschewed. The objection to pork, however, only applies to the raw or imperfectly cooked article, as the heat employed in thoroughly cooking it, kills the parasites.

THE 'BRITISH MEDICAL JOURNAL.'

Dr. W. O. MARKHAM contributes his Gulstonian Lecture on the "Uses of Blood-letting in Disease," lately delivered at the Royal College of Physicians. After remarking that the views of the Profession have undergone a radical change, almost amounting to a revolution, on the subject of the efficacy of venesection, Dr. Markham proceeds to examine the theory of the change of type of disease, which has been put forward by some high authorities to account for the difference between the views entertained by the present and the past generation of practitioners. Dr. Markham is a strong opponent of the theory alluded to, and he maintains that disease has undergone no change of type at all, but that the present race of Medical men are more sagacious than their predecessors, who made very little inquiry as to the principles of pathology, but followed a system of mere routine in their treatment. Dr. Markham ridicules, and not without cause, the extravagant blood-lettings which were recommended and practised at the commencement of the present century, and his censures on the *indiscriminate* use of blood-letting by our ancestors, and even by some who yet remain among us, are not undeserved. When he tells us that large bleedings were adopted by some practitioners to ward off pulmonary consumption, or to cure diabetes (!) it may well be conceded that such practice

was irrational. But Dr. Markham is not so successful in proving that the nature of diseases has undergone no change during the present century. There is no more inherent improbability in the supposition that diseases have undergone a change, than that the range of atmospheric temperature during the last ten or twenty years has varied extensively, which we know to be a fact. Nor is it incredible that pneumonia or pleurisy may assume different types of a sthenic or asthenic character, any more than that some epidemics of scarlet fever may be malignant and others mild. We might as well deny that sweating sickness and plague once raged in London at periodical intervals, or assert, on the other hand, that epidemic cholera and epidemic influenza, prevailed in the time of Charles II, as they certainly did in the reign of William IV. To deny that occult influences may exist in the atmosphere at intervals and predispose to particular types of disease, would be to disbelieve not only the written evidence of the most distinguished physicians, from Hippocrates downwards, but to doubt the evidence of our own senses ; and indeed the only reason for our disbelief would be that we do not understand the reason of the phenomena.

GENERAL CORRESPONDENCE.

TESTIMONIAL TO MR. GRIFFIN.

To the Editor of the Medical Circular.

Sir,—Will you be good enough to find room in your journal, to inform the Poor-law Medical Officers throughout the country, that a subscription has been set on foot by me for a testimonial to Mr. Griffin, for his long continued and unwearied exertions in our behalf. It is now nine years that he has laboured with unremitting attention to our cause. Every one of us must admit that he deserves our highest commendation, and is worthy of a gratitude that should show itself in a substantial manner. We must open our purses as well as our hearts, and present him with some fitting acknowledgment for all the trouble he has taken, and the work he has so willingly performed on our account. This is our plain duty as true and honest men ; a duty that we owe not less to ourselves than to him, and we shall be much to blame if we neglect to obey the voice of conscience in this matter, and prove ourselves neglectful of an obligation so imperative. The editor of the 'Lancet' has kindly consented to receive subscriptions towards this fund, and I trust, Sir, that you will not object to do the same ; but will give the necessary publicity, and aid in your own remarks, for the accomplishment of so good a purpose.

I am, &c., Wm. Prowse,
Surgeon to the Union House and District.

Amersham, Bucks, April 7, 1864.

N.B.—Subscriptions to the Poor-law Medical Reform, Association should also be forwarded as early as possible, to Mr. Griffin, at Weymouth.

THE EXCISION OF THE SCAPULA.

To the Editor of the Medical Circular.

Sir,—My attention was drawn to the notice, in your last issue, of Professor Syme's interesting and concisely written book on Excision of the Scapula, and I was somewhat surprised to find that no allusion was made to the cases where this rare and formidable operation had been adopted by other British Surgeons. My astonishment, however, was great when I turned to the work itself, and found that Mr. Syme was completely silent with regard to the same point. As your reviewer says, Mr. Syme draws the conclusions that the entire scapula, either alone or together with the arm, may be removed without much difficulty or loss of blood ; that this wound thus inflicted may heal quickly and soundly ; and that the arm, if preserved, may be strong and useful.

I do not find fault with these conclusions, which are undoubtedly correct ; but I am astonished to find that Mr. Syme forgets, or pretends to forget, that excision of the entire scapula, had been shown to be a feasible operation several years before his book was written, and it is in justice to two cherished personal friends, one happily now among us, the other gone before, that I beg both the reviewer of the book and Mr. Syme to bear in mind that Mr. Fergusson removed the entire scapula with success in the year 1847, in a case where the arm had previously been taken away, and that Mr. Jones, of Jersey, performed the same operation in May 1858, on a young woman, at the same time preserving the arm, which in December of the same year was carefully examined by many surgeons in London, and found to be strong and useful.

Thus, in London, at least many years before the date of Mr. Syme's operation, Mr. Fergusson had fully shown that excision of the scapula might be performed both with safety and success, and I maintain that my lamented friend, Mr. Jones, has a prior claim to Mr. Syme, of having shown that after excision of the scapula, a strong and useful arm might be preserved, for his patient happily lived long enough to show this, whereas in Mr. Syme's first case the subject of the operation survived only two months, and thus it was impossible that, in that short period of time, any satisfactory evidence as to the usefulness of the preserved limb could be obtained, and Mr. Syme's second case was not operated on until November, 1860.

Surely, Sir, Mr. Syme must be well acquainted with the history of these two brilliant cases, and why then does he not deign even to allude to them ? A man in Mr. Syme's position, both as a teacher and writer, should show a better example of liberality, to say nothing of common fairness towards others equally zealous with himself in advancing Surgery. I feel sure that the writer of the notice, and your readers in general, will feel obliged to me for doing a simple act of justice towards two distinguished surgeons.

I am, &c., Henry Smith.

Caroline street, Bedford square.

A Manual of Diet and Regimen for Physician and Patient. By Horace Dobell, M.D., Physician to the Royal Infirmary for Diseases of the Chest. Pp. 36. 1864. Churchill and Sons.

Dr. Dobell states that his manual has been constructed to supply a want felt by most Medical men engaged in practice. It consists of a few plain and judicious rules in relation to ventilation and heating, clothing, sleep, exercise, posture, bathing, regulation of the bowels, rest and change, meals, and the essentials of a normal diet, and it then presents a series of diet tables containing lists of various articles of food, suited to different cases, and to be selected by the Medical attendant. The quantity of each article which may be consumed by one person in twenty-four hours is described, together with the relative amount of water, plastic matter, fat, saccharine and carbonaceous elements contained in each ; and the directions given are that in each instance, where the use of the tables is required, the articles described are to be allowed to the patient or not, according to the circumstances. This little book may prove useful for the purposes indicated.

Births and Deaths in London.—The last quarter of 1863 was remarkable for the small number of births and deaths in the city of London. That of births was the smallest on record, for it reached only 668, the average for the corresponding quarter of the last ten years being 807. The deaths also were below the average in the proportion 699 to 749. The number of deaths, too, in the quarter, had been greater than the births, an occurrence scarcely known except in the cholera year 1854, when there were 939 deaths to 789 births.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 13, 1864.

THE MEDICAL JOURNALS,—LEGITIMATE AND SPURIOUS.

There are few literary relations more agreeable than those which exist between the editors of Medical periodicals and their readers. There is an exchange of obligations honestly reciprocal, and whatever the pleasures we give, and whatever the services we render, the first fruits are our own. With the freemasonry of a brotherly feeling of kindness and equality between us, there are no secrets, no mysteries, to deny us the fullest frankness and cordiality of mutual communication. If we instruct to live, and live to instruct, we have the compensation attributed to those messengers of peace and good tidings whose feet are beautiful on the mountains, and we have added to all the other rewards of our labours, a share of whatever benefits arise from them through those thousand missionaries of usefulness whose practical alchemy is daily turning them into so many elixirs of health, and boons of life to the millions.

The world of Medical science revolves round the editor's chair, and his readers have the rare privilege of being made acquainted weekly with every new phenomenon in the physical action of man, that exhibits itself on its surface. Could we sum up, in a single exercise of the memory, all the increase of knowledge that is thus made in the course of every few years, we should ourselves probably be the first to be astounded at the improvement, and did we direct our attention to the results in active practice, our first feeling would be, that no eye, but the divine one, can appreciate all the mitigation that has thus come in to lighten the ills of the sick and dying, in the most unhappy of all the campaigns which humanity has to contest with misfortune. The farmer is proud of his plough, the currier of his leather, the mason of his mallet, the statuary of his chisel, the painter of his pencil or brush; but the agriculturist should not exclaim with more enthusiasm "speed the plough," than the Medical man, "speed the Medical journal."

It is no small pride either for the craft to be able to add that, whatever the development of Medical Science, we can assert that that of Medical journalism has not been behind it. The start which began with the rivalries set on foot by the 'Medical Gazette,' has been worthily followed ever since, and it may now be admitted that, in no department of literature, have readers a higher class of information placed at their command on more moderate conditions. Whatever the recommendation gathered from the variety, the extent, or the value of the materials supplied, is supported by that won from the spirit in which they are offered. There is, as a rule, a healthy tone in the comments, which redeem them alike from the Pecksniffism of semi-respectable censors and from the excessive zeal of an over-sensitive professional feeling. If nothing affecting our *esprit de corps* or our professional interests escape the notice of the Medical journalist, he may plead at all events that his vindication of the rights of his brethren does not carry him to any foolish pretensions against those of the public, and that in discussing the little matters which grow up within our boundaries, a spirit of mutual toleration and the amenities of gentlemanly relations are not lost sight of. There is not only plenty of useful work done for the profession under easy conditions, but the claim may be added that, as a rule, it has been well done, and done, as the general success shows, to everybody's satisfaction.

It would not be fair to ourselves not to own that, in our opinion, there is one dark shade to be introduced into the picture we have thus been sketching of contemporary Medical journalism. We cannot but think it is a mistake to have some thousand or two of our Medical friends uniting to be proprietors, publishers, and editors of a Medical journal, all for themselves. We fail to see, we will not say any necessity, but any plea for so large a portion of our English brethren engaging in such a speculation. There was everything they required in the journals already under publication on pecuniary terms to which no reasonable man could object; and whether they wished to be known as contributors to Medical science, or sought to make known new views on Medical politics or professional ethics, there was no lack of channels open to them to give them the certainty of communicating with the whole Medical body. Far from there being any likelihood of having themselves or their proceedings overlooked by the periodicals which are in communication with the Profession all over the world, there would be actually a rivalry among the journalists as to which should best fulfil the requisition. An association with public objects in view could never have such hope for an active advocacy and support as by relying on the voluntary concurrence of journals competing with one another for the preference of their members. We can understand an occasional publication giving an official record of the transactions of an association, and the suggestion was not an extraordinary one, which trusted that a journal on that basis would be a pleasant mode of using the surplus funds, and of giving remunerative employment to an increased staff. But it was not therefore a wise suggestion, nor in very good feeling. The Medical journals had done their duty by the Profession, and were entitled not to have the sphere of their usefulness cut down, or their rewards curtailed by an interference with that commercial success which was at once the proof and acknowledgment of the services they had been rendering. It is to be added, too, that an excess of competition is as bad as the opposite defect, since it is in the liberality of the support afforded by the Profession that must depend after all the power of the developing all the resources of their journals. In a profession like ours, there is but a limited *clientelle*, and to circumscribe it by a speculation which aims at the introduction of journalism independently of any question of supply and demand, and under all the disabilities and fetters of the co-operative system, is to take away those elastic elements of health and strength on which a really efficacious press depends. It is a mistake on one side, an injury on the other, and a review of all that the independent Medical journals have been doing, and have done, for the Profession

during the last twenty years, might have fairly suggested that those whose mercantile ability had been imperilled in the service, demanded, in the day of our common triumph, a different kind of acknowledgement.

These remarks have been called forth by a perusal of the last financial statement of the British Medical Association, from which it appears that nearly the whole of the funds of the Association are swallowed up by the expenses of their Journal, and that the balance is again on the wrong side! Out of 2,985*l.*, which is the total expenditure of the Association during the year 1863, no less than 2,716*l.* 10s. 10d.! has been expended on the Journal, leaving only 268*l.* for all the other expenses of the Association. Truly this is like Falstaff's pennyworth of bread to an intolerable quantity of sack.

We only ask, while three Journals already exist for the discussion of Medical intelligence, *cui bono* this enormous expenditure? The good sense of the Profession would readily point to far more advisable methods of spending so large an income.

SUMMARY OF THE WEEK.

GARIBALDI AND MR. FERGUSSON.

It has been stated in several of the newspapers that Dr. Fergusson, the eminent Surgeon, meaning of course Mr. Fergusson, of King's College, has tendered his gratuitous services to the illustrious patriot Garibaldi, who is known to be still suffering from the effects of the wound he received in the foot in the engagement at Aspromonte. The writers in the newspapers in question appear to think that this species of touting for practice, or at least for notoriety, is creditable, and, indeed, praiseworthy in a member of our Profession, but in the opinion of all honourable practitioners it is just the reverse. The truth is that Mr. Fergusson has done nothing of the kind, and has never offered his services to Garibaldi either gratuitously or otherwise. More than six months since, an application was made to Mr. Fergusson to visit Garibaldi at Caprera, but as the symptoms under which the General was labouring were relieved, the negotiations were broken off. It is believed, however, that Mr. Fergusson will be requested to visit Garibaldi on the arrival of the latter in London, but we know that he will not offer his services until they are required. The lameness under which Garibaldi is suffering is supposed to be due to some portions of necrosed bone in the seat of the original wound.

MR. GLADSTONE'S BUDGET.

We wish that we were enabled, on the part of the Medical Profession, to echo the general sentiments of approval expressed in regard to the Budget of the Chancellor of the Exchequer. But after the most careful examination, we cannot find that Medical practitioners will be benefited by the contemplated changes, except in a very infinitesimal degree. It is of very little consequence to us that the village shop-keeper is henceforth to pay half-a-crown instead of half-a-guinea for a licence to sell tea, or that a hawker is to pay the same rate for two horses as for one horse, or that stamps on proxy papers for railway meetings are to be reduced from sixpence to a penny. To us it is not of much more importance that fire-insurances on stock in trade are to be reduced one-half, and even the reduction of the sugar duties is not apparently very beneficial, as it is doubtful whether, among the sugar-growers, and the sugar-refiners, and the grocers, the reduction will ever reach the general public. As to the income-tax, and its proposed reduction by one penny in the pound, the change will no doubt be acceptable to many, but will be almost inappreciable by our professional brethren, who have already too much reason to complain that their precarious income is taxed in exactly the same manner as the income derivable from property. The mode of imposing the tax in the case of our Profession is also peculiarly galling, and often most unjust; for the assessors estimate a Medical man's income just as it pleases them, and the proof of over-charge is left upon the tax-payer, who is compelled, in order to obtain redress, to exhibit his private accounts to persons probably living in his own neighbourhood, and to whom such revelations cannot be made without a very natural repugnance on his own part; so that many are compelled to submit to extortion from the fear of exposing their poverty, or it may be, the dishonesty of their patients, to the scrutiny of the assessors.

THE UNCLEAN ANIMAL.

The recent investigations upon the new disease, which has been termed *Trichiniasis*, and which is shown to be caused by eating pork, are sufficient to inspire the pork-butchers with dismay, and to make the lovers of pork literally quake for their lives. When we call the disease a new one, however, we are probably in error, for a recent authority declares that it existed in the time of Moses, and that it was on this account that the Jewish legislator forbid the use of pork to his fellow-countrymen. The disease is caused by a minute parasitic worm, which infests the muscles of the pig, and which, being introduced into the human stomach and intestines, forces its way into the other structures, and at length propagates itself to such an extent as to enter the muscles of the body, and to induce a serious and often fatal disease, somewhat resembling typhoid fever in its character and symptoms. Pork alone, of all human food, contains the trichinæ; for the other animals in which these parasites are found, as the cat, the mole, the crow, the hawk, and the jackdaw, are, as is well known, never eaten, except, indeed, at some *cabarets* in Paris, where cats are sometimes served up as food. It is comforting, however, to know that the objection to pork, ham, or sausages, which may contain the trichinæ, does not apply to the well-cooked, but to the raw or imperfectly cooked article, for the heat employed in curing or cooking destroys the life of the worm. We may state, in all seriousness, that the Medical Department of the Privy Council are fully aware of the importance of this subject, and are taking it into their careful consideration, as it is believed that the

cause of many mysterious deaths may probably be found in the indiscriminate and improper use of the article to which we allude.

THE TESTIMONIAL TO DR. DAY, LATE OF ST. ANDREW'S.

The subscriptions to the proposed testimonial to Dr. Day having been collected, and the form of the testimonial having been determined upon, it is proposed that its presentation should be celebrated by a dinner of the graduates of St. Andrew's, on the 2nd of May next, at the London Tavern, Bishopsgate street, when Dr. Richardson will preside. It is thought that, independently of the presentation, the occasion will afford the opportunity for the graduates to renew many old acquaintanceships, and to maintain the social and friendly feeling which it is so desirable to maintain among the members of our Profession. A large number of graduates have already signified their intention to be present, and the meeting will no doubt be a very pleasant one. The gentlemen who have undertaken the duty of secretaries to the dinner committee are Dr. Dobell, 41 Harley street, and Dr. Paul, of Camberwell House, Camberwell, to whom applications for tickets should be made.

DEFEAT OF AN ATTEMPT TO INTRODUCE HOMŒOPATHY INTO THE BELFAST INFIRMARY.

At a late meeting of the Belfast Board of Guardians, one of the members read an application from a homœopathic practitioner, benevolently offering to attend the sick poor in the infirmary gratuitously, on homœopathic principles, and promising a great saving of human life from the change. The application was accompanied by the usual absurd pretensions and allegations made by homœopathic practitioners; but it also contained a most erroneous statement with regard to the mortality in the Belfast Infirmary, under the present efficient Medical superintendence. A reply was thus called forth from Dr. Seaton Reid, the Medical Officer, who, in a short and conclusive statement, showed the fallacy and inaccuracy of the charges made against the management of the institution. The application of the homœopathist was almost unanimously refused, only one member of the board voting in its favour.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MR. E. CANTON, PRESIDENT.

CLINICAL DISCUSSION.

Dr. HABERSHON exhibited a specimen of

DISEASE OF THE HEART

affecting the mitral valve, which was rigidly contracted. The patient was a man aged forty-five, admitted into Guy's Hospital in September, with scarcely any symptoms. His health had been fair for three years. There was much dyspnœa, with dulness at the right base of the heart and pleuritic effusion. In two months he left the hospital, relieved. The heart was carefully examined, and the sounds were slight. From exposure to cold he got bad again. He was re-admitted under Dr. Barlow with similar symptoms, and had acute pleurisy of the opposite side, of which he died. The heart showed more than sufficient to cause prolongation of the first sound; the mitral valve would scarcely admit the tip of the finger.

Dr. HABERSHON related the particulars of a case of

ABSCESS OF THE LIVER

in a man at Guy's, aged twenty-two, who had been a steward on board a ship on the west coast of Africa. His health was good, with no fever, dysentery, or jaundice. Whilst at home at tea he was suddenly seized with pain in the right shoulder and severe pain in the right side. He had been ill six months when seen, and stated that he had an abscess of the liver. Careful examination showed evidence of the pleurisy of the right side when the abscess was making its way through the diaphragm; there was great tenderness over the liver, and he always rested on the left side; had no rigors. He died in two months. The liver was found to contain from twelve to twenty abscesses of various sizes; peritonitis existed between the liver and diaphragm, and the abscesses communicated with the pleura. There was no disease of the bowels, and no jaundice.

DR. ALTHAUS inquired if Dr. Habershon had ever known of an abscess of the liver bursting into the trachea, a case of which he narrated.

Dr. HABERSHON had known of such cases.

Dr. PLAYFAIR had met with such cases in India, and some of them had recovered.

Dr. THOMPSON thought it difficult sometimes to diagnose between abscess of the liver and empyema.

Dr. PALFREY and Dr. ROGERS referred to cases of hepatic abscess they had seen.

Dr. PALFREY related a case of

UTERINE POLYPUS UNACCOMPANIED BY HÆMORRHAGE,

in a woman, aged forty-eight, who had lost no blood for two years; she had severe leucorrhœa. On examination a polypus was found springing from the os uteri with a short pedicle. On the 9th of October last it was removed by Mr. Kilburn, with no pain or bleeding, and she recovered well. Now and then, he said, we meet with cases with symptoms of polypus for two or more years with no bleeding; and he thought we might fairly deduce that hæmorrhage is not necessarily a symptom of polypus.

Dr. ROGERS remarked that if the patient had not menstruated for two years it would be a reason for there being no hæmorrhage, and the growth was an indurated one.

Dr. GIBB exhibited

THE LARYNX OF A NEGRO, AND POINTED OUT THE DIFFERENCES BEWTEEN IT AND THAT OF THE WHITE MAN.

These consisted in the great size of the cartilages of Wrisberg, which were either absent or quite rudimentary in the white man, and of large size in the quadrumana. The vocal cords, in place of being flat and horizontal as in the white man, were more or less oblique from within outwards, their free border being elevated at a higher angle than their attached border, thus giving them a slanting or shelving direction outwards. The ventricles in the negro larynx take a direction outwards and downwards, so that any small body, such as a bead, placed upon the slanting vocal cord, would roll into the ventricle. In the white man the ventricle is situated external to, but immediately above, the plane of the true vocal cords. There were some other minute points of difference, but the foregoing were the three chief peculiarities which caused the larynx of the negro to more closely approximate the same organ in the quadrumana than it did the larynx of the white man.

The PRESIDENT remarked that these were important points added to others, as the feet, woolly hair, muscles, &c., all set forth by Dr. Hunt at the Anthropological Society. There did not seem to be as much attention paid to the internal organs. Mr. Nunn had found a peculiarity in the origin of the vessels from the arch of the aorta in the negro such as exists in the monkey tribe. It occasionally occurs in the white man, but in the negro it was more common and striking. He had seen the cartilages of Wrisberg sometimes largely developed in the white man.

Mr. WILLIAM MILLER described

TWO PECULIAR PROPERTIES OF CHLOROFORM INDEPENDENT OF ANÆSTHESIA.

The external application of chloroform produces a benumbing sensation. He had neuralgic pain of the throat on one

occasion, and a liniment of chloroform rubbed in produced no effect, but on soaking a piece of linen in the liniment and applying it, a burning sensation and redness were produced, as if a mustard poultice had been applied. He had used it the last four years in preference to a mustard poultice; it was cleaner, and ten minutes were sufficient to produce the desired effect. The liniment consisted of one drachm of tincture of opium, two drachms of chloroform, and two ounces of soap liniment.

The liniment was tried on the hands of several of the Fellows, and in two minutes violent burning heat and redness were produced.

Dr. Kidd observed that we were quite familiar with the blistering effects of chloroform, and he generally smeared oil on the face before using it.

Mr. Henry Smith related a case of

DOUBLE HERNIA OF THE SAME SIDE OF THE BODY,

one of which was strangulated, in a man of seventy-three. He had had an inguinal hernia of the right side for seventeen years, as large as a child's head, and as symptoms of strangulation occurred, he examined the patient, and found a small femoral hernia of the same side, which he reduced. The man recovered, but died afterwards from diarrhœa and bronchitis.

Dr. Morell Mackenzie brought forward a case of

WARTY GROWTH IN THE LARYNX OF A CHILD.

aged two years and four months. It caught cold at three months old, and since then had never been able to produce a vocal sound. It could neither speak nor cry. The laryngoscope could not be used, but with the finger a growth could be felt projecting from the receding angle of the thyroid cartilage, of almost bony consistence, probably enchondromatous. The child always appeared benefited by examination, yet he looked upon the case as one of considerable danger, and thought it a question whether it would not be desirable to perform tracheotomy.

Dr. Gibb mentioned that about eighteen months ago a child was brought to him with stridulous breathing since birth. On examining the larynx with his finger he felt a number of warty growths, but he could not use the laryngoscope. He intended to remove them with his finger nail, but lost sight of the child afterwards.

The President, Dr. Gibb, Dr. Rogers, and Mr. Mason examined the child, and were able with the finger to feel the tumour within the larynx.

Mr. Walter Coulson exhibited a

CALCULUS FROM THE BLADDER OF A WOMAN,

which he had removed through the urethra by means of a Weiss's dilator, without making any incision. She was forty-five years old, and the stone was the size of a large walnut. She recovered well without a bad symptom.

Mr. Bryant said that the urethra might be dilated to a large extent, if done rapidly under chloroform, without danger or bad result. This opinion was founded upon the examination of the statistics of a number of cases which he had collected together, and was opposed to that given in all the class-books. The largest per-centage of incontinence of urine arose from urethral lithotomy.

The 91st anniversary meeting of the Society was held at Willis's Rooms, King street, St. James's, on the 8th ultimo, E. Canton, Esq., in the chair. The following gentlemen were elected office-bearers for the ensuing year:—President: Dr. Greenhalgh. Vice-Presidents: Dr. Hare, Mr. Lawson, Dr. Davidson, and Mr. Harding. Treasurer: Mr. Rogers Harrison. Librarian: Dr. Palfrey Secretaries in Ordinary: Dr. Gibb, Dr. Symes Thompson. Foreign Secretary: Mr. de Méric. Council: Dr. Althaus, Dr. Anstie, Mr. Barwell, Dr. Bird, Dr. Hullett Browne, Mr. Bryant, Dr. Camps, Mr. Canton, Dr. Cholmeley, Dr. Clarke, Mr. Weeden Cooke, Dr. Jephson, Dr. Leared, Mr. Poland, Mr. Robarts, Dr. Rogers, Mr. H. Smith, Dr. Abbotts Smith, Dr. Stocker, and Mr. Thompson. Orator: Dr. Smiles.

The annual oration was delivered by Dr. Thudichum.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 15.

Mr. Prescott Hewett, President.

Dr. Wale Hicks read a report on his case of

CRANIA BIFIDA.

He had found that the sac protruded through the opening was formed of the tentorium cerebelli, and that under it was a communication with the left, but not with the left lateral ventricle.

In reply to the President, Dr. Hicks stated that there was no cerebral matter in the opening.

Dr. Wale Hicks also read a

REPORT ON A PORTION OF THE LUNG OF A HORSE EXHIBITED AT A PREVIOUS MEETING OF THE SOCIETY.

The portion of lung examined was found to be very slightly crepitant, and on being cut into small pieces some of them sank in water and others barely floated. On naked-eye inspection, it appeared to contain a quantity of greyish-white matter, filling up the spaces of the lung tissue. On microscopic examination, this whitish matter was found to occupy the air-cells, filling up most of them more or less completely. It was seen to consist of corpuscles, varying somewhat in size and shape, the predominant form being spherical. These corpuscles contained much granular matter, and many of them appeared to be nucleated.

Dr. Harley said that Dr. Quain had reminded him that the specimen on which Dr. Hicks had reported was very like one he (Dr. Harley) had received from the Veterinary College. On section the lungs presented innumerable white spots, looking at first sight like entozoa. When he received the specimen it so happened that no less than seven pathologists were present, and none of them had seen a similar condition in the lungs. They were removed from a young horse, four years of age. The animal had had good health until six weeks before death, when it began gradually to lose flesh. The appearance of the lungs being very unusual, they were sent from the country to the Veterinary College, but the professors there said they had never seen lungs in that condition. Dr. Harley looked for ova, but found none; but on microscopical examination found appearances similar to those Dr. Hicks described in his report, and he had no doubt the specimen was some form of cancer. Unfortunately, the other organs had been thrown away. Dr. Harley came to the conclusion that the cancer was secondary. Since examining this specimen he had received another nearly like it, but here there were masses of soft cancer in the spleen, and in the lung also were several large nodules, as well as the smaller ones found in the other specimen.

Dr. Wale Hicks said that in his specimen no distinct spots were found. The matter was uniformly infiltrated.

Dr. Quain suggested that Dr. Hicks should examine Dr. Harley's second specimen, and present a report upon it, and that it should be ascertained whether Dr. Harley's first specimen was not the one on which Dr. Hicks had just reported.

Dr. Murchison brought forward a specimen of

NECROSIS OF THE HYOID BONE.

A woman, thirty-five years of age, was first seen by Dr. Murchison in October, 1862. She had had loss of voice for some months, and a few days before had coughed up the piece of bone exhibited. There was ulceration of one tonsil, which extended to the root of the tongue, tenderness on swallowing and movement, and also grating between two ends of the hyoid bone. There was no evidence of syphilis. In August a smaller piece was coughed up. For ten months she was under observation, and grating could be readily felt. In September, 1863, she was seen again. Then the voice was good; the grating was not to be felt; but the two ends of the bone were still moveable.

Dr. Gibb said one interesting point in the above case was the absence of evidence of specific disease. He (Dr. Gibb) had collected nine cases, and in two, or, perhaps, three, only did he find distinct history of syphilis. The disease, he

said, began by acute periostitis; he then alluded to a case which he had successfully treated in this stage.

The PRESIDENT would not be certain that the bone was part of the hyoid, and he had doubts also as to the grating being anything abnormal. Some years ago a girl was admitted into St. George's Hospital for a diseased heel. She had a little tenderness over the larynx, and the Surgeon under whose care she was found grating. He considered this was evidence of disease of the larynx, and frequently drew the attention of others to the grating as a curious and rare symptom. The Surgeon was rather startled to hear from Mr. Gregory Smith, who saw the case, that grating on pressure of the larynx was normal. The patient died, and at the autopsy no disease of the larynx was found.

Dr. MURCHISON thought that if the President had seen the patient from whom the specimen was removed, he would have had no doubt as to its nature. He could take hold of each end and press them together: and this, too, was done by several observers. At first he fancied there might have been disease of the vertebræ, and that this might have been the source of the bone; but the symptoms were chiefly laryngeal, and the bone, on comparison with the normal hyoid, looked like a piece of that bone. Dr. Murchison said that if he could succeed in finding the patient he would send her to Dr. Gibb for laryngoscopic examination.

Dr. GIBB said that there could be no doubt that parts of the hyoid were coughed up. In one case the whole of the hyoid had been expelled.

Dr. GIBB was requested to examine and report on the specimen.

Mr. BARWELL brought forward a boy who had

A PECULIAR DISEASE OF THE TONGUE.

The tongue was fissured and in parts ulcerated. It began when the boy was four years old, but no cause could be ascertained. It followed a scratch on the upper lip. There was no evidence of syphilis, but the appearances in an adult would have suggested syphilis.

In reply to Dr. Crisp, Mr. BARWELL said he did not know whether the boy had been in the habit of eating coarse bread, and, in reply to Dr. Buchanan, that he did not know whether the boy had had any of the exanthemata.

Dr. QUAIN asked the President if he thought the appearance was disease, or merely a natural condition. He (Dr. Quain) knew a family in which several members had this peculiarity, and had often seen it in people who had no disease.

Mr. BARWELL remarked that the fissures might be natural, but that ulceration must signify disease.

The PRESIDENT said that from a cursory examination it seemed natural. He had often seen tongues looking like it, sometimes with ulcers and sometimes with clefts only.

Mr. BARWELL showed several

PHOTOGRAPHS OF CLUB-FOOT.

He brought them forward in order that he might speak on certain points in muscular pathology which had been touched on at a previous meeting. Mr. Barwell said that muscular fibre had two kinds of contractility—one directly dependent on cerebro-spinal stimulation, viz., active contraction; and the other a sort of elasticity, tonic contraction. The former was powerful and evanescent: the latter feeble, but constant. In the most severe affections of the nervous system there was no such thing known as continuous active contraction of muscles, so that it never occurs in nature that an active muscular contraction is either violent or continuous enough to produce permanent distortion. Mr. Barwell did not include deformities from assumed position or from disease of joints, but would take club-foot as an illustration of his views. This, he believed was due, not to active contraction of one set of muscles, but to paralysis, so that the tonic contractility of the opposite set produces the distortion. It was analogous to the distortion of the face in paralysis. Mr. Barwell thought that no sound judgment would admit that active contraction, which never produces non-congenital club-foot, would be a frequent cause of the congenital. He was rather surprised to hear Mr. Adams at a recent meeting say that he "could never find the slightest trace of paralysis in these cases," as he (Mr. Barwell) had found that there was in such cases a considerable loss of contractility under the electric stimulus. Had it ever, Mr. Barwell asked, occurred to the orthopædic mind that, to distort a foot by active contraction a muscle must act with such energy that, if its tendon were cut, the ends would fly asunder like arrows from a bow? Mr. Barwell was surprised to hear it stated that brilliant results in Orthopædism were obtained in paralytic cases. Apart from theoretical considerations, he must say that the amount of lameness he had found left after operation in these brilliant cases was extreme.

Dr. HENRY DICK said he could not agree with Mr. Barwell on the subject of cutting tendons. The history of subcutaneous tenotomy was very instructive. Before Delpech and Stromeyer cut tendons, club-foot was not curable. Venel, in Switzerland, made strong efforts, in the last century, to cure deformities by extension, and he rarely succeeded except in slight cases. Scarpa did know well the pathological anatomy of club-foot, and advised judicious instruments, but still club-foot was rarely cured, and it was only since the introduction of tenotomy that the treatment made any progress. The elements of the deformity are not only the muscles, but also the ligaments and fasciæ. To overcome these elements of the deformity, we are obliged to cut the tendons, and daily experience shows us that without cutting the tendons we cannot cure club-foot. Slight cases of club-foot or paralytic cases might do well without cutting. Dr. Dick always found that the action of the muscles after tenotomy was not weakened, and, as a rule, the patient gets a useful limb; so far experience was entirely in favour of judicious subcutaneous tenotomy.

Mr. ERNEST HART did not know if Mr. Barwell extended his views to the ophthalmic as well as to the orthopædic mind. The action of the muscles of the eye admitted of careful study and specialisation, and if Mr. Barwell would consider their condition in squint, both before and after operation, he would find that he had overstated his case.

Mr. BARWELL said, in reply to Dr. Dick, that there was no reason why club-foot should not now be cured without cutting tendons, because before Stromeyer began to cut them club-foot had never been cured at all. He knew, too, that instruments were used, without cutting, in the cure of club-foot, but he objected to them as much as he did to tenotomy. In reply to Mr. Hart, he said that he thought squint was more likely to be due to paralysis of the external, than to contraction of the internal rectus. If he could treat strabismus without cutting the tendon, he should prefer to do it; but it was impossible to treat the eye like the foot. We could not, he said, fix springs in the eye, but now and then we could cure strabismus without operation.

Mr. HULKE thought it would be doing an injustice to Donders, who had done so much in the investigation of strabismus and paralysis of the muscles of the eye, if he did not now mention that he had demonstrated the real cause of strabismus. In 95 per cent. the eyes of squinters were hypermetrophied. The squinting was not due to paralysis of the external rectus, but to undue convergence to increase the refractive power of the eyes. In slight cases of squint cure might be effected by spectacles.

Mr. BARWELL said that double squinting in such cases was analogous to the deformity which occurred from an assumed position.

Mr. HART thought that Mr. Barwell had not yet seized the point in question, that squinting was due to spasm, and not to paralysis.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

The annual meeting of this Society was held on the 4th inst. A report was presented by the Council, which showed that the state of the Society, both generally and financially, was most favourable; and the following office-bearers for the session 1864-65 were elected:—

President: Dr. Gavin Milroy.—Vice-Presidents: His Excellency the Earl of Carlisle, the Earl of Shaftesbury, the Right Hon. W. Cowper, M.P., Dr. Babington, Dr.

Henry W. Acland, Dr. Alex. Bryson, Edwin Chadwick, Esq., Dr. Copland, Dr. Farr, Dr. J. Brown Gibson, Dr. Jenner, Sir J. Ranald Martin, Dr. Alex. Nisbett, John Simon, Esq., Sir Andrew Smith, M.D., Dr. Watson, Dr. Chowne, Dr. Murchison.—Foreign and Colonial Secretaries: Belgium and France, Dr. Waller Lewis; Germany and Russia, Dr. Hermann Weber and Dr. Swaine; Sweden, Norway, and Denmark, Dr. Gordon Latham; Portugal and the Brazils, Dr. Bryson. R.N.; Egypt and Syria, Dr. Camps; East Indies, Dr. James Bird; West Indies and North America, Dr. Dickson, R.N.—Treasurer: Dr. Camps. —Secretary for the Navy: Dr. Mackay, R.N. — General Secretary: J. N. Radcliffe, Esq.—Other Members of Council: Dr. Aldis; F. G. Burge, Esq.; Colonel Hough; Ernest Hart, Esq.; C. F. J. Lord, Esq.; Dr. Crawford; J. F. Marson, Esq.; Dr. Morehead; Dr. Odling; Dr. Richardson; Dr. Sanderson; Dr. Seaton; Dr. Hayward; Dr. Letheby.

After the election of office-bearers, Dr. Babington, on retiring from the chair which he has occupied for thirteen years, delivered an address on the "Origin, Present Position, and Prospects of the Society."

LEGAL INTELLIGENCE.

NORTHERN CIRCUIT.

FOX *v.* GLEDHILL—IMPORTANT TO THE MEDICAL PROFESSION.

Mr. Price, Q.C., and Mr. Maule were for the plaintiff; Mr. Seymour, Q.C., and Mr. Kemplay for the defendant.

The plaintiff, a mechanic at Halifax, brought his action against the defendant, a surgeon practising at the same town, to recover damages for having wilfully neglected his duty in the exercise of his Profession, whereby the plaintiff's wife died in childbirth. On September 30 last she with her mother-in-law waited upon the defendant at his residence, and he agreed to attend upon the plaintiff's wife during her confinement. Symptoms of approaching labour were manifest on December 8, and on the morning of the following day Mrs. Fox became so rapidly worse, that her mother-in-law waited on the defendant, and requested his immediate attendance. He declined, alleging as an excuse that he had to go down to the County Court, he having twenty cases to attend to, and if he were not present the judge would be angry with him. The mother-in-law returned, and when the plaintiff came home to dinner he was told the condition which his wife was in, and he instantly ran off for the defendant, who reluctantly consented to return with him to the house. The defendant then ordered the poor woman to be put to bed, some gruel to be given to her, but no brandy or any other stimulant. He told the plaintiff that his wife was "soft," and said that he should not be wanted for twenty-four hours, or perhaps three days or a week. The defendant then went away. At four o'clock next morning the plaintiff went to the defendant's house, and knocked loudly at the door. The defendant, who was in his night-dress, put his head out of the window, and the plaintiff told him to come down directly, as his presence was required immediately upon his (plaintiff's) wife. The defendant said that the woman was "soft," and if she went on in that way she would tire both him and the woman. They must be wrong in their heads to send for him in that manner. The plaintiff insisted upon the defendant seeing his wife, upon which he said if the plaintiff insisted he must go. On the road he remarked to the plaintiff that he was surprised at the woman, as they did not seem to study his comfort. Before they arrived at the house they were met by the plaintiff's brother, who informed him that the poor woman was dead. The defendant then expressed his regret at what had happened, and said he wished he had attended plaintiff's wife the night previous. In justice to the defendant, it ought to be stated that he has been in practice thirty years, has never been considered a negligent man, and his character for humanity and respectability has never before been called in question.

Mr. Seymour submitted, in defence, that his client had undertaken to attend the case when in his belief his services should be required. When he first saw the woman he found that she was going on slowly in the right way, and that there was nothing at the time to excite alarm. He ascertained that the confinement could not in all probability take place within twenty-four hours, and exercising careful judgment and skill he was justified in the conduct he had pursued. Had he been present previous to death he could not have saved the woman's life. The learned counsel contended that the defendant had not been guilty of any negligence or a breach of contract, that there was no proof of the actual cause of death, and that it might have arisen from some other cause than that of labour.

The defendant was called, and he stated that when he was waited upon he told the party that he had to attend the County Court, and requested that another Medical man might be engaged. He saw the plaintiff at eight o'clock at night, and then requested him to send before ten if his services should be required. No person came, and soon after twelve he went to bed, and was not aroused by the plaintiff until nearly five o'clock next morning. He entirely denied any reluctance to attend the case, and also denied making use of the unkind remarks attributed to him. It was not improbable that disease of the heart might have caused the death of the plaintiff's wife. Verdict for the defendant.

DEATHS.

Beaumont.—On the 31st ult., James Beaumont, Surgeon, of Wetherby, aged 75.

Biddle.—On the 5th inst., at the Dispensary, Leeds, Henry, son of Charles H. Biddle, M.D., aged 10 months.

Colby.—On the 22nd ult., suddenly, at Bayswater, T. T. Colby, Surgeon.

Colligan.—On the 2nd inst., at Johnstone, Paisley, W. W. Colligan, L.R.C.S.Ed., aged 31.

Headley.—On the 15th ult., at the Lincoln Lunatic Hospital, W. C. Headley, Surgeon, aged 82.

Henderson.—On the 31st ult., at Belgrave terrace, Lee, Kent, J. Henderson, R.N., Deputy Inspector-General of Hospitals and Fleets, July 25th, 1855, late Surgeon at Portsmouth Dockyard.

Hildyard.—On the 30th ult., J. G. Hildyard, M.R.C.S.E., of Louth, Lincolnshire, Consulting Surgeon to the Louth Dispensary.

King.—On the 29th ult., G. H. King, M.B., of Horncastle, Lincolnshire, aged 40.

Taylor.—On the 29th ult., at the Grand Hôtel du Louvre, Marseilles, W. C. Taylor, late Surg-General Army Medical Board, Bombay, aged 61.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 31st ult.:—William Reuben Booth, Great Queen street, S.W.; Walter Tawell Colman, London Hospital; Eugene St. Paul Hadwen, Waterloo road, S.; John New Moore, Moreton-in-Marsh; Lyttelton Frederick Osbaldeston, Hatfield, Herts; Philip George Philps, Westbourne-park road; George White, Thatcham; William Samuel Wilson, Hereford road North, Bayswater.

The following gentlemen and lady also on the same day passed their first examination:—George Arthur Brown, King's College; Edward Charles Evans, King's College; Elizabeth Garrett, 22 Manchester square; John Thomas Langley, St. Bartholomew's.

University of Edinburgh.—In order to honour and perpetuate the names of the individuals who have founded scholarships, bursaries, and new chairs in the University, and other eminent members who have contributed to the usefulness and reputation of the institution, the Senatus Academicus have made arrangements for placing busts or portraits of them in the library or University Court-room. Several are already placed, and it is intended to make as large a collection as possible. Amongst them will be found Dr. Muir, Mr. Patrick, Dr. Cullen, Dr. Black, Dr. James Gregory, and Sir Charles Bell.

BETHLEHEM HOSPITAL.—On Saturday an adjourned special meeting of the Governors of Bethlehem Hospital was held at Bridewell Hospital, Bridge-street, Blackfriars, under the direction of Mr. F. O. Martin, Inspector of Charities, respecting the site of the hospital; Mr. Alderman Copeland, M.P., in the chair. The chairman said the Commissioners in Lunacy having recommended to Sir G. Grey that the hospital should be removed from its present site to the country, to make room for St. Thomas's Hospital, the Governors were prepared with a great deal of evidence which they should offer to Mr. Martin in favour of the present site. Mr. A. M. Jefferson (the secretary) read a communication from Mr. Lawrence, surgeon to the hospital, and senior surgeon to St. Bartholomew's Hospital, which stated that the Commissioners in Lunacy sought to obtain the assistance of Sir George Grey in order to enforce an arrangement which was most repugnant to the Governors, forgetting that their powers, as far as Bethlehem was concerned, was simply confined to that of visiting. Without any examination on his part, the Home Secretary endorsed the strange proposal for taking down one of the handsomest and best constructed hospitals in London. The present site of Bethlehem was perfectly suited in healthiness either for lunatics or as a general hospital. Instead of being confined, the site of the hospital was remarkably open. He disapproved entirely the recommendations of the Commissioners in Lunacy. The opinion of Dr. Goode was read. He was in favour of the present site from his personal experience of 10 years. At present it enjoyed many advantages, and the hospital, instead of being hemmed in by buildings, was peculiarly free and open. If the hospital was removed 10 or 20 miles into the country, how were the patients to be removed to the hospital? The sanitary condition of the neighbourhood was good. The site was healthy, and the position good, and he hoped that the hospital would be maintained in its present condition. Dr. Wood, one of the medical officers of St. Luke's Hospital, and formerly of Bethlehem Hospital, said no good reason had been advanced why the hospital should be removed. Bethlehem was one of the finest buildings in London, and taking the grounds of Bethlehem, with its 11 acres and 200 patients, and Hanwell, with 28 acres, farm of 77 acres, and 1,600 patients, there was considerably more space at Bethlehem per head than at Hanwell. The hospital was singularly and exceptionably healthy. When cholera was raging in London, and people were dying literally at the very doors of the hospital, not a single case happened among the inmates. Mr. Martin, the inspector, asked whether it was possible to have an institution in the country in connection with the hospital. Mr. Johnson, the treasurer, said, to a small extent, they had already sent patients to the seaside. After some further evidence had been taken, a vote of thanks was passed to the chairman, and the meeting was adjourned.

THE INDIAN MEDICAL SERVICE.—The first move has been commenced (says the 'Hurkaru'), towards removing the officers of the company's Medical service from the charge of the new line regiments of cavalry and infantry; and the new brigade of Royal, late Indian artillery, and for the transfer of all those regiments and brigades to the Medical charge of officers of her Majesty's British forces. The principal Medical officer of her Majesty's British forces here has addressed a circular to all Medical officers of her Majesty's British army arriving in the country, calling upon them to apply for employment with the new corps, and to state what regiment and station they desire, for his information. It was of course known that the change would form part of the new scheme for restoring the Indian Medical service; and that, contemporaneous with its promulgation, the Medical officers of that service would lose all charge of, or connection with, British regiments; but here we see the deprivation of the best and most coveted Medical charges in India meted out to the Medical officers of the late company's armies, and the substitution of no advantages in their stead. Perhaps, however, we are justified in assuming that this movement is a shadow cast closely before the coming measure for reorganising the Indian Medical Service; and that before the company's officers shall have been totally ousted from the charge of the new line regiments, other provision will have been made for them.

NORTHAMPTON GENERAL LUNATIC ASYLUM.—It is intended to erect a new building for the reception of the county pauper lunatics.

HIS MAJESTY KING VICTOR EMMANUEL has presented a sum of 12,000*l.* to the City of Naples for the erection of a civil hospital.—'Journal of Practical Medicine and Surgery.'

SEVERAL cases of death among cattle, and especially among horses, have recently occurred in Normandy, from the animals having fed on the leaves of the yew-tree. The poisonous qualities of this plant were well known to the ancients.—'Ibid.'

MR. RAYER, President of the Association of French Practitioners, and Mr. P. Andral, the legal adviser of that body, had an audience on the 19th of March, of the Minister of Justice. The illegal practice of medicine in the Département de la Gironde, and the insufficient amount of the fee allowed to medical men, were pointed out to the Minister, who promised to take the report of the Medical Association into consideration.—'Ibid.'

DR. LIVINGSTONE.—Her Majesty's steamer Rapid has arrived at Table Bay from the eastern coast of Africa. She brought the welcome intelligence that Dr. Livingstone was alive and well. On the 5th of January the Rapid arrived at the Louba mouth of the Zambezi, expecting to find Livingstone and his party, to take them on to the Cape. On communicating with the Portuguese station house there they found there was a letter addressed to the senior naval officer from Bishop Tozer. It was dated "Murchison Falls, December 21," and stated that Dr. Livingstone had come back from his expedition up country, and arrived at the foot of the Murchison Falls in November, and they intended to come down the river as soon as the water rose sufficiently to get the Pioneer down. Dr. Livingstone, the Bishop, and party were well in health. The mission party also intended to leave the country, as it appeared an unsuitable field, and would return to England by the Cape; the Bishop and one of his clergymen, however, were to go and visit the Governor of Mozambique. There were no letters for the Cape. The Rapid brought down 187 prize negroes taken from a slaver.—'Graham's Town Journal.'

KEW GARDENS.—Sir W. J. Hooker has, of course, to report a smaller number of visitors at Kew in 1863 than in the Exhibition year. Still, they exceeded 400,000. On one Sunday there were 12,441, and on one week day 11,631. The number of scientific visitors and of persons frequenting the Museum and Palm house for purposes of instruction has increased. Many improvements in the gardens are in progress or contemplated. The duties of the Department of the Herbarium are rapidly increasing, owing to the demands made upon it by various departments of the Government, the receipt of large collections from important Government expeditions, the applications for advice from persons proceeding to take charge of plantations of tea, cinchona, cotton, coffee, &c., and the redoubled activity of the colonies in the publication of their 'Floras,' which, though paid for by the Colonial Government, can only be prepared at Kew, or by persons in direct and constant correspondence with its Herbaria and Museums. The 'Flora' of the British possessions in India is to be proceeded with upon the same plan as the colonial 'Floras,' and has been commenced in the Herbarium by Dr. Thomson. Very satisfactory reports are received of the success of the introduction of cinchona plantations in India, in the establishment of which Kew has had so large a share. In the nurseries on the Neilgherrie hills there were, in December last, nearly 260,000 plants, of which more than 66,000 were planted out; one was nearly ten feet high. The bark has been analysed, and the result is entirely satisfactory. There are 8,000 plants in the Darjeeling plantation, Himalaya, and 22,000 in Ceylon. Steps have been taken at the request of the Government of South Australia to introduce the cork tree into that colony; a large quantity of young plants have been

raised in the pleasure ground nursery for transport, to be sent out this spring in a growing condition in glazed cases. Large collections of semi-tropical trees and shrubs have been sent, at the request of the Admiralty, to the once desert island of Ascension, the upper parts of which are now clothed with trees and shrubs, chiefly derived from Kew. The most satisfactory accounts are received of the thriving condition of these plants, and the consequent rapid increase of the fertility, water supply, pasture land, and vegetable produce of the island. The Bermuda grass especially, which was sent from Kew several years ago, has now become the staple fodder of the place.

CHARGE OF NEGLECT AGAINST A SURGEON.—The Board of Guardians of Newton Abbott have been occupied in the investigation of a charge of drunkenness and neglect preferred against Mr. Sparham, surgeon, of Newton Abbott. We are happy to say that after a full inquiry the Board resolved "that Mr. Sparham leaves the room without a stain upon his character."

THE ROYAL MEDICAL BENEVOLENT COLLEGE.—Miss Margaret Good (daughter of the late eminent Dr. Mason Good), has bequeathed to the Royal Medical Benevolent College the sum of 250*l.* free of duty.

BRADFORD EYE AND EAR INFIRMARY.—The foundation stone of an Eye and Ear Infirmary was laid on the 29th ult., by Titus Salt, Esq., the mayor of Bradford. The origin of the institution is due to Dr. Bronner, who devoted his time gratuitously to the undertaking, and about six years since the present building was opened. The increasing demand for relief has rendered further accommodation necessary, and the exertions of the committee have resulted in the building of a new infirmary. It will be of the early Gothic style, one hundred feet in length, sixty feet in width, and five stories high. The total cost will be about 5,500*l.*

MESSRS. DEMARQUAY AND LECOMTE have recently laid before the Institute the results of their inquiries on the therapeutic effects of the inhalation of oxygen. This gas is a powerful stimulant of the circulation, and should not be exhibited to persons labouring under disease of the heart, or threatened with hæmorrhage, or inflammation. But it is appropriate in anæmia, and in general in every morbid condition in which it is desirable to invigorate the system.—'Journal of Practical Medicine and Surgery.'

THE profession in France mourns the loss of Dr. Bailly, of Dr. Paris, of Dijon, and of Dr. Landouzy, whose researches on the subject of pellagra are well-known to our readers. Dr. Gallice, of Langeac, who, despite previous illness, travelled some distance to visit a patient, perished in the snow, on the 20th of February, a victim to his unflinching sense of duty.—'Ibid.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 13.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

THURSDAY, APRIL 14.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, APRIL 15.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, APRIL 16.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, APRIL 18.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 19.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Science and Art of Surgery. By J. E. Erichsen, F.R.C.S., &c. Fourth Edition, enlarged and revised. London: Walton and Maberley, Upper Gower street, W.C.

Notes on the British Pharmacopœia, showing the Additions, Omissions, Changes, &c. By A. F. Haselden, Pharmaceutical Chemist. London: R. Hardwicke, 192 Piccadilly.

The Classification of Skin Diseases. By W. Tilbury Fox, M.D., &c. London: R. Hardwicke, 192 Piccadilly.

The Principles of Surgery; Clinical, Medical, and Operative. By F. J. Gant, F.R.C.S., &c. London: J. Churchill and Sons, 11 New Burlington street.

On the Advantages derivable to the Medical Profession and the Public, from the Establishment of Village Hospitals, with General Instructions concerning costs, &c. By A. Napper, M.R.C.S., &c., Founder of the System. London: H. K. Lewis, 15 Gower street, North.

The Hunslet Poor-law Inquiry into the Conduct of the Master and Surgeon, conducted by U. Corbett, Esq., the Inspector appointed by the Poor-law Board. Leeds: E. Baines and Sons.

The Ophthalmic Review, a Quarterly Journal of Ophthalmic Surgery and Science. No. i. London: R. Hardwicke, 192 Piccadilly.

The Medical Mirror. No. IV. London: H. K. Lewis, 15 Gower street, North.

The Elements of Comparative Anatomy. By T. H. Husdey, F.R.S. London: John Churchill and Sons, New Burlington street.

Second Annual Report of the Cumberland and Westmoreland Lunatic Asylum.

The Canada Lancet. No. 13.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

Mr. PROWSE's letter is inserted, and the cause he advocates has our best wishes.

T. L. GALVANI.—We are not aware whether the information required is to be found in the work alluded to, but it is contained in Dr. Althaus's book lately published (third edition), on Paralysis, Neuralgia, &c., treated by Galvanisation and Faradisation.

Mrs. B.—The extract has been received.

THE PHARMACEUTICAL SOCIETY.—The cards have been received.

Mr. HENRY SMITH is thanked for his letter, and our reviewer will be grateful in being corrected for seeming to commit an unintentional act of injustice towards two distinguished surgeons.

PHILOMATHES.—Trichina is derived from the Greek word θριξ, τριχος, a hair, and is so called from its minute and threadlike structure. It is a parasite belonging to the nematoid entozoa.

TYRO.—When menstruation occurs during lactaction, the milk of the nurse undergoing certain alterations produces in the child temporary derangement of the stomach and bowels. The changes in the milk are these: its quantity is diminished—if the "loss" be great it may be altogether checked—and it sometimes approaches the character of cow's milk, being, in fact, increased in richness; its globules are increased in size as well as in number. According to MM. Becquerel and Vernois, the density is slightly diminished, as are also the quantity of sugar and water; while there is a very sensible increase in the solid constituents, especially the casein. M. Roger states that, if she menstruate, lactation not having been continued longer than twelve or fifteen months, and if the menstrual functions be naturally performed, no change takes place in the milk either as regards its quantity or quality. The fact of the menses appearing at an advanced period of lactation, augurs that the proper time for the cessation of this latter has arrived, and should be accepted by the woman as the signal of injury to herself and to the child if the suckling office is continued.

Q. C., "BLENORRHAGIA."—By this term is understood the local inflammation which results from specific venereal contagion; chancre is different, inasmuch as there is solution of continuity in the soft structures, with loss of substance, which loss of substance, attended by a discharge, varying in different cases as regards its quantity, and also by a slight blush or halo of inflammation and inflammatory redness, receives the name of ulcer (chancrous or venereal). Ricord, Porter of Dublin, and others believe blenorrhagia to be incapable of occasioning constitutional syphilis.

University College, London. —

FACULTY OF MEDICINE.—The SUMMER TERM will commence on MONDAY, MAY 2nd.——CLASSES (in the order in which they meet)—

Practical Surgery.—Mr. Marshall, F.R.S.	7½ a.m.
Materia Medica and Therapeutics.—Professor Ringer, M.D.	8 ,,
Pathological Anatomy.—Professor Wilson Fox, M.D.	9 ,,
Medical Jurisprudence.—Professor Harley Harley, M.D., F.C.S.,	10 ,,
Practical Chemistry.—Professor Williamson, F.R.S.	11 ,,
Midwifery.—Professor Murphy, M.D.	12 noon.
Palæo Zoology.—Professor Grant, M.D., F.R.S.	3 p.m.
Botany.—Professor Oliver, F.R.S., F.L.S.	4 ,,
Ophthalmic Medicine and Surgery.—Professor Wharton Jones, F.R.S.	(Hour to be fixed.)

Hospital Practice.—Daily.

Medical Clinical Lectures.—Professor Jenner, M.D.; Professor Hare, M.D.; and Professor Reynolds, M.D.

Surgical Clinical Lectures.—Professor Quain, F.R.S., and Professor Erichsen.

Clinical Lectures on Ophthalmic Cases.—Professor Wharton Jones, F.R.S.

Practical Instruction in the Application of Bandages and other Surgical Apparatus.—Mr. Marshall, F.R.S.

Practical Pharmacy.—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the Office of the College.

WM. SHARPEY, M.D.,
Dean of the Faculty.
CHAS. C. ATKINSON,
Secretary.

April 2nd, 1864.

Royal Medical Benevolent College.—

The Council have the pleasure to announce that SIR CHARLES LOCOCK, Bart., M.D., has kindly consented to take the chair at the TWELFTH ANNUAL FESTIVAL of the College, which will take place at Willis's Rooms, King street, St. James's, on Saturday, the 14th of May next, when it is earnestly hoped that there will be a large meeting of the friends of the Institution.

The following gentlemen have already undertaken to act as Stewards on the occasion, and a further list will be published shortly. Gentlemen willing to serve are requested to forward their names to the Treasurer, John Propert, Esq., 6 New Cavendish street, W. There is no liability attached to the office.

The Rt. Hon. The Earl of Shaftsbury, K.G.
Sir Edmund Filmer, Bart., M.P., Eaton square.
Sir Walter Stirling, Bart., Portman square.
Sir John W. Fisher, M.D., Grosvenor gate.
The Master of Trinity Hall, Cambridge.

Acland, H. W., M.D., F.R.S., Oxford.
Aldis, Cearles, J. B., M.D., Chester terrace.
Angerstein, William, Esq., M.P., Woodlands, Blackheath.
Astell, John Harvey, Esq., M.P., Upper Harley Street.
Barnes, Christopher H., Esq., Bellevue House, Notting hill.
Barringer, Thos. C., Esq., St. John Street.
Billing, Archibald, M.D., Grosvenor gate.
Bowman, William, Esq., F.R.S., Clifford street.
Brodhurst, Bernard E., Esq., Grosvenor street.
Brown, Isaac Baker, Esq., Connaught Square.
Budd, George, M.D., F.R.S., Dover Street.
Fuller, H. P., Esq., Stoke Poges.
Chapman, Joseph, Esq., Hounslow.
Cooper. W. White, Esq., Berkeley Square.
Cory, Frederic C., M.D., Nassau place.
Critchett, George Esq., Harley street.
Du Pasquier, Cladius F., Esq., Pall mall.
Erichsen, John E., Esq., Cavendish place.
Garrett. Charles B., M.D., Hastings.
Gay, John, Esq., Finsbury place South.
Gream, George T., M.D., Upper Brook street.
Gull, William W., M.D., Brook street.
Hands, Benjamine, Esq., Hornsey.
Hankey, Thomson, Esq., M.P., Portland place.
Harcourt, George, M.D., Chertsey.
Harrison, William A. Esq., Keppel street.
Harvey, William, Esq., Soho square.
Hatfield, Richard, B., M.D., Cleveland Street.
Hawkins, F. Bisset, M.D., F.R.S., Upper Harley street.
Hawkins, Charles Esq., Savile row.
Haycock, W. Hine, Esq., Charterhouse square.
Hewett, Prescott G. Esq., Chesterfield street.
Kendall, T. Marsters, Esq., King's Lynn.
Locock, Charlas Brodie, Esq., Cambridge square.
Lyall, George, Esq., M.D., Headley Park, Epsom.
Murdoch, James, Gordon, Esq., Gt. Berkhamsted.
Peter, R. H., Esq., North Bwnk, Regent's Park.
Pitman. Henry A., M.D., Gloucester place.
Reed, F. G., M.D., Hertford street,
Rodocanachi, M. E., Esq., Gloucester square.
Sankey, William, Esq., Dover.
Seymour, Edward J., M.D., Charles street.
Smith, Protheroe, M.D., Park street.
Smith, T. Heckstall, Esq., St. Mary Cray.
Solly, Samuel, Esq., F.R.S., Savile row.
Thompson. Henry, Esq., Wimpole street.
Tothill, F. D., Esq., Charles street.
Waggett, John, M.D., Kensington Park.
Walker, Colonel Geddes, United Service Club.
Waters, John, M.D., Bedford square.
Wood, William, M.D., Upper Harley street.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,
Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 228.)

The Alterations in the Sounds of the Heart.—Morbid Sounds or Murmurs.—The presence of morbid sounds in the region of the heart, or over the course of the vessels, has always been regarded with great interest, because these phenomena often denote important structural disease. But, nevertheless, it would be a serious error to suppose that these sounds are always caused by appreciable alteration of structure, or that they always exist when mere anatomical reasoning would lead us to expect their presence. Although they very often accompany or denote pathological changes in the region of the heart or the vessels, yet it is constantly found that no appreciable lesion can be detected after death in cases where these sounds have been heard, and, on the other hand, morbid conditions of the heart have been discovered after death, when no abnormal sounds were detected during life. Facts like these, evidently puzzled Laennec, to whom is unquestionably due the discovery of the sounds designated by him *bellows sound*, *rasp* and *sawing sound*, and *musical* or *whistling sound*; but who was so little impressed with their pathological signification, that he declared that "among all the phenomena which have been discovered by mediate auscultation, these alone (the bellows, rasp, sawing sounds, &c.), are not associated with any organic lesion in which it is possible to discover their cause;"* and he goes on to state that he has traced many cases, both of acute and chronic disease, which presented the bellows murmur during the latter periods of life, and sometimes for several months, in a very obvious degree, both in the heart and arteries, but in which, after death, he failed to discover any organic lesion which constantly coincided with the sounds, or which were not frequently met with in cases in which the sounds were never heard. He at first considered the bellows sound of the heart to be a sign of contraction of its orifices, but he abandoned this idea by observing that it frequently existed where no such contraction was subsequently discovered, and on the other hand by finding ossification of the valves, the existence of which had never been announced by this anomalous sound. It was reserved for the followers of Laennec to trace out the real value and signification of the sounds, which he was the first to discover and to announce to the Medical world.

The fact is, that the abnormal sounds of the heart have a very deep significance in most cases, and their presence always points to some morbid condition of the heart itself, or of the vessels, or of the blood, or of adjacent structures or organs. Thus they may be due to obstructions existing at the orifices of the heart, or to imperfect closure of the valves, or to active inflammation outside the heart, or to an impoverished condition of the blood, or to the effects of mechanical pressure. Speaking generally, it may, perhaps, be said that they are always due to *friction*, which indeed in a philosophical sense occurs in all the actions and motions of the solids and fluids of the body, but which, in the healthy state, is diminished by the natural fluids poured out upon the internal membranes. In morbid states of the heart this natural friction becomes abnormally exaggerated, either by the presence of tumours or excrescences, or exudations developed from the solid parts, or by the passage of unhealthy fluids over healthy solid structures. Thus, however loud or well-marked may be the morbid sounds developed by inflammation of the pericardium, or disease of the aortic valves, they may be equally loud, or perhaps louder, when an attenuated blood passes over healthy valves, or through healthy vessels, as in chlorosis and anæmia, or even in a case where a large quantity of blood is suddenly abstracted. The sounds may also be artificially produced by pressure upon a large vessel.

The morbid sounds of the heart are usually called *murmurs*, whatever may be their cause or their seat, and as they resemble various well-known sounds, they have received the appropriate names of bellows-murmur, sawing, rasping, filing murmur, friction sound or murmur, new leather sound, &c. With regard to their situation, they are sometimes exocardial, or situated outside the heart; sometimes endocardial, being due to various conditions of the valves; sometimes they are seated in the arteries, sometimes in the veins. It may be thought at first sight that it is sufficiently easy to distinguish between a friction murmur outside the heart, and due to an affection of the pericardium, and one situated in the interior of the organ and connected with the valves; but the distinction is by no means so easy as it appears, a circumstance which may be accounted for by the remark made above, that all these morbid sounds are really due to friction of some kind. Skoda, in fact, whose views on auscultation are marked by strong originality, says, "I know no sign by which the friction sounds of the pericardium can be distinguished from the internal murmurs of the heart, excepting this, that the internal murmurs correspond pretty exactly to the rhythm and to the natural sounds of the heart, while the pericardial friction-sounds seem to follow upon the movements of the heart. This distinctive sign is only available when the murmur is somewhat prolonged; if it be of short duration, we cannot determine whether it is endocardial or exocardial."*

The following diagnostic distinctions (some of which are, however, of a rather recondite character) between pericardial friction sounds and endocardial murmurs, are laid down by Barth and Roger, although it is probable that the diagnosis in such cases will chiefly depend upon a careful examination of all the collateral circumstances. The bellows murmur is often heard at the origin of the great vessels, while the friction sound, when it is limited, is generally seated lower down towards the apex of the heart; the bellows murmur appears more deeply seated, and does not change its position, while the friction sound is more superficial and peripheric, and may change its place, being one day more marked on the right side, and another day on the left; the bellows sound is most commonly simple, and always associated with the same period of the heart's action; the friction sound is generally double, and when single, is less exactly synchronous with that one of the two sounds to which it belongs; the bellows murmur is often prolonged into the carotid arteries, but this is never the case with the friction sound, and, lastly, the permanent bellows murmurs are scarcely ever subject to any but slight variations of intensity, and if they change their character, it is only after long intervals, while the transformations of the friction sound are generally much more rapid.†

No great practical evils, however, can result from the difficulty of distinguishing in all cases between an exocardial and an endocardial murmur, because the former can exist only in acute cases, while the latter may be common to acute and chronic cases alike, and it must also be borne

* 'Traité de l'Auscultation Médiate.' Par M. Andral. T me III, p. 70.

* Skoda. A treatise on 'Auscultation and Percussion.' Translated by Dr. Markham, p. 219.

† Barth and Roger. 'Traité Pratique d'Auscultation.' Quatrième Edition, p. 466.

in mind that the bellows murmur and the friction sound may exist simultaneously in many cases of acute disease, while a persistent murmur can be caused only by chronic disease *within* the heart.

(To be continued.)

HOSPITAL REPORTS.

KING'S COLLEGE.

OPERATION BY MR. FERGUSSON.

On the occasion of our last visit the first patient submitted to operation was a young girl in whom cleft palate existed. About three years previously Mr. Fergusson had operated on her for the same deformity, and, according to his wishes, had succeeded in obtaining union of part of the fissure, a very small portion of the division being left for future operative measures.

The head of the patient being thrown well back, and the mouth opened as widely as possible, so as to expose to view the entire upper arch of the mouth, Mr. Fergusson proceeded by means of the knife especially constructed for this procedure, to dissect away the soft from the hard palate on each side of the fissure. For this step two knives were necessary, the one being larger than the other, in order that the fleshy palate might be the more freely detached from its bony connection.

The margins of the cleft in the palate having been made raw, and the soft palate having been sufficiently separated from its bony floor to allow the edges to lie in complete and easy apposition, a needle—the eye of which is at the point—armed with a *white* silk ligature, was passed through the left flap of the palate from below upwards, and from right to left, that is, from the right hand of the operator towards his left The operator stands on the right of the patient, not directly in front, because by taking up this latter position spectators are unable to see the steps of the operation, and very frequently the surgeon will be in his own light The needle's point and the ligature having traversed the left flap of the palate in the manner just described, the loop of the thread is seized by a forceps and held securely while the needle is being withdrawn. Another needle of the same description as that first employed, is armed in the same manner with a blue ligature, and passed from the operator's left to his right hand, that is, through the right flap of the divided palate in a direction from below upwards, and from without inwards, towards the median line of the body; the second thread being treated similarly to the first, and the needle by which it was armed having been withdrawn, the second thread is passed through the loop of the first ligature, and thus, as the former is withdrawn, the latter is brought through the right flap of the palate; the loop of it—the first or white ligature—is then uncoiled, so that while one extremity is retained in the left flap, the other, by means of the blue ligature is made to occupy the right. Both ends being now brought out through the mouth, a running knot is made on one extremity of the thread, through which the other extremity is passed, and the knot being then drawn down to the edges, as they lie in even apposition, is secured, a double knot being made besides. The aperture in the palate of the patient before us was a small one, and therefore, only required a single thread.

Mr. Fergusson adduced the present case as an example of the comparatively imperfect speech enjoyed by a patient, though the cleft in the palate had united as well as could be desired, and the roofed arch of the mouth had assumed, since his first operation, a shape and position calculated to improve intonation of the voice and articulation, if not to have altogether removed any imperfection; nor could he assign any reason for the continuance of such imperfections. The patient besides was most anxious for the success of the operation as regarded her speech, and gave every assistance in her power, that would tend to such an end.

Mr. Fergusson dwelt upon the comparative facility with which cleft palate united, when the arch of the palate was high and the angle formed at its mesial line was acute rather than very obtuse; in the latter case, it is sometimes a matter of no little difficulty to procure complete and permanent union.

This circumstance may be explained by the fact that the bones—in the instance of a very concave roof to the mouth—fall down towards the mouth, and thus allow an approximation of their separate margins. The bones themselves will often unite, when the fissure in the soft structures has been closed.

In the denudation of the edges of a fissure like the one now before us, Mr. Fergusson prefers merely to scrape them, and so make them raw; he does not at all approve of the plan of removing a ring of the tissues immediately surrounding the cleft, because such a procedure renders the union more difficult, and should failure attend our operation, the chasm is greater than before, also this step, in perhaps not a few cases, leads to failure.

There is no analogy between this step of the operation and a similar one in which the skin is concerned; for, of the latter tissue, there being usually a redundancy, there is some to spare, and which can be easily dispensed with, whereas, of the structures entering into the composition of the palate, there is not this same redundancy.

In some instances of this malformation, it will be expedient to make incisions on each side of the fissure, so as to permit the pared margins to come more closely together. This is requisite when there is tension of the parts. The incisions must, of course, be external to the points of insertion of the ligatures. There are certain varieties in the steps of this operation of staphyloraphy which we shall mention:—Some, before denuding the margins of the fissure, would strip up the soft from the hard palate, while others again reverse this order; a scissors or a knife, according to the custom of the surgeon, may be used in the paring of the edges of the soft palate; the lateral incisions into the soft palate may be made before the denuding of the edges, or after it; and a blunt or sharp-pointed knife may be used in the paring or scarification of the edges; the threads may be introduced before any incisions whatever are made; the needles may be those ordinarily used in uniting wounds, &c., and may be introduced from above downwards, instead of from below upwards.

Mr. Fergusson thus teaches respecting the usual form of split palate:—"The patient should be seated in a good light, and his head should rest on the breast of an assistant: the surgeon should then seize the portion of the uvula on one side of the fissure with a long hook-beaked forceps, draw it slightly forwards, and then carry a probe-pointed bistoury from the posterior border of the velum to the anterior part of the fissure in the soft palate, so as to make a clean-cut raw surface on its margin; then the other surface should be treated in the same way, or, by seizing the margin about the middle of the cleft, it may be held firmly until the knife, which, for this purpose, should be sharp-pointed, is pushed through and run backwards and forwards; next, a needle set in a handle, armed with a thread of the ordinary size for interrupted suture, should be passed from below upwards on one side of the cleft about a quarter of an inch from the margin; the thread, being seized with forceps, one end of it should be pulled forwards; the needle should now be withdrawn, threaded with another ligature, and then pushed from below upwards on the other side of the fissure at the same distance from its cut surface, when the thread should again be extricated with the forceps, and the needle at the same time withdrawn; one of the ends thus brought to the mesial line should then be attached to the other end, and by drawing either the one or the other through the opposite side, it will be found that a double thread, which can readily be made single by pulling out one of the ends, has been carried across the gap; two, three, or perhaps four threads being introduced in the same manner, each should be tied

in such a way as to keep the edges in close approximation, and the ends being cut off, the operation is accomplished."

It is not at all necessary that the starvation plan of treatment should be put into practice in the case of these patients; rather is such prejudicial, since it retards the union of the opposed surfaces. The experience of most surgeons, if not indeed of all, tends to show that such treatment is contra-indicated, and that it is far more wise to allow the patient a sufficiency of nutriment in a liquid form, and, in some instances, to administer wine or other stimulants. Solid food should not be allowed until all danger of rupture of the newly-joined parts is quite removed, and the junction seems sufficiently strong to permit free motion and compression on the part of the soft palate; indeed, it is needful that as far as possible all dragging upon the stitches should be obviated.

Some advise the removal of the threads upon the second or third day; Mr. Fergusson, however, states, "in many cases I have for years been in the habit of leaving the stitches in for six, eight, or ten days with seeming advantage."

It will be remembered that in the year 1844 Mr. Fergusson proposed and carried into practice the division of the palato-pharyngei, the palato-glossi, and the levatores palati. The following are the words in which he describes the mode of procedure, advised and adopted by him:—"Previous to paring the edges of the cleft, a knife—specially constructed for this operation—is passed through the fissure, so that its point can be laid on the tissues immediately above the soft velum, midway between its attachment to the bones and the posterior margin, and about half way between the velum and the lower end of the Eustachian tube; the point is then thrust deep, and carried half an inch or more backwards and forwards, so as to put the posterior pillar of the fauces on the stretch, which is then snipped across with a long curved scissors, about half an inch behind the tonsil, by which cut the principal part of the palato-pharyngeus will be divided; then, if it seems desirable, the anterior pillar of the fauces is touched with the scissors, so as to make the section of the palato-glossus —a proceeding which I scarcely deem requisite. In some instances it seems difficult to arrest all muscular movements by these incisions, and I am inclined to attribute this to the action of that end of the palato-pharyngeus, which is attached in front to the bone of the palate, as also to vermicular motion in the muscles after division; but, even though this be the case, the soft flap on each side is much more under the surgeon's command than if no such preliminary wounds were made; the needles can be introduced more readily, and the margins of the gap can be brought together with greater facility, while there is infinitely less drag upon the stitches when they are secured. When the operation is done without these incisions, there is trouble in keeping the first noose of the ligature tight until the next is cast. This is less likely to happen if the course that I advise be pursued. If care be taken, in dividing the levator palati, not to run the knife towards the upper and back part of the pharynx, there is no harm to be dreaded from the incision above described. Were the instrument carried far upwards and backwards, the internal carotid would be in danger; but if its point be pushed straight outwards and forwards, it will sink into the pterygoid fossa, and possibly divide the tensor palati muscle, when it can come in contact with the external pterygoid process only. Division of the tensor palati does not seem to be required, as that muscle has a very feeble influence over the movements of the velum."

It is a great mistake to put in too many threads, as the very object we seek to attain, namely, union throughout the entire, is thus frustrated, owing to the injury inflicted upon the delicate, soft structures: for the same reason should we most carefully guard against too great tension of the ligatures.

For the introduction of the plan of operation in which the soft palate is stripped from the bony vault, we are indebted to Dr. Mason Warren, of Boston. This is a most admirable method of filling in cavities in the hard palate, and, inasmuch as it is nature's curtain, it answers all purposes better than any obturators which may be artifically supplied.

The next was a patient of robust health, and a little beyond the middle age, who had for some time been suffering from all the symptoms of stone in the bladder, and who had presented himself a few weeks since as an in patient. He had been very carefully examined upon two occasions, but no stone could be detected; on a third examination, however, it was discovered that a stone did exist in the bladder, and he was accordingly admitted into the hospital, and placed upon the usual preliminary treatment.

Having been allowed to retain his urine for a few hours before the time appointed for the operation, Mr. Fergusson, previous to introducing the lithotrite, satisfied his own mind that the stone did actually exist. The stone was ascertained to be of not a large size, and therefore a small instrument was used for its removal. It was very soon crushed, grasped in the lithotrite, and without any difficulty, being still between the blades of the instrument, was drawn out as far as the narrowing at the orifice of the urethra; here the instrument was removed, and the fragment of the stone was left in the urethra. Mr. Fergusson then, by merely pressing his finger and thumb upon that part of the penis which retained the broken calculus, expelled it from its seat of lodgment. There was very little hæmorrhage. The stone, somewhat the shape of a filbert, and of about half the size of the kernel of the same, had been seized in its long diameter, and had opposed very little difficulty to removal; it was found to be only a fragment, and probably one half; acting on which supposition the lithotrite was again introduced, and the rest of the calculus was ascertained to be occluding the urethra at about its membranous portion. Extraction by the scoop, or by the lithotrite, being impracticable, Mr. Fergusson pushed the stone back into the bladder, and then endeavoured to seize it; but as this was not possible, the legs and hips of the patient were somewhat elevated so as to throw the stone more backwards in the bladder, and a few ounces of water were injected, in order to compensate for that quantity of urine which was necessarily lost while the patient was under examination. The crushing instrument was again passed, but as the stone could not be detected with facility, Mr. Fergusson preferred to postpone any further explorations.

He then demonstrated the difficulty in eliciting sound from a lithotrite so small as that used by him on the present occasion, especially when struck against a small fragment of calculus; another impediment to the eliciting and travelling of sound in cases similar to the present is that the urine, after the needful manipulation, becomes commingled with blood, and that a clot may perhaps surround the stone. Under these circumstances it will also be difficult to detect the stone by the sense of touch.

Mr. Fergusson prefers that the patient should retain his urine for a few hours than that there should be any water injected. In the case now under consideration there was a very great immunity from pain while the operation was being performed, and the man seemed scarcely at all to feel the presence of the instruments. There was likewise very little pain inflicted by the withdrawal of the calculus, per urethram, by means of the small lithotrite. We know that many are strongly opposed to this plan of treating the fragments of a crushed calculus, but in the hands of Mr. Fergusson it seems to be eminently successful, and not to be attended with those bad consequences, on account of which it is deprecated. The objections to the performance of lithotrity in the young male subject are:—First, the small size of the urethra, so that the instrument used for crushing must, of necessity, be very small, and the fragments, unless indeed they be very minute, cannot pass away; secondly, the bladder and entire urethra are very much more sensitive than in the adult.

The contraindications to the operation, even in the adult, are:—First, a very narrow urethra, whether such a narrowing arise from a defect in development or from organic disease occuring in a urethra naturally well formed, or from any tumours of so large a size as almost to produce occlusion of the canal. Such a tumour may be formed by the

prostate, and then there may present "impediments which the utmost skill may not be able to surmount." Thirdly, a sacculated bladder, because each sac may, when the stone is broken, become a resting place for a fragment, and each fragment may possibly have become a nucleus for a larger calcareous development; fourthly, and perhaps the most important contraindication, is great irritability of the urinary apparatus, that is, of the urethra and bladder. We have seen cases in which the urethra was intolerant of the contact of any instrument, and that, too, used in the gentlest possible manner, and by experienced hands; again, we have witnessed the bladder in such a highly sensitive condition that, as soon as the instrument entered it, its muscular coat was thrown into strong spasmodic action, and the urine was forcibly expelled along the side of the lithotrite, a powerful and irresistible desire to empty the bladder having been created.

This excitability, in some instances carried to so high a degree as to border on acute inflammation, may be relieved, if not altogether overcome, by the very passing of the instruments necessary for the detection of the stone and for its crushing; on the other hand, we may have cases under our care in which there has been, comparatively speaking, no irritability until we began the sounding, &c., but in which an irritability is induced of such a nature as to preclude the possibility of operating at the time.

There was no chloroform used with the patient, nor, we believe, is it the custom of Mr. Fergusson to employ it in cases of a nature similar to the present.

In the course of his remarks, Mr. Fergusson mentioned that, when there was no abnormal condition of the urethra as regards its size, when, in fact, the calibre of it was not diminished, but preserved its natural width, there was always some little resistance offered to the removal of the stone by the natural narrowing of the passage at about that point where it passes through the triangular ligament, or to define it more accurately, at the front part of the membranous portion of the urethra.

The third case was that of a strong, robust, young woman, the lower end of whose radius was affected with necrosis, and for the removal of which Mr. Henry Smith had, upon a previous occasion, cut down upon the diseased bone, and taken it away; as, however, some other portions were, on a subsequent examination, found to be diseased, he extended the line of his former incision upwards, and by means of the cutting pliers, took away some not very small pieces of necrosed bone. This done, he then gouged and scraped away any other portions of the radius which were implicated.

The wound being stuffed with lint, the arm was swathed in a bandage, and the patient removed.

UNIVERSITIES OF SCOTLAND.—A movement is at present on foot in the Scotch Universities to reduce the Lectures on Midwifery and Materia Medica to three months' courses, and to transfer these classes from the winter to the summer session. This improvement, in which the English schools some time ago set the example, has, we understand, the support of the Universities of Glasgow and Aberdeen, but is opposed in the University of Edinburgh.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—This society, founded in 1788, and now giving, in half-yearly and other relief, about 2,000*l.* a year, has within the past week received a Royal Charter of Incorporation, and is become the Society for the Relief of Widows and Orphans of Medical Men, the name having been shortened a little. The anniversary dinner is on the 28th of May next, at the Albion Tavern, Aldersgate street: the President, T. A. Stone, Esq., in the chair.

THE HEALTH OF THE PRUSSIAN ARMY is said to have suffered much from the severity of the weather during the campaign. There are ten per cent. of sick, chiefly from maladies of no dangerous character Typhus fever has, however, appeared, though not in an epidemic form. There are numerous hospitals for the service of the army, many of them in retired rural situations. The sick, when too numerous for the Schleswig hospitals, are sent to Hamburg.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XI.

ADEPS PRÆPARATUS.—It is, of course, of the utmost importance in the preparation of ointments to have good sweet lard, which will keep for a considerable time without becoming rancid. For this purpose it is usual to submit the lard to some process which shall remove from it everything likely to promote decomposition. There is, however, some difference of opinion among Pharmaceutists as to the best mode of treatment to be adopted. Mr. Hills, in a paper to the Pharmaceutical Society some time back, recommended that the membranes should be removed mechanically from the flare, and then the lard kneaded, and washed in a current of water to remove everything soluble. Mr. Squire, on the contrary, objects to washing the lard, but having melted it and removed the membrane by careful straining, applies heat until all the water it contains is expelled. The London Pharmacopœia gave no directions for preparing lard, but the British Pharmacopœia gives a process for preparing it, which is in accordance with the method of Mr. Squire. Whatever plan is adopted, no doubt the most essential point is to remove all trace of membrane. It is also an advantage to free the lard entirely from water, which certainly assists in setting up rancidity.

ÆTHER.—A process is given in the British Pharmacopœia for the preparation of ether. In this, as in many other cases, it would, we think, have been more judicious to have simply given a description of the substance, and omitted the process. Pharmaceutists are hardly likely to prepare for themselves the ether they consume; but even if they wished to do so, they would find the method described in every chemical manual. The process of the Pharmacopœia is the continuous process, which is always employed by the manufacturer. It is described as follows: Mix ten ounces of sulphuric acid and twelve ounces of spirit in a quart glass matrass; connect the flask with a condenser, and distil with a heat sufficient to maintain the liquid in brisk ebullition. As soon as the etherial fluid begins to pass over, supply fresh spirit through a tube into the matrass in a continuous stream, and in such quantity as to equal the volume of the liquid which distils over. When the whole of the spirit (38 oz.) has been added, and forty-two fluid ounces have distilled over, the process may be stopped. These are the Pharmacopœia directions; they are not, as will be presently seen, quite perfect.

When spirit and oil of vitriol are mixed together, and the mixture is raised to the boiling point, combination between the elements of the alcohol and the sulphuric acid

takes place, and a new body is formed, which chemists have named *sulphovinic acid.* Sufficient elevation of temperature for this purpose is generally produced by the simple admixture of the two substances. The change which occurs may be thus represented :—

$$C_4 H_6 O_2 + 2 (H O, S O_3) = (H O, C_4 H_5 O, 2 S O_3) + 2 H O.$$
Alcohol. Sulphovinic acid.

Sulphovinic acid, although it contains the elements of sulphuric acid, manifests none of the characters of that substance; it combines with bases, and forms salts with lime and baryta, which are freely soluble in water. The first step in the preparation of ether, then, is to produce sulphovinic acid. The second step is to decompose this body by the action of heat. But the nature of the decomposition which occurs depends upon the temperature employed. When the sulphovinic acid, that is to say, the mixture of spirit and oil of vitriol, is maintained at 260 deg., or below, it is resolved into sulphuric acid and alcohol, which volatilises, and contains only minute traces of ether. When the temperature ranges between 280 deg. F. and 310 deg., then the acid breaks up into sulphuric acid and ether, and only a minute quantity of alcohol is liberated. If the temperature reaches 320 deg. or above, then no ether is formed, but olefiant gas, oil of wine, and other products take its place. The ether-producing temperature, therefore, is confined within a limit of 30 degrees. In the continuous process, a rise of temperature from the accumulation of liberated sulphuric acid in the distillatory vessel is prevented by the introduction of fresh spirit. Sulphovinic acid is thus being constantly formed and decomposed; the same amount of sulphuric acid converting an almost indefinite quantity of alcohol into ether and water. But to conduct the operation successfully it is essential that the supply of fresh spirit shall be so regulated that the mixture shall boil actively, while it maintains a constant temperature of 300°, or as near that temperature as possible. To effect this it is necessary to keep a thermometer in the retort, and to make its indications the guide for the addition of the spirit. The Pharmacopœia, however, makes no mention of temperature. It simply directs that the spirit shall be added in such quantity as to equal the volume of the fluid which distils over. This would be very difficult to judge of, especially in working with small quantities of material.

The crude ether so obtained is purified by agitating it with a solution of chloride of calcium and a little slaked lime, then separating it, and submitting it to re-distillation.

In the Materia Medica, ether is described as "oxide of ethyl with about 8 per cent. by volume of alcohol." Why the ether used in medicine should necessarily contain 8 per cent. of alcohol, we do not know. Pure ether may be readily obtained, and has been hitherto used, in accordance with the previous Pharmacopœias.

The tests given are as follows:—"Sp. gr. 0·735·50 measures agitated with an equal volume of water, are reduced to 41 by an absorption of 18 per cent. It evaporates without residue." Pure ether only dissolves to the extent of 10 per cent. in water; the proportion which dissolves in excess of this amount represents the alcohol which the ether contains. No means are given in the Pharmocopeia for recognising ether which has beeen made from methylated spirit. Such ether is in constant use, but it is never pure. It may be readily detected by putting a few drops on a piece of filtering paper, and then allowing it to evaporate. By smelling the paper at the instant when the ether has gone, the odour of the wood spirit may be readily detected.

The Pharmacopœia represents ether by the formula $C_4 H_5 O$. But chemists are now generally agreed that this formula should be doubled. This is done, not merely in accordance with theoretical considerations regarding the equivalent of oxygen, but also because the vapour density of ether indicates the numbers $C_8 H_{10} O_2$, and because the researches of Professor Williamson on the double ethers also point in the same direction.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

MARCH 2nd, 1864.

DR. OLDHAM, PRESIDENT, in the Chair.

The following gentlemen were elected Fellows of the Society: F. J. Butler, M.D., Winchester; Thos. Chambers, L.R.C.P, London; Ed. Fussel, M.B., Brighton; Samuel N. Harrison, Patrington, Hull; Ed. Jackson, M.B., Sheffield; W. N. Price, Esq., Leeds; A. G. P. Wilks, M.D. Cantab., Guy's Hospital.

Dr. HICKS read a report on two cases of monstrosity exhibited by himself and Dr. Gervis at a former meeting of the Society.

CASE OF FATAL UMBILICAL HÆMORRHAGE IN AN INFANT.

Dr. GRAILY HEWITT related the particulars of a case of hæmorrhage from the umbilicus. The mother of the patient, a weak, ill-nourished individual, was delivered of a female child at about the eighth month, in the British Lying-in Hospital. She had previously lost a child, a few days old, from bleeding at the mouth, ears, and rectum. At birth, the infant was weakly, and the circulation languid; moreover, in the course of a few hours, the child became jaundiced. The second day after birth a very slight appearance of blood was noticed at the insertion of the cord. On the third day hæmorrhage set in, and when seen by Dr. Graily Hewitt had lasted for upwards of an hour. The child was then excessively pale, and moribund. Further loss of blood was prevented by application of a ligature *en masse*, but the infant died about an hour afterwards. The blood exuded as from a sponge at the junction between the cord and the abdominal wall. Post-mortem examination showed great congestion of the liver, and slight hæmorrhagic effusion into the peritoneal cavity. There was no ulceration of the stump of the cord inwards through the abdominal wall.

Dr. Graily Hewitt alluded to a series of cases of this affection published by Grandidier. In a large portion of them jaundice was observed, as in the above case; and in a few the existence of a hæmorrhagic diathesis was well marked. The treatment carried out in the above case had been found most successful in the hands of others—namely, the use of the ligature *en masse*. The mortality from this affection had been found to be very high—namely, 83½ per cent.

Dr. TYLER SMITH presented the notes of

EIGHT ADDITIONAL CASES OF OVARIOTOMY.

The notes of twelve cases have already been presented to the Society.

CASE 13. *Multilocular tumour of the right ovary; operation; recovery.*—E. H——, aged thirty-three, unmarried. Abdomen

forty-two inches; growth rapid. Operation, June 16th, 1862. Incision, four inches. Tumour composed of two principal cysts, full of purulent matter. Cysts tapped first. Pedicle secured by silk, divided, and allowed to drop into the pelvis. Tympanitis and sickness severe on third day; relieved by calomel, turpentine, &c.; iced water and milk. In October following quite well.

CASE 14. *Multilocular tumour of right ovary; ovariotomy; recovery.*—Mrs.. B.——, aged fifty-four. Weak and emaciated; size great. Has lived in West Indies. Operation October 13th, 1862, under chloroform. Extensive adhesions on right side. Numerous cysts with gelatinous contents. Large incision. Pedicle allowed to drop into pelvis. Wound healed by first intention. Convalescence tedious. Large doses of opium, to which she had been accustomed, necessary. Now in better health than she had been for years.

CASE 15. *Multilocular tumour of left ovary; operation; recovery.*—E. B.——, aged thirty-two. Much emaciated. Measured forty-two inches round. Pedicle returned into pelvis after operation performed in usual way, under chloroform. At night, enema with laudanum, the only medicine given. Took stimulants early. Excellent recovery in less than a month.

Case of ascites with malignant tumour, supposed to be ovarian; operation; death.—Patient, forty-three years of age, had had thirteen children, youngest fifteen months old. Had gradually increased in size since birth of child. Measured forty-eight inches round. No unusual pain. Pulse good; not much emaciated; complexion not like that seen in malignant disease; considerable œdema of abdominal walls. A tumour, believed to be ovarian, felt through ascitic fluid on left side. Incision being made, a tumour was found firmly adherent to abdominal walls. It was removed, at also the ascitic fluid. Other tumours of malignant character then found connected with intestines and other structures. Patient never rallied. Death four hours afterwards. Numerous cancerous tumours found in omentum, &c. Ovaries diseased, but small.

CASE. 16. *Multilocular tumour of left ovary; operation; recovery from operation; death three weeks after from bronchitis.*—General health bad; subject to bronchitis. Operation, April 15th, 1863. Strong adhesions on left side. Pedicle returned into pelvis. At end of fortnight sat up daily. She was removed on May 5th, at her own request, to the hospital. She ate a good breakfast on May 6th, but died, almost suddenly, late on the same day. Extensive emphysema of both lungs, and thickening of bronchial tubes. Pedicle and ligature enclosed in a sac formed by coagulable lymph.

CASE 17. *Multilocular cyst of left ovary; operation; recovery.*—Mrs. B——, aged forty-three. Enlargement of the abdomen noticed for six years. Operation, June 26th. Tumour, one large cyst, with gelatinous contents. Adhesions considerable. Pedicle treated as in the foregoing cases. Left for the country on July 30th.

CASE 18. *Multilocular cyst of left ovary; operation; recovery.*—Tumour growing for eighteen months; measurement forty-six inches. Tumour very adherent. To a small vessel of intestine wounded in separating the adhesions a metallic ligature was applied. Pedicle treated as above. No bad symptoms.

CASE 19. *Multilocular colloid tumour of the left ovary; operation; death on the sixth day.*—Miss S——, aged fifty-eight. Tumour growing a year. Tapped a month previously. Tapping now again necessary; and a fortnight afterwards, having again filled, ovariotomy was decided on. Many adhesions. Tumour made up of large masses of colloid. Pedicle very small. Some hæmorrhage from tearing the pedicle, and it was secured with great difficulty. The patient rallied after becoming very exhausted, and took food well. On the fifth day bad symptoms set in; and death occurred on the following day.

CASE 20. *Multilocular tumour of the left ovary; operation; recovery.*—Miss M——, aged thirty-nine. Tumour growing two years. Much emaciated from bronchitis. Perfect recovery from the operation, which was performed in the usual way. Is now in excellent health.

The author remarked, that of the twenty cases sixteen had recovered, or 80 per cent.; that is, excluding Case 16, in which death occurred from bronchitis three weeks after operation; including this case, the cures were 75 per cent. He had now returned the pedicle into the pelvis in ten cases and with most satisfactory results. In all the poor women operated upon, the disease incapacitated them from work; in the others, the operation could not have been delayed without risk to life.

The PRESIDENT considered that in cases of doubtful diagnosis the operation of tapping was advisable, as preliminary to the other operation.

Dr. TYLER SMITH thought that in the case alluded to by the President no positive information would have been obtained by tapping. The diagnosis was extremely difficult in some cases. In the particular instance in question there was extreme œdema of the abdominal walls, and he thought it probable that such œdema might be found in other cases to be associated, as it was in this case, with malignant disease. In answer to a question from Mr. Cumberbatch, Dr. Tyler Smith stated that he preferred non-metallic ligatures for securing the pedicle.

Mr. SPENCER WELLS said that the question raised by Dr. Tyler Smith as to the mode of securing the pedicle was one of the most important which could be considered by the Society. He had followed Dr. Tyler Smith's practice in five cases. From the first no conclusion could be drawn, as the patient would probably have died had the pedicle been secured in any other manner. Two of the other four had recovered more quickly than they probably could have done under any other proceeding, although in both there was more evidence of sthenic peritonitis than was often seen where the clamp was used. In two other cases the patients died of diffuse peritonitis, and he (Mr. Wells), thought they might have done better if the clamp had been used. In one no post-mortem could be made. In the other, the ligature and the tissue it enclosed were surrounded by a sort of capsule, formed by two coils of small intestine adhering together and to the pedicle by recent lymph. It was a matter of some doubt whether such a condition might lead eventually to intestinal obstruction, and be more objectionable than the adhesion to the abdominal wall which followed the clamp. His (Mr. Wells's) own impression of the three modes of dealing with the pedicle was, that when the pedicle was long, the clamp was the safest and best mode; but that when the pendicle was short, it was better to cut off the ligatures short, and return the tied pedicle, than to leave the ends of the ligature hanging out through the abdominal wall. In reference to the question of the diagnosis of cancer, he had never met with a case of cancer in the abdomen which had not been diagnosed without operation. The diagnosis of cancer of the peritoneum was not difficult. In one case cancer of the right kidney was easily recognised, and was found after death to weigh 17lbs. In two other cases of cancer of the ovary—one of the left ovary and one of both ovaries, with large quantity of ascitic fluid—the diagnosis was easily made out after the preliminary tapping suggested by the President, and was proved to be correct after the death of the patient. In neither of these cases was there much œdema of the abdominal wall, and he (Mr. Wells) differed completely from Dr. Tyler Smith in his opinion that this œdema could assist us in making out whether an abdominal tumour was innocent or malignant.

Dr. GRAILY HEWITT mentioned a case in which he had observed very extensive œdema of the abdominal parietes, together with great œdema of the lower extremities, and in which the abdominal tumour present, and which reached above the umbilicus, was constituted by the urinary bladder enormously distended with urine, It was evident, therefore, that œdema of the abdominal walls could not be depended on as a sign of malignant disease.

Dr. J. BRAXTON HICKS wished to ask Dr. Tyler Smith whether he had found any subsequent untoward result from the dropping in of the ligature. Although this practice had been shown by the results to be apparently unattended with

danger, and possessed many advantages, still the ligature had possibly to be accounted for at some future day. He considered the perfection of ovariotomy would be nearly gained by doing without any ligature at all. He believed it would be possible, by firmly compressing the pedicle for an inch or so by a serrated clamp, or some such apparatus, to condense the tissues so firmly as to completely prevent bleeding. The pedicle could then be dropped into the pelvis. He threw out this suggestion, because he had found in examining tissues after the use of the écraseur that it was nearly impossible to unravel them; and he thought if the width of the compressor were increased, no bleeding would result.

In reply, Dr. TYLER SMITH stated that he had every reason to be satisfied with the results of the plan of dropping the pedicle into the pelvis after securing it by ligature, and he could with confidence recommend it as being probably safer, and certainly more convenient, than the other plan. He should be very glad to have an instrument such as that suggested by Dr. Hicks for dividing the pedicle, if it could be relied on for preventing hæmorrhage.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MARCH 15.

Mr. PRESCOTT HEWETT, President.

(Continued from page 254.)

Dr. BARKER brought forward a specimen of

HYPERTROPHY OF THE HEART.

The left ventricle was the one chiefly enlarged, and Dr. Wale Hicks had found that many of its fibres had undergone fatty degeneration. The heart weighed twenty-five ounces; he brought the specimen, not on account of the extent of the disease, but on account of the peculiarity that the patient had had no symptom of heart disease until five weeks before his death, and after admission there were no very positive symptoms. There were no sounds, the apex could not be felt, and there was no pulse. There was no obstruction, and the kidneys were healthy.

Mr. ERNEST HART exhibited a specimen of

DEPRESSED FRACTURE OF THE SKULL FROM A PATIENT WHO HAD HAD NO HEAD SYMPTOMS.

It was removed from the body of a patient who was thrown from a coach twenty-one years ago. The outer table of the parietal bone was fractured, and driven inwards in the centre of the fracture. The internal table was not broken to nearly the same extent, but was fractured in the centre. Repair had taken place to a very considerable extent, and as there had been no motion there was no callus. The history gathered from the Surgeon who attended the patient at the time of the accident was to the effect that the symptoms had been very slight. He was insensible for half-an-hour. Then he slowly recovered, and had no further symptoms. Mr. Hart added that there were two similar specimens in the museum at Fort Pitt.

The PRESIDENT said there was one also in the museum of the College of Surgeons.

Mr. TEEVAN remarked that he had made a number of experiments which all clearly showed that when a foreign body passed completely through one side of the skull the aperture of exit was always larger than the aperture of entry, and this too, whether the force passed from within or from without. Mr. Hart's specimen seemed apparently to contradict this proposition, inasmuch as the line marking the boundary of the fracture in the external table was much more extensive than the corresponding line marking the fracture in the internal table. But it must he remembered that in this case the head merely struck the ground, and that consequently the latter had only driven inwards a portion of the skull, and had not itself passed into the interior. The case, therefore, was entirely different from that of the passage of a foreign body into the head.

Dr. CRISP exhibited

MICROSCOPICAL PREPARATIONS OF THE OXYURIS VERMICULARIS IN MEN,

for the purpose of showing the extraordinary number of eggs in this entozoon, and more especially to call the attention of the Society to the mode of expulsion of the ova of the worm, which he believed he was the first to notice. When the female worms are expelled from the body, a white spot is seen with the naked eye, about a third the length of the body from the head. On placing the worm under the microscope, this white spot is found to be composed of a pile of eggs, which are expelled by an artery-like contraction of the oviduct. This process of expulsion is often continued for three or four hours, when the oviduct is nearly emptied. Assuming that the ova in each worm amount to 5,000, the number in some persons would reach to a million or more.

Dr. CRISP also exibited specimens of the

STRONGYLUS FALARIA IN THE LUNGS OF THE LAMB AND THE CALF,

with a wax cast of the lungs of the former, for the purpose of showing the immense number of these parasites, which block up the air-tubes, and in this way occasion the death of a great many lambs and calves in this country. Dr. Crisp said that in a few instances he had observed the same process of expulsion of the ova in the strongylus falaria as in the oxyuris, in a few instances; but there was this curious difference between the eggs of the two worms, that whilst in the former the young were generally matured, in the latter no appearance of an embryo was visible.

Dr. GIBB exhibited a drawing of

ACUTE EPIGLOTTIDITIS,

occurring under his care in January last, in a gentleman, aged thirty-one, who had phthisical disease. The voice had been gradually going for ten days, and two days before he was seen by Dr. Gibb, dysphagia, with fluids, set in. The laryngoscope revealed the epiglottis enormously swollen, projecting upwards and backwards in the form of a bright crimson red tumour, like an immense plum. It was immovable unless in the movements of the tongue, and could be seen readily at the back of the mouth without even introducing the laryngeal mirror. The larynx was clear, and free from disease, the inflammation and swelling being confined to the epiglottis. Under treatment, local and constitutional, the more urgent symptoms had subsided in five days, and a good recovery ensued.

A LADY MILITARY DOCTOR.—Miss Mary C. Walker, M.D., arrived here last week, with orders to report to Dr. Perrin for duty. She has been appointed to Colonel McCook's brigade, and has just left for Gordon's Mills. The young lady is said to thoroughly understand her profession, and is very pretty.—'Chattanooga Gazette.'

OVERCROWDING AT LEICESTER.—From the Report of Dr. John Moore, the Medical Officer of the Board of Health, it appears that during the last twelve months there had been 529 more deaths than in the preceding year. This is attributable, not to any want of proper cleanliness, drainage, &c., for that is said to have been well regulated, but to the overcrowded state of the dwellings and factories, over which the Board have no control.

DEATH FROM LOCKJAW.—A few days since, as the convicts at Carlisle Fort were out for recreation, one of them, an able-bodied man, in attempting to vault or leap over the top of an iron chimney protruding on the platform they were on, missed his distance, alighting on the edge of the iron with the weight of his body, injuring his thumb, the first joint of which was severed, and although immediately attended to by Dr. Travers, he died after three days from lockjaw.—'Cork Reporter.'

THE LATE SIR HUMPHRY DAVY.—A committee has been organized at Penzance, with the object of raising a monument to the memory of the celebrated chemist, Sir Humphry Davy. At a meeting recently held, it was announced that two ladies were willing to subscribe 1,000*l.* each, provided the monument take the form of almshouses. The liberal offer was accepted, and numerous other subscriptions have been received in furtherance of the object.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 20, 1864.

ON MODERN CHANGES IN THERAPEUTICS.

It is clearly the duty of the conductors of the Medical periodicals to point out to their readers not only the changes which have occurred from time to time in the treatment of disease, but also the reasons why those changes have been made. The tyro in medicine, who endeavours, on the one hand, to make himself acquainted with therapeutics by reading the most esteemed works, and on the other to follow out his reading by observation at the hospitals or on private patients, will find an almost irreconcileable discrepancy between theory and practice, between the doctrines inculcated by authors and the actual treatment of maladies at the bedside. These considerations have induced us to examine the question in a practical point of view, and to inquire why the teaching of books and the actual management of disease are in such apparent antagonism to one another.

We can hardly take up a manual of medicine or surgery or even a treatise on any special disease or injury, without finding therapeutical doctrines advanced which are at variance with the practice seen to be pursued at our hospitals or among private patients, and especially is this the case with the books emanating from the seniors in our Profession. Do we inquire the treatment of inflammation in general, we find the almost stereotyped answer that we must bleed, purge, give calomel and antimony, and enjoin strict antiphlogistic diet; do we ask the treatment of cerebritis, pleuritis, pericarditis, peritonitis, we receive the same reply, with the further generalisation that diseases ending in *itis* all require the treatment we have just alluded to. But if we adjourn to any of our hospitals, and watch the practice of the physicians and surgeons, we shall find that the lancet, or, indeed, the abstraction of blood in any way, is but rarely resorted to, even in those very cases where it was once supposed imperatively necessary, and that the other depletory measures have almost alike fallen into desuetude. In some quarters, indeed, the revulsion from the former practice has been so strongly marked that, instead of the belief that inflammation is a condition requiring depletion by low diet and mild diluents, a notion has sprung up that inflammatory diseases ought to be uniformly treated (apparently on the principle of *similia similibus*) by the unsparing use of stimulants.

Again, let us carry ourselves back, in imagination, into the wards of the London Fever Hospital in its close and insalubrious site at Battlebridge, thirty or forty years ago, and witness the copious abstraction of blood which was then universally practised upon the patients, and which was taught to be as necessary to subdue the complaint as the use of the fire engine is essential to stop the conflagration of a building. Then, by way of contrast, let us repair to the present hospital for the same disease in its new and airy site, with its ample and well-ventilated wards, and we shall find that the abstraction of blood is scarcely ever contemplated as a remedial agent, that hardly a leech is ever employed, that depletion of all kinds is avoided, and that the patients are allowed wine and nourishment almost from the commencement of their malady.

There are two modes of accounting for this extraordinary difference of practice as pursued by our predecessors and by ourselves. One is that we are wiser than our forefathers, and that we avoid the errors into which they fell; and the other is that it is not we who have changed the principles of our treatment, but that disease has changed its type and character. There is probably something to be said on both sides of the question, and the exclusive advocates of either theory may both be in the wrong.

It cannot be denied that the science of Medicine and Surgery, or rather Pathology, has greatly extended of late years, both at home and abroad; and the application of chemistry and the revelations of the microscope have been of infinite service in teaching us the real nature of disease, and in showing us that the modes and varieties of morbid action are far more numerous than superficial observers may imagine. In former times it was enough to recognise certain diseases as inflammatory, and others nervous, and others cachectic, but now, by the investigation of minute objects and by chemical tests, the presence of parasitic animalcules and plants is found to be a frequent cause of disease, or we find molecular degenerations of various kinds sapping the vitality of the internal structures, or chemical elements, deficient or excessive, or alien to the system, polluting the stream of life. To imagine that blood-letting can be of any service in such cases, or that a mere routine treatment of scouring out the bowels by blue-pills and the black draught can be of any essential advantage, would indeed be the dream of the quack, and we may congratulate ourselves on our superior information, as compared with that enjoyed by the medical practitioners of a bye-gone epoch.

But shall we assert, on the other hand, that diseases are really always the same at every period of the history of the world, and that they therefore always require identically the same treatment, and that ignorance, or rather imperfect knowledge, is the only reason to be assigned for the therapeutical practices of our ancestors? Without answering these questions in a dogmatic manner, it is better, perhaps, to put forward some considerations of a general nature, on a subject, which, from its very nature, is incapable of accurate demonstration.

It is quite certain that several diseases, which formerly prevailed to a very great extent in our own country, have entirely disappeared, as, for instance, the plague and the sweating sickness, and it is no answer to assert that their disappearance has been due to the superiority of our hygienic measures as compared to those existing three or four hundred years ago. We merely state that they have disappeared, no matter what the cause may have been. Other diseases again, which formerly prevailed with very great severity, and carried off large numbers of the population, have become very considerably modified in their character,

and are far less fatal than at former periods. Such are ague and small-pox, and here again it is no answer to attribute the mitigation of the severity of these diseases to the discovery of cinchona or quinine, or to the practice of vaccination. All we allege is, that these two diseases are not nearly so fatal as they formerly were. Coming to still later periods, most middle-aged practitioners can recollect that gout was a very common disease among the upper and upper-middle classes of society, and that the disease has become comparatively infrequent as the use of wine has become more moderate. All these circumstances show, we think, that diseases really change their aspect at different periods, and our discovery of causes to account for the change does not in any way alter the facts.

Now, on the other hand, have no new diseases made their appearance among us, and have no old ones become more frequent or assumed more serious characters? It is of course, in very many cases, extremely difficult to answer this question, because the ambiguous or imperfect manner in which many diseases are described by ancient authors leave great room for doubt, and afford latitude for opposite discussion. Whether Bright's disease of the kidney, or Addison's disease of the supra-renal capsules, or leucocythemia, or fatty degeneration of the heart, are really more prevalent than they formerly were, or whether they were merely overlooked by old writers, it is quite impossible to determine; but surely no one who happened to be in practice before the year 1830, can doubt that epidemic cholera was a new disease in England in the present century, or that influenza assumed a more severe form and more epidemic character soon after the outbreak of cholera. Let it even be admitted (though we think the point exceedingly doubtful) that spasmodic cholera has really raged in former periods in this country, and that influenza has prostrated whole communities on previous occasions as it did in 1833, yet the fact still remains that diseases do not, year by year, assume the same form, but that they come and disappear in periods, or cycles, or waves, like the appearances of some erratic comet within the limits of the solar system. The presence of diphtheria may also be cited as an instance of a disease, which, whether new or not in England, was certainly considered as a stranger by the whole of the Profession in this country, and by many indeed was regarded as a myth, until its extensive ravages left no doubt of its real nature, or of its fatality. Diphtheria may indeed have been described by Aretæus, as is urged by Bretonneau, or as the same French authority learnedly maintains, it may have prevailed in Italy and Spain in the seventeenth century, but did it exist in France before 1818, or in England before 1850? If all these diseases have constantly and uniformly prevailed among us, then of course the type of disease and the diseases themselves have always been the same, and the theory of the change of type is a brain-sick fallacy; but we apprehend that there are few Medical practitioners who have exercised their reasoning faculties or their powers of observation, who will deny that from time to time they witness the advent of diseases with which they were previously unacquainted, or that they are compelled to modify their plans of treatment according to the varying aspects that a given malady may assume.

SUMMARY OF THE WEEK.

GARIBALDI.

It is now ascertained that the wound in Garibaldi's foot has entirely healed, and the skin presents only a scar. There is, however, considerable stiffness of the ankle, probably due to anchylosis of the joint. Garibaldi has been attended by Mr. Fergusson since his arrival in this country, and also by Mr. Partridge, who visited him by appointment last Thursday, and who states that Garibaldi's visit is in no way connected with the necessity of seeking for medical or surgical advice or treatment.

THE 'BRITISH MEDICAL JOURNAL' AND THE MEDICAL COUNCIL.

Without expecting that the Editor of a Medical Journal should be omniscient or infallible, we think that he ought to have sufficient knowledge of current topics to prevent the writers under his control from issuing to the world statements which are positively erroneous, or which are calculated, or perhaps intended, to mislead the readers. In the last number of the 'British Medical Journal,' some writer, very ignorant of his subject, has been permitted to lecture the Medical Council on its duties in a strain which is almost unsurpassed for its arrogance and its wilful exaggeration. It is asserted, in the first place, that the College of Surgeons and the Society of Apothecaries differ in opinion with the Medical Council as to the recommendations relating to Professional study issued by the latter body, and that they (the College of Surgeons and Society of Apothecaries) "offer a continual opposition to the carrying into effect of the recommendations which a majority of the Medical Council has deliberately approved. This opposition," the writer goes on to say, "is the more painful, when contrasted with the readiness with which other corporations have brought their regulations into the strictest conformity with the recommendations of the Council." Now, we have received and perused the whole of the minutes of the meetings of the Medical Council, and we have failed to ascertain that the Society of Apothecaries has ever placed itself in opposition to the Medical Council on the subject of Medical education, whatever the College of Surgeons may have done. So much for positive mis-statement, and now for wilful exaggeration. We have affirmed, on the strongest and best evidence, that the students, of the London Schools of Medicine at least, were neither compelled nor expected to attend a large number of lectures, and the writer in the 'British Medical Journal' now publishes the following preposterous list of subjects, which he says are actually taught in the London Schools, and which, he wishes it to be inferred, are enjoined by the Examining Bodies:

"We have, *imprimis*, the following courses of lectures:—Anatomy, descriptive and surgical; anatomy, physiological and general; anatomy, comparative; anatomy, histological and minute; anatomy, morbid; anatomy, pathological;

dissections; chemistry; chemistry, practical; chemistry, experimental and analytical; botany; materia medica and therapeutics; midwifery, and the diseases of women and children; midwifery, clinical; medicine; medicine, clinical; surgery; surgery, clinical; surgery, aural; surgery, dental; surgery, ophthalmic; surgery, operative.

"Then we have—demonstrations, anatomical; demonstrations, surgical operative; demonstrations of cutaneous diseases; demonstrations, microscopical; demonstrations of morbid anatomy.

"Next we come to practice, and here we find—Practice, hospital medical; practice, hospital surgical; practice, hospital, diseases of women and children; practice, hospital, out-patients' department; practice of midwifery; practice of ophthalmic surgery; practice of dental surgery, practice of aural surgery; practice of pharmacy; practice of vaccination; practice of bandaging; dressership; clinical clerkship.

"In some schools, a few extra *hors d'œuvres* are added to this intellectual feast, viz.—Palæo-zoology; natural philosophy; experimental philosophy; medical classics; public health."

All this monstrous farrago is printed *in extenso*, and with broad margins, so as to occupy a whole column in the Journal, and to make the list look the more formidable. It is needless for us to state that all these are the mere ordinary sub-divisions of our art; and if the writer had chosen to carry his imaginative powers still further, he might have swelled the list a hundredfold by printing all the subjects in sub-divisions. But surely no one in his senses will believe that any Examining Boards require attendance on all these departments as separate subjects, and we will not waste words in exposing so palpable an absurdity.

THE 'LANCET' AND THE COLLEGE OF SURGEONS.

In discussing the question of Medical Education on previous occasions, we have remarked that the whole truth in regard to the present deficiences manifested by our Medical candidates, has not, and cannot be told, owing to the natural reluctance which must exist on the part of examiners to reveal the short-comings of the pupils who come before them. The following observations in the 'Lancet' of last week, will therefore be read with interest, and we know that many of the statements are true. The facts offer a somewhat painful commentary on the working of a system which allows a single examination, and that almost on a single subject, to be a sufficient passport to practice, and the more especially if the examination is so inadequate a test of proficiency as the writer in the 'Lancet' does not hesitate to assert it to be.

"The lecturers of Middlesex Hospital told the College, a very few years since, in an able memorial, that their diploma was no test of a man's efficiency to practise. And is it now? Let the Professors of Netley, let the Examiners of the Army Medical Department, let Dr. Parkes or Mr. Paget answer. How many men who hold that diploma come before them, fresh from examination, with recent parchments and undried ink, who cannot hold a knife, bandage a limb, set a fracture, or tell a blood-disc from an air-bubble under the microscope! Their examinations disgrace the College of Surgeons. It would puzzle the most profound philosopher that ever lived to discover on what principle some men are passed and others plucked. We heard lately of a recent member of the College of Surgeons being re-examined for a post, who did not know the difference between an indolent ulcer and a cancerous sore, who could not write a prescription for a hard or soft chancre, and who proposed to prescribe two grains of elaterium as a dose. The microscope might as well be non-existent for most of the Examiners; pathology is little more than a dead letter; and it is absolutely unnecessary that any aspiring candidate for the diploma of the College of Surgeons should practically be able to take off so much as a finger. Not much, we think, is to be said for the scientific organization effected by the present Examiners."

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. FULLER contributes a Clinical Lecture on "Gout, Rheumatism, Rheumatic Gout, and Sciatica," the present subject being "Sciatica," which is illustrated by the details of some cases under treatment in St. George's Hospital. Dr. Fuller shows that the disease called Sciatica is very different in its nature in different cases, being sometimes obviously connected with a rheumatic diathesis, and in other cases being purely neuralgic. In the former instance the remedies to be prescribed are those which are known to be efficacious in the treatment of rheumatism; in the latter, quinine and sedatives, with nutritious diet, are decidedly to be preferred. In one of the cases described by Dr. Fuller, the hypodermic use of morphia was immediately attended with a favourable result, although the disease had been unrelieved by alteratives and sedatives employed in the ordinary way.——Dr. EDWARD SMITH continues his papers on "Dietary in Disease," his present subject being the treatment of "Emaciation, as connected with Asthma and Consumption." In the treatment of the former disease it is essential to supply very small quantities of food at a time, and to render the dietary highly nitrogenous; in the treatment of the latter it is necessary to increase the total quantity of food, and particularly to induce the patient to take fats in an increased quantity. New milk is the essential food for the phthisical, and not less than three pints of it should be taken daily; and as to the fats, which are generally disliked in the early stages of phthisis, their use should be insisted upon in some form or other, for although the patient may dislike one kind, the aversion never extends to all the varieties. Hence the invalid may have his choice of butter, bacon, fat boiled pork, salad oil, or cream. Alcoholic liquids are serviceable in helping to overcome emaciation, and Dr. Smith particularly recommends rum to be used with milk, or madeira, sherry, or stout to be administered daily.——Dr. J. L. W. THUDICHUM contributes a paper on "Liporocele: its Analogy to Fatty Serum of the Blood and to Chylous Urine." The case on which the paper is founded was that of a person operated upon for hydrocele by Mr. Fergusson, who withdrew a white milky fluid, which Dr. Thudichum examined, and now describes. The fluid contained a large quantity of albumen, some fatty acids, some albuminoid matter, chloride of sodium, and phosphate of soda, and its peculiarity consisted in the presence of free fatty acids in a state of most minute mechanical subdivision and suspension, aided by weak chemical affinities.

THE 'MEDICAL TIMES AND GAZETTE.'

Professor HELMHOLTZ continues his Lectures on the "Conservation of Energy." The learned Professor who, it may be recollected, is the inventor of the ophthalmoscope, devotes his present lecture to a description of the physical nature of the Sun (!) a most interesting subject, and exceedingly well handled, but certainly out of place in a Medical journal.——Dr. GEORGE HARLEY continues his Lectures on the "Urine and Diseases of the Urinary Organs," his present subject being "Urea." This substance, as is well known, consists of the same elements as cyanate of ammonia, and some chemists are disposed to regard it rather as a compound of cyanic acid and ammonia, than as a special product of the animal kingdom. The amount of urea excreted daily is liable to considerable variation. Dr. Harley thinks that urea is not the special product of any one particular tissue or organ, but the united product of all nitrogenised effete matter, and he further believes that all nitrogenised foods augment, and all non-nitrogenised foods diminish the amount eliminated by the kidneys. The drinking of water increases the elimination of urea, and common salt and coffee have the same effect.——Mr. J. L. LAURENCE continues his Lectures on the "Optical Defects of the Eye," his present subject being the nature of light and its modifications when viewed through refracting media. He describes briefly the construction and properties of double convex lenses.——Dr. LAYCOCK communicates a Case of "Obstruction of the Bowels," which terminated fatally. In this case there was enormous distension of the abdomen, which resisted all kinds of ordinary treatment, and was not relieved by galvanism. Dr. Laycock was at last induced to practice the operation of paracentesis cæci, which has been recommended by Sir Henry Cooper, of Hull. The operation afforded immediate relief by allowing the flatus to escape, but the patient died soon afterwards, and it was ascertained on post-mortem examination that there was a stricture of the first portion of the rectum immediately below the sigmoid flexure of the colon. Dr. Laycock remarks that the operation of paracentesis cæci, performed under such circumstances, affords some relief, and even if it is unsuccessful, does not render the case worse than it was before.

THE 'SOCIAL SCIENCE REVIEW.' EDITED by BENJAMIN W. RICHARDSON, M.A., M.D.—APRIL.

In this number Dr. RICHARDSON continues his interesting papers on the "Diseases of Over-worked Men," his present subject being "Mental Over-work." He describes the various kinds of literary and scientific labour, showing that each of them wears out the brain in proportion as it requires more or less of the operation of thought. Thus, the copyist or reporter, although he may work longer, does not exhaust his brain nearly so much as the original writer or thinker. Dr. Richardson expresses his approval of tobacco-smoking in soothing the brain after literary labour.——The other articles in the Journal are of a varied character, and one on "Denmark in the Past," will be found interesting, especially at the present moment.

THE 'MEDICAL MIRROR.' APRIL.

The original articles in the present number of this Journal are one by Mr. WALTER COULSON, entitled, "Remarks on Lithotrity: with Record of Fifteen Cases of Stone." The paper contains only the clinical history of the cases described, and the author reserves for another communication his comments on their history and progress.——Dr. J. C. THOROWGOOD contributes a paper on "Change of Air in the Prevention and Cure of Pulmonary Phthisis." The author recommends the bracing air of elevated districts in certain cases, and thinks that moist and damp places are generally unfavourable to the disease. The air of Devonshire is justly recommended in many instances, but, nevertheless, the disease sometimes occurs in persons who reside in that county.——Mr. J. D. EAMES communicates a paper on the "Induction of Premature Labour by the Injection of Tepid Water into the Uterus," and relates the particulars of two instances in which he successfully adopted this simple plan in the same patient. The rest of the number is occupied with miscellaneous matters, and the Reviewing Department contains a good *résumé* of the modern treatment of Syphilitic Diseases, the non-mercurial and the mercurial treatment being respectively advocated or condemned by writers on opposite sides of the question.

GENERAL CORRESPONDENCE.

FEMALE MEDICAL PRACTITIONERS.

To the Editor of the Medical Circular.

SIR,—To what gods or goddesses shall we appeal, while trying to announce the fact that the Profession lately evolved a would-be female practitioner? It was the accoucheur-skill of the venerable people living under the shadow of Apothecaries' Hall that gave us this first-born of Medical Doctresses; and it would be interesting to learn, from their own official report, all the circumstances that characterised an operation which few thought within their competency. The child, who must be extraordinarily robust to survive the ordeal to which we owe what some will call a rather equivocal blessing, may easily enough be presumed to be "going on well;" but what of the mother, unaccustomed to such a labour? We have ushered into being a very remarkable progeny, but the pangs of maternity in this case are not relieved by the celebrated sentiment of joy at the birth of a *man* child; and, if we may hazard a conjecture of the true feeling of the Profession, we must be surveying our new offspring much as some fine lady of May-fair might do, surprised at the Othello-like visage of her new-born cherub. The strangest of the phenomena that even our pursuits have for some time made us acquainted with, the portent must have an interesting meaning, if our philosophy could find it out. The *mulier formosa superné* of our poetic dreams ends in the fish-tail of a professional calling; and we must be more than human, if this prospect of a new and appalling form of rivalry does not give us quite another idea of "woman, lovely woman!"

Certain uneasy visions about lighter baskets and less occupied "Buttons" will float across the mind's eye of some; lofty views of professional standing will rise out of the dim mental horizon in disordered vistas before others; and even those who concern themselves less with such matters, will still amuse themselves with conjecturing as to who may share with the new practitioner in petticoats the precious honoraria of a first consultation, what may prove in it the interesting subject of mutual scrutiny, who shall lead in the diagnosis, and which may be the school of treatment having the honour of the young lady's preference?

The *fait accompli* of many an angry discussion and unpleasant prospect is thus at length nearly realised; and while recognising it in the accommodating spirit of modern diplomacy as the admission of a new institution into our Profession, we may be permitted to ask, how will it be in others? Are we to have the Misses Gammon and the Mesdames Quirk approaching the Law Society, and asking for admission on the roll of attornies? Is the Honourable Miss Angelina Wilhelmina Skeggs to be called to the bar along with her fast brother, to run against him in the race for the Lord Chancellorship? How, too, about the Church? Is "the fist instead of stick" beating the "drum ecclesiastic," to be the white hand of some fair cynosure of modern eyes, like the Reverend Antoinette Brown; and, in the teeth of St. Paul's warning against women opening their mouths in the churches, are we to find the churches resounding with women, who show that just there they will do nothing else? It does not matter, perhaps, either way, as professions are going. There is a change running on in the world which the wisest of us, perhaps, does not understand, and what it all means will be told, perhaps, by some philosophical historian to our children. Great as was the Diana of the Coppersmith, she passed away; and the most attached worshippers of the good old Ephesian faith—and there are some remaining, it is suspected—would find it difficult in a pilgrimage now-a-days to the famed site to possess himself of even a relic to remind him of the old greatness. The learned professions, which have stood untouched by the wreck of so much holier matter, is now under threat; and who knows but that—as the King of Dahomey has already advanced before us in recruiting his soldiery from the gentler sex—the same *cunabula nationum* may not be called on among ourselves, as the most progressive of people, to take all the honours of pill and bolus quant. suff., and of "draught and powders as before."

The subject will bear equally a smile and a sigh in contemplation, but as a matter of fact is less ambidextrous. The employment of women is one of the great unsettled problems of the age; and we, like the rest, perhaps, must be prepared to bear our part in the expense of the anarchy that must be expected to precede the solution. It is not only a very great difficulty, but one which every day tends to make greater. We have our women daily in greater actual numbers, in greater actual disproportion, with the concurrent phenomena of there being smaller means of employment in the proportion that there are greater necessities for them. The duties of the father to the daughter, of the brother to the sister, relax with the relaxation in morals that has been growing up, as to the rights on one side, and the claims to independence on the other. The maxim "Everyone for himself, and God for us all," comes into play earlier than it used to do, and finds its natural commentary in the self-supporting principle. The best of fathers, and the most devoted of mothers, will now give their children of either sex, at very early ages, the precious education to be derived from being left to their own resources; and the admiration of manly chivalry is now chiefly directed to that part of the loveliest portion of creation who show most pluck and spirit in making least appeal to its assistance. There is a surplus population, as regards females, of nearly a million in our midst; and, if inquiry were very carefully made, it might be ascertained that there are at this moment nearly as many women and girls dependent on their own industry and their own personal resources for support, as members of the other sex. It must not surprise us, therefore, if "What shall we do with our women?" prove as troublesome a question for us as for some other portions of the community, a question all the more troublesome that some of the channels that furnished them occupation in the time of our grandmothers—as spinning, weaving, and sewing—have passed from their hands to the cheaper agency of man and his machinery. There is no lack of objections to be urged against the introduction of women into employments already over-supplied, and which long custom, and a thousand associations which we are loath to part with, have hitherto made the exclusive appanage of males. But what are such considerations to the plea of the overruling necessity implied by an unoccupied moiety of the population? To live by their industry is as much the law of their happiness as it has always been of ours; and if we deny them the benefits of the law of free-trade in the offer of their labour, and some of us, keeping the monopoly of our Profession, seek to throw them exclusively on a few others, by what principle of justice shall we vindicate our advantage? How may we open to them certain alleys at the expense of the present possessors, and deny them, as by an Act of Parliament, entrance to all others?

We must here luckily, as in some other of the providential arrangements of society, leave affairs to the influence of the natural law; and there is this to be said of our profession—that it offers fewer affinities and would benefit them by fewer adaptations, than any of the other fields open to the competition of women. The studies of the Physician and the practice of the Surgeon are not attractive to the more delicate susceptibilities of the female mind; and it is probable that, if a fierce competition brought its natural results, and they were even admitted amongst us in large numbers, their tendency to the conjectural in reasoning and to the emotional in character, would fail to attract to these interesting rivals any formidable amount of public confidence. The chances as Apothecaries might possibly, as foreseen apparently by the new neophyte, be more encouraging; but it is not unlikely that the actual result would be, even if many followed the example of the interesting young lady who passed the Hall on Thursday week, that we should see them contenting themselves with some specialty, as the diseases of women and children, or lapsing into the time-honoured institution of midwifery, or supplying well new wants or old wants better, in becoming appendages to educational institutions, or living in medical charge over aged and infirm gentlemen, and so on.

If, then, as we think, there be so many tenable grounds for admitting against us whate er competition our lady friends may think proper to offer us in the course of time, we may console ourselves with the assurance that we are not likely to meet with any very important losses in actual fact from the innovation; and on the principle that a deluge after our time offers considerations only in the secondary order of things, we may perhaps conclude that there is no very pressing necessity for sending our new petticoated colleague forthwith to Coventry, and that we may permit ourselves to look on the interesting incursion with which her advent threatens us with a reasonable amount of professional equanimity.—I am, &c.,

April, 1864. SCRUTATOR.

[Miss Garrett has not passed her examination for a licence to practise Medicine, as our witty correspondent appears to think; she has passed only her *preliminary* examination.—ED. MED. CIRCULAR.]

"STRUCK DUMB."

To the Editor of the Medical Circular.

SIR,—Most of your readers, and indeed the public generally, have, no doubt, heard of and often used the phrase, *struck dumb*, but how many of them have ever *seen* such a case? Very few, I believe; in fact, I and many others have, for a long time, considered it to be rather a strong expression, than a thing likely to occur.

The following case has proved to me, however, that it *can* happen. And if you think it worth insertion in your valuable pages, you will oblige Yours, &c.,

A. ADAMSOM, M.R.C.S. ENG.

5A Holland street, Brixton, April 11.

On Saturday, the 2nd inst., I was called, at about seven o'clock, to see a boy of about sixteen years of age, a strong, active lad, of a sanguine temperament I found him in an intensely excited state, in consequence of the very sudden death of his father, which had occurred about four hours previously. He was perfectly conscious, and was busy comforting his poor mother, who had received a severe shock on the death of her husband. But from the moment he saw his dead father he remained *perfectly dumb*.

Fortunately, I had considerable influence over him, in

consequence of his having been pleased with my treatment of him for a late accident; so I stayed with him for some time, until he had become more calm. I then administered tr. opii. 3ss., and left him.

I went to seek a little girl, of about his own age, to whom he was much attached, hoping that the "power of love" might help to restore the "power of speech." It did so. About an hour afterwards they both waited on me. He was perfectly recovered, and was able to give me an account of the circumstances connected with the death of his father.

LEGAL INTELLIGENCE.

WORSHIP STREET.

CONVICTION UNDER THE MEDICAL ACT.

Mr. Edward Tucker Jenkins, of 159 Lever street, St. Luke's, was charged at the instance of Mr. James Ireland, a Medical man, with having unlawfully pretended to be a physician, doctor of medicine, and surgeon.

Mr. Sleigh, the barrister, conducted the prosecution, and Mr. Nind appeared for the defence.

Mr. Sleigh said he appeared there to conduct a prosecution against the defendant, who was charged in the summons issued against him with having on certain days and times held himself out and professed to be a physician, doctor of medicine, and surgeon, thereby implying and leading the public to believe that he was legally and properly registered as such. He should be able to prove by evidence that this defendant had for some years carried on the business of a doctor of medicine and surgeon both in the New North road, and also in Lever street, St Luke's; that he had issued cards with that designation, calling himself "Dr. Jenkins, surgeon and accoucheur, 150 Lever street, late John's row, and at 11 Great Prescott street; advice gratis from 9 to 11;" and that at his private residence he intimated he was at home from 10 o'clock till 10 o'clock, so that he must be there all night, while he also had a brass plate on his door calling himself a surgeon and accoucheur. He was thus ostensibly carrying on the profession of a surgeon, doctor of medicine, and accoucheur, while he was not on the Medical register at all, and had no title whatever to any such designation. He should now prove all that he had stated, and would call upon the magistrate for the infliction of the full penalty of 20*l.*

Mr. Nind said that notwithstanding the serious results alleged to have been likely to follow his client's practice, no proof of a single case of such consequences had been adduced. He should be able to prove, from documents he held in his hand that the defendant was a man of ability, and worthy of the confidence which had been placed in him. It was true that he was not licensed or registered; but his father, who had been in the profession for years, was so. The defendant had been assistant also to his father, who had just died. In addition to all this he had letters from Messrs. Partridge, Ferguson, Tanner, and Lyons, of King's College Hospital, speaking of his diligence, readiness, and intelligence while assistant dispenser there, showing he had the good opinion of all the medical officers, and numerous other testimonials, expressing a conviction of his perfect competency as a medical man. He attributed the prosecution to jealousy on the part of the Medical Profession. But he could not defend his client's conduct. However, the defendant intended shortly to pass an examination at Apothecaries' Hall, and he hoped that before twelve months expired he would legally be upon the register.

Mr. Sleigh warmly protested against such an unjustifiable imputation upon the Medical Profession as that just made of jealousy of the alleged success of the defendant. Immediately on hearing the announcement of the defendant's father's death he was about to rise and withdraw his pressure for the extreme penalty, and even now he wished to do so, in consideration of such a domestic misfortune. He and his clients would therefore be satisfied with any penalty the Bench might think would meet the case, and, so far from there being any feeling beyond vindicating the honour and the respectability of the profession, they would not ask for any costs, not even those of the summons.

Mr. Nind expressed his client's appreciation of this friendly act, and Mr. Leigh sentenced the defendant to a penalty of 5*l.*

DEATHS.

BLACK.—On the 30th ult., at Marcus square, Newry, T. H. Black, M.R.C.S.E.

BOULTON.—On the 1st inst., at Stone, Staffordshire, J. Boulton, L.S.A., aged 56.

DIXON.—On the 4th inst., at Hackney, F. B. Dixon, M.D., aged 50.

HERBERT.—On the 29th ult., J. Herbert, L.F.P., & S. Glas., of Airdrie, Lanarkshire.

HORAN.—On the 6th inst., at Cootehill, Susanna, the wife of Thos. Horan, M.R.C.S.

MAYNE.—On the 9th inst., Dr. R. Mayne, of Upper Gloucester street, Dublin, aged 53.

PARKES.—On the 10th inst., J. Parkes, M.R.C.S.E., of The Wylde, Bury, Lancashire, aged 57.

PORTER.—At Caistor, Lincolnshire, G. M. Porter, L.S.A.

SMITH.—On the 13th of Feb., at Ferozepore, J. C. Smith, Assist.-Surg. 1st Battalion 19th Foot, aged 31.

TURNBULL.—On the 8th inst., at Aldroughty, W. Turnbull, Surgeon, Madras Service.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 12th inst., and when eligible, will be admitted to the Pass Examination:—Algernon Ewen, Henry Weekes, John Gill, Jabez Thomas, Robert Stuart, W. H. Butler, J. H. Walters, B. C. Cowing, R. B. Nowell, and S. W. Bushel, Students of Guy's Hospital; O. W. Berry, A. R. Verity, A. Fennings, T. S. Dowse, and H. J. Foulds, of Charing-cross Hospital; R. P. Simpson, H. A. Husband, and Edward Bryan, of St. Bartholomew's Hospital; G. A. Brown, J. Oakley, and R. M. Hickman, of King's College; C. J. Harris, C. W. Huet, and J. C. Worthington, of the Middlesex Hospital; E. C. Shopfree, William Hoffmeister, and W. C. Cass, of University College; J. F. Sargent and W. J. Land, of St. Mary's Hospital; Richard Ley, London Hospital; W. B. Coghlan, St. Thomas's Hospital; W. A. Parsons, Birmingham; and W. E. Richardson, Leeds.

On the 13th inst.:—J. T. Langley, William Iliffe, G. F. Webb, T. L. Place, A. C. Farrington, H. C. Rogers, Theodore Fennell, H. R. G. Rust, and Edwin Renshaw, Students of St. Bartholomew's Hospital; Henry Denne, Henry Morris, H. S. Taylor, G. R. Raine, and Joseph Batteson, of Guy's Hospital; E. M. Spooner, E. S. Wright, Disney Sharp, and Alfred Walker, of the London Hospital; R. S. P. Griffiths, N. B. Major, and F. G. Atkins, of St. Mary's Hospital; Howard Barrett, G. C. Searle, and F. W. Underhill, of St. George's Hospital; J. B. Kerswill and W. J. Todd, of King's College; Alfred Jones and John Swindale, of the Middlesex Hospital; T. H. Tidswell, of the Charing cross hospital; F. B. Nunnely, of University College; C. G. M. Lewis, of Birmingham; J. H. Hughes, of Dublin; T. R. King, of Edinburgh; and George Bambridge, of Leeds.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 7, 1864:—William George Beardsall, Worksop, Notts; Arthur Roberts Firth, Richmond, Surrey; Henry Rayner, St. Thomas's Hospital; Joseph Bower Siddall, St. Thomas's Hospital.

As an Assistant:—James Williams, Wokingham.

The following gentlemen also on the same day, passed their First Examination:—Franklin Gould, King's College; William Iliffe, St. Bartholomew's Hospital; George Warcup Malim, Guy's Hospital.

THE BURNING OF QUEEN'S COLLEGE, CORK.—At a special meeting of the Visitors of the College held at Cork on Tues-

day week, at which the Lord Chancellor and other influential Visitors were present, the subject of the burning of the College at Cork amongst other matters was investigated. It was stated that the progress of the College was in every way most satisfactory, and that the damage caused by the fire would be speedily remedied. A letter was read from Dr. Bullen, withdrawing every statement he had made reflecting on Sir Robert Kane, and an ample and unqualified apology made for the unjust and erroneous impressions under which he had laboured. In the following remarks of the Lord Chancellor all must acquiesce, and rejoice in the complete exculpation which they afford of a most distinguished and estimable public servant. His Lordship said: "The object of our inquiry has now been achieved, having received that full, explicit, and unequivocal admission from Dr. Bullen of the incorrectness of the statements which he feels have reflected injuriously on Sir Robert Kane, and which no one who heard them could hesitate to say must, if well founded, have utterly disqualified Sir Robert Kane for the position of President of this institutian. The functions of the Visitors are now discharged, and it will be our duty to return to his Excellency the document which has just been read. What action the Government may take in reference to the result of the proceedings is not for me to say; all I can say is that we as Visitors have no authority to do more than receive this letter; it will be for others to act upon it as they may think proper so far as the dignitaries of this College and its interests are concerned, as far as regards the character of the President of the College, and through him of all its students. I must say that I feel deeply gratified that Sir Robert Kane no longer labours under the imputation cast upon him by Professor Bullen. I do hope that never again in the annals of this College will there occur such a correspondence as has been brought under the notice of the Government in connection with these proceedings. I have nothing further to say than once more to express my gratification at the result which has been so satisfactorily arrived at, and to hope that the future progress of the institution will be equal to that which it has hitherto maintained, gratifying to all connected with it, and creditable to the character of the country at large." The visitation then ended, and the Visitors were conducted by Sir Robert Kane and the Professors through the various departments of the College, the inspection of which elicited warm expressions of satisfaction from the distinguished individuals who had undertaken the duty of investigating the matter. Sir Robert Kane was warmly congratulated on the result of the proceedings, and enthusiastically cheered by the students.

NATIONAL DENTAL HOSPITAL.—A concert was given on the 11th inst., in aid of the funds of this institution, under the superintendence of Herr Schloesser. The principal performers were Madame Lemmens-Sherrington, the Misses Whytock, Jenkins, Stabbach, and Freeth; Messrs. Oberthur, Lansmere, and Burdini. M. Lemmens, organist to the King of the Belgians, performed on the harmonium with his usual effect. The concert was attended by a numerous audience, who appeared fully to appreciate the exertions of the talented artistes who so generously placed their services at the disposal of the committee of the hospital. It is to be hoped that the concert will aid in making the hospital a permanent institution, by the purchase of the premises at 149 Great Portland street.

UNIVERSITY COLLEGE HOSPITAL.—The annual dinner in aid of the funds of the University College Hospital took place last week at Willis's Rooms, St. James's Mr. Charles Dickens in the chair. The usual loyal and patriotic toasts having been drunk and responded to, the chairman proposed the toast of the evening, "Prosperity to University College Hospital. He said there were three cogent reasons why this charity should receive the generous support of the public. The first was that the neighbourhood in which it was situated was a poor one, and from what he had heard the help rendered to the inhabitants by the hospital was most valuable. Yet it was not a poor neighbourhood like the east end of London, for there were numerous streets and squares filled with rich people. If these persons could only be induced to subscribe a guinea annually, the hospital would be a rich one. Secondly, it appealed to the gratitude and spirit of the whole country, for the medical school attached to it was one of the most efficient in England, and had sent out to all parts some of the brightest ornaments to the Medical Profession. Lastly, it represented liberty of opinion in its widest sense. It excluded no one —doctor, student, nurse, or patient, on account of his religious principles. In doing this they had rendered incalculable service to the community at large. It must not be forgotten either that the hospital was connected with University College, the freedom of which from religious bias had been instrumental in laying the foundations of the Queen's Colleges in Ireland, and in rubbing the eyes and quickening the steps of the old Universities in this country. Indeed, it was hard to say where its influences ended, for the Parsees had carried its teachings into the remotest cities of India, and students at least had founded a hospital in the Celestial Empire. There were men of strong common sense to be found in all nations, no matter how yellow their skins, how long their pigtails, or how complicated their turbans; and these were the men to whom the teaching would do good. As an instance of this a Hindoo merchant had last year made a most munificent donation to its funds. Thus it did good not only to the sick but to the sound. He hoped he had said enough to enforce its claims on those who held the gift of fortune in trust. He would conclude by proposing the toast of "Prosperity to the University College Hospital." The toast having been drunk, Mr. Jaffray announced subscriptions to the amount of nearly 1,500*l*. "The health of the Chairman" was then proposed in a highly eloquent and eulogistic speech by Mr. Marshall. The toast having been responded to and replied to, Mr. Shirley Brooks proposed "The health of the Trustees and other Officers of the Institution" in a humorous speech. "The Medical Officers," "The Chaplain, the Rev. Dr. Stebbing," and several other toasts, were then drunk, and the meeting separated. Beside the chairman, there were present Dr. Roget, Professors Helmholtz, Goldstucker, Masson, and Williamson, the Rev. Dr. Stebbing, Messrs. T. Hughes, J. Forster, Shirley Brooks, Julian Goldsmid, J. Hingwood, H. Kingsley, and many other gentlemen connected with literature, science, and art.

MEDICAL ORATORY IN AMERICA.—The Academy of Medicine does not, like its great prototype of Paris, maintain a very high order of oratorical reputation. In spite of the unwearied efforts of its worthy President to render its sessions highly scientific, its discussions are too generally diffuse and pointless. The fault rests with the members. As a profession, we cultivate far too little the art of speaking. In the Academy of Medicine of Paris, the very highest order of rhetoric is often displayed. In France the members of the Medical Profession perfect themselves early in public speaking, and hence the vigorous and racy style of discussions in all their societies. Every speaker expresses himself with that ease and elegance which add such a charm both to the oral and written discussion. But a loose and random style of speaking is not the only fault of those who enter the arena of debate in our societies. Not unfrequently language is used by no means befitting a scientific association. Many must have been pained, if not shocked, a few evenings ago, to hear a member of the Academy of Medicine, in open session, characterize an act of the President by an expression altogether unworthy the gentlemen who uttered it, and unbecoming the occassion. Such remarks should never be tolerated, even in private, much less in a society which boasts of its purity. No association can ever attain to any very commanding influence which allows its members to indulge in coarse and vulgar language. The Academy of Medicine shoud never permit such freedom of expression, and the member who persists in degrading himself by such language should not be allowed fellowship in any respectable society.—'American Medical Times.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 20.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. C. Bader, "On the Cure of Opacity of the Cornea by Gonorrhœal Inoculation."

THURSDAY, APRIL 21.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Helmholtz, "On the Natural Law of the Conservation of Energy;" Chemical Society, 8 p.m.—Mr. J. T. Way, "Philosophy of British Agriculture;" Harveian Society, 8 p.m.—Dr. Cock, "On Laryngismus Stridulus."

FRIDAY, APRIL 22.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Prof. Blackie, "On Lycurgus."

SATURDAY, APRIL 23.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Metallic Elements."

MONDAY, APRIL 25.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 26.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Lectures on the Laryngoscope. Part I. By Philip C. Smyly, M.D. Dublin: Fannin and Co., Grafton street.

On the Economical Use of Fuel and the Prevention of Smoke in Domestic Fireplaces. By Frederick Edwards, jun. London: R. Hardwicke, 192 Piccadilly, W.

The Archives of Dentistry. No. I. London: John Churchill and Sons, New Burlington street.

Report of the Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, for 1863.

On the Practice of Employing certain Substitutes for the Genuine Ingredients in some Articles of Daily Food.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. S. W. J. MERRIMAN.—The notice has been received.

THE HARVEIAN SOCIETY.—The notice is inserted.

MR. ADAMSON'S letter is inserted.

SCRUTATOR.—The letter is inserted.

INFORMATION.—The effect of the mother's or nurse's milk upon the sucking child is sometimes very prejudicial, when the temper of the woman is excited, and she is, to use a common expression, thrown into a passion. Obstinate vomiting of the contents of the stomach, and when it is emptied, violent and persistent retching—diarrhœa, convulsions, and complete prostration, are evidences of the ill-effects produced by the introduction of the vitiated fluid into the child's system.

LAICUS.—In your case, try the effects of quiet and freedom, as far as is possible, from all sources of mental annoyance; at the same time, enjoin active physical exercise, either walking, riding, or driving.

DR. R. L.—It is asserted that iodine pushed to certain lengths will in the male subject cause atrophy of the testicles, and in the female the same condition of the mammary glands; moreover, it will cause a decrease in the size of other glands, especially noticeable, if they be enlarged; when given so as to produce salivation, it will then make the glands become enlarged. In the instance referred to, we would recommend the Bromide of Ammonium as the very best emmenagogue.

MR. GRIFFIN.—Received and inserted.

Guy's Hospital.—The Summer Session

commences on Monday, May 2nd.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; G. Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D., F.R.S.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.; Alfred Poland, Esq.,
Assistant Surgeons—Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D., F.R.S.
Surgeon-Dentist—J. Salter, Esq., F.R.S.
Surgeon of the Eye Infirmary—Alfred Poland, Esq.
Assistant Surgeon of the Eye Infirmary—Charles Bader, Es
Aural Surgeon—J. Hinton, Esq.

LECTURES, &c.

Demonstrations on Cutaneous Diseases—S. O. Habershon, M.D.
Medical Jurisprudence—A. S. Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—Henry Oldham, M.D., and J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—Alfred Poland, Esq., and C. Bader, Esq.,
Pathology—S. Wilks, M.D.
Comparative Anatomy—F. W. Pavy, M.D., F.R.S., and W. Moxon, M.B
Use of the Microscope—A. Durham, Esq.
Botany—C. Johnson, Esq.
Practical Chemistry—Thomas Stevenson, M.B.
Demonstrations on Manipulative and Operative Surgery—T. Bryant, Esq.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. P vy.
Clinical Surgery—Mr. Cooper Forster, Mr. Bryant, and Mr. Durham.
Clinical Obstetrics—Dr. Oldham and Dr. Braxton Hicks.
Vaccination—Dr. Braxton Hicks.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second year, and 10*l.* for every succeeding year of attendance, or 100*l.* in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents and Dressers in the Eye Wards are selected from the Students. Three House-Surgeons are appointed every six months.

Six Scholarships, varying in value from 25*l.* to 40*l.* each, are awarded at the close of each Summer Session for general proficiency; also a Governor's Prize of 10*l.*

Two Gold Medals will be given by the Treasurer—One for Medicine and one for Surgery.

There is a Voluntary Examination in October, in Elementary Classics and Mathematics. The three first candidates will receive respectively 25*l.*, 20*l.*, and 15*l.*

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, April 9, 1864.

London School of Dental Surgery,

32, SOHO-SQUARE.—The SUMMER SESSION will commence on the 2nd of MAY, when Lectures on the following subjects will be given:—

The Anatomy and Physiology of the Teeth, by Mr. Ibbetson, on Mondays and Fridays, at 8 o'clock a.m.

Dental Surgery and Pathology, by Mr. S. Cartwright, on Tuesdays and Thursdays, at 8 o'clock a.m.

The Lectures for the Winter Session will commence in October, when Mr. Makins will give a Course on Metallurgy, and Mr. Hepburn on Dental Mechanics. Fees for Lectures qualifying for the Dental Examination at the Royal College of Surgeons, 15*l.* 15*s.*

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and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland Place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.—

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Tables of Rates, and Forms of Proposal, and the last Report, showing the financial position of the Society, can be obtained from any of the Society's Agents, or of GEORGE CUTCLIFFE, *Actuary and Secretary.*

N.B.—A FEE OF ONE GUINEA IS PAID TO THE MEDICAL ATTENDANTS OF ALL PERSONS PROPOSING TO ASSURE.

Society for Relief of Widows and

ORPHANS OF MEDICAL MEN.—INSTITUTED 1788.—Incorporated by Royal Charter, 1864. The Seventy Sixth Anniversary Dinner of this Society will take place on Saturday, the 28th May at the Albion Tavern, Aldersgate street.—Thomas Arthur Stone Esq., President and Trustee, in the Chair. Tickets one guinea each, to be obtained from the Stewards, from the Secretary, or at the Tavern. Dinner to be on the Table at half-past six o'clock precisely.

Any registered Member of the Medical Profession residing in the county of Middlesex, or within the limits of the London District Post, is eligible as a member of this society, at a subscription of Two Guineas a year. Widows and Orphans of members of not less than two years' standing are eligible for relief, and to such applicants relief was granted last year to about 2,000*l.*

S. W. J. MERRIMAN, M.D., Secretary.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 244.)

The Preventive Treatment.

Prec. 8.—When a woman suffers from a cough during labour, it is the best plan to give her fifteen drops of Battley's solution of opium (unless there should be any symptom present contraindicating its use) immediately on delivery, and to repeat the dose in half an hour if the cough be not relieved. I have noticed that if a patient suffers from a cough during labour, it is generally worse for two or three hours after delivery. The loss of blood is nearly always free in such cases, from the violent jerking and straining to which the cough gives rise. The cough, in the greater number of instances, is merely sympathetic; very little mucus is secreted, and although it is troublesome for a few hours after the termination of labour, it generally disappears altogether in a day or two.

Prec. 9.—Having separated the infant from the mother, unpin the binder, which, as the patient is lying on her left side, can be effected without the slightest movement on her part; then pass the hand next to the skin, in order to ascertain the condition of the uterus. If there should be no evidence of the existence of a second infant, and the uterus be felt *contracted* upon the placenta, repin the binder firmly. The tightening of the binder after the birth of the child is necessary, because it has now become quite loose, and it acts beneficially in stimulating the uterus to contract. If the uterus should be found *large and flabby*, we ought not to trust to the pressure of the binder. In such a case it is better to leave it unfastened, and to place the hand next to the skin over the fundus of the uterus. No kneading action should be used with the hand, because it may induce irregular contraction, or separate only a portion of the placenta, and bring on severe hæmorrhage. The pressure should be but a little more than the weight of the hand, and equable over as large a surface of the fundus as possible. The slight pressure of the hand on the uterus before the detachment of the placenta resembles in utility the slight tightening of the reins in the driving of a spirited horse. The horse knows well enough then that there is some one looking after him, and he is quiet; but only let him find out, from the perfect slackness of the reins, that he is without a driver, and he at once bolts away. So in the case of the uterus, the slight pressure of the hand lets the uterus know, as it were, that it is under judicious restraint. Slight and equable pressure on the uterus is as useful in the prevention of hæmorrhage as strong pressure is in the treatment of flooding.

Prec. 10.—The delivery of the placenta is the most important and anxious part of a natural labour. Women regard that accoucheur the most skilful who brings the child into the world most quickly; whereas, if they knew better, they would judge his skill rather by the way he managed the delivery of the placenta than that of the child. Many women have had their cheeks blanched, their constitutions more or less injured, or have lost their lives, from mere want of care on the part of the attendant, in the management of the delivery of the placenta.

The expulsion of the placenta may be effected by the unaided efforts of the uterus, or with manual assistance. If the uterus should expel the placenta immediately or shortly after delivery, we may rest pretty satisfied that the patient will not flood. No doubt if we were to wait long enough, the uterus would expel the placenta in the greater number of cases; but experience has taught us that allowing the placenta to remain in the uterus for hours is by no means safe. The uterus soon after labour usually contracts with merely sufficient force to detach the placenta, partially or entirely, but not to expel it. While the placenta remains attached in its whole extent, the patient is safe from hæmorrhage; not so when it becomes detached; it then acts as a foreign body. It prevents the uterus from contracting to its minimum, which is Nature's great and chief means for arresting the flow of blood through the uterine vessels. I do not wish it for a moment to be understood that I recommend the hasty removal of the placenta. To remove it too hastily is quite as bad as to remove it too tardily. The chief difficulty we have to get over by considerable experience is, in fact, the knowing when to take it away, and when to leave it alone.

After the patient has complained of two or three "pinching pains" in the hypogastric region, we should try and ascertain whether the placenta has become detached or not. If the binder has been tightened immediately after labour, the first thing is to loosen it to enable the left hand to be placed over the uterus to keep it steady. On making a vaginal examination with the right hand, if the placenta be detached, we feel readily the insertion of the cord, and a considerable portion of the placenta around, and on removing the finger it is generally observed covered with blood. The portion of the cord lying externally is also usually flaccid. If the placenta be not detached, the cord will be felt passing into the cavity of the uterus, but no portion of the placenta will be within reach; and the vessels of the cord will be noticed distended with blood. The above are the signs mentioned in obstetric works; nevertheless, they are not to be taken as infallible; for instance, the placenta may be undetached, and yet the insertion of the cord, and a portion of the afterbirth be felt, either from the uterus being firmly contracted upon the placenta, and bringing them within reach of the finger, or from the afterbirth being situated unusually low. Again, the placenta may be detached, and yet no blood be noticed on the finger, on account of it s collecting in the bag of the membranes; the vessels of the cord may be distended from the uterus remaining firmly contracted on the placenta, and keeping the blood confined with them; we may find great difficulty in reaching the placenta, or may not feel it at all from its lying loose in the upper part of the uterus, or from a long vagina. These are not imaginary fallacies; every one of them have come under my observation. In the great majority of cases, however, if we should feel the insertion of the cord, and a considerable portion of the placenta besides, and we observe the finger covered with blood, and the cord flaccid, we shall be correct in considering the placenta detached.

There is a great diversity of opinion amongst Medical men as to how long a time should be allowed to elapse after delivery, before measures should be taken to remove the placenta. Some remove it almost immediately; others never think of taking it away before a quarter of an hour at least after labour. In my own practice I have no fixed time at all. As soon as I am sure it is detached I remove it. We know that sometimes the uterus expels the child and placenta together, and with excellent result; and there is no reason if the placenta be detached by the pain that expelled the child, why we should not then remove it at once. One important precaution is to remove the placenta *during an uterine contraction.* If a placenta, lying loose in the cavity of the uterus, be removed *during* an uterine contraction, a few minutes after labour, hæmorrhage will be less liable to follow, than if it were left alone for half an hour, and then were to be taken away in the absence of an uterine contraction. The practice of some, who remove the placenta within a few minutes after labour, as a rule, not caring as to whether it be detached or not, is very reprehensible We must first feel certain that the placenta is lying loose in the uterine cavity, or in the vagina; next, from the

the better to embrace the womb. This circle may be of one piece, but should be separable into at least two equal parts—the line of separation had better correspond with the mesial vertical line of the body—and these parts should admit of divarication and approximation by means of a screw; the circle should be encased in vulcanite, and, moreover, that there be no interruption on the surface presented to and compressing the uterus, the vulcanite must be elastic enough to stretch and yield with the segments of the compressing circle as they are sundered, and of again, through its resiliency, contracting as they are screwed together. By using a bent screw, with its convexity corresponding to that of the circle, the peripheral margin of the circle can be—at least, on either side—inclined inwards, *i. e.*, toward the abdominal cavity and the uterus, in order to grasp the latter more efficaciously. This screw would run from side to side, its head being directed to one ilium, its point to the opposite. The circle may be of wood, or of steel, or of any substance which will not yield with the pressure, and, by means of a screw, can be attached to the uterine extremity of the body of the instrument.

Should this arrangement not prove adequate, the circle may be divided into many pieces, the lines of division being some vertical, others horizontal; and these, by properly-adapted screws, may be all regulated in such a manner as to somewhat resemble the fingers of the hand.

With this instrument we gain an immense power, possessed of this advantage, that we can use it as seems best to us in each case, and adapt it as occasion may require.

We may in some instances dispense with the belt, the rest of the instrument being sufficient to maintain itself *in situ*.

Besides this method of applying a compressing force, we can employ pressure in the following manner:—An India-rubber bottle, covered or not with spongio-piline—a suggestion which I have borrowed from Dr. Greenhalgh—is to be passed, *uninflated*, into the vagina, and fairly up against the os and cervix uteri: the bottle must be large enough to engage, when even partially inflated, the entire of the vaginal canal. Sometimes it may be necessary to have it fully inflated. After its introduction into the vagina, the bottle is inflated, and the air retained by means of a stop-cock affixed to the tube through which the air is injected. This tube, made of metal encased in vulcanite, or of stout gutta-percha, or very strong vulcanite, must be of proper strength, so that pressure may be transmitted by means of it from the body of the instrument to the bottle lying against the mouth and neck of the womb; its curvature must likewise correspond with the vaginal axis; it is to be connected with the body of the instrument by a flat circular screw.

In this manner direct pressure, if desired, can be exercised upon the uterus, externally, and internally through the vagina. Bleeding will be effectually arrested, the vagina being thus well plugged, so that no blood can escape into it; while the uterus, firmly grasped by the circle of the instrument, is made to contract, and thus prevent the collection of blood in its interior, if, indeed, the uterine vessels can permit any to escape after the instrument has been applied. We need not allow the labia, pubis, or the perinæum to be at all compressed, because, by giving to the body of the instrument a proper sweep, such is obviated.

Instead of the screw and hinge, for the purpose of regulating the degree of curvature and compressing force of the body of the instrument, as above mentioned, we may adopt a *sliding* joint, which could be rendered immovable by means of a screw; and perhaps this would be more advantageous, as the instrument could be taken to pieces and rendered more portable.

The advantage of the vaginal compress, independently of its action in preventing a discharge of blood, is, that it counteracts any tendency to inversion or descent of the womb from the downward pressure of the uterine circle of the instrument.

I propose calling the apparatus the uterine compressor. It is applicable, not alone to cases of hæmorrhage, but, as above stated, to those in which uterine, ovarian, or other forms of pelvic tumours have become developed, the growth of which tumours can in this manner be controlled, if not altogether arrested.

Claverton terrace, St. George's square,
May, 1864.

HOSPITAL REPORTS.

OPERATIONS AT KING'S COLLEGE.

The first was a case in which a sequestrum of bone was removed from the thumb of the right hand.

The history was as follows:—Some time previously that form of inflammation known commonly by the term "whitlow" had attacked the thumb; the periosteum had become implicated in the inflammation, suppuration had supervened, and at a later period necrosis of the bone of the distal phalanx. The dead bone, acting as any other kind of foreign body, had kept up a semi-purulent discharge from the opening in the integuments: having, however, at length become separated from the living tissues around it, so as to be almost completely isolated—except where a few granulations bound it down—Mr. Fergusson proceeded to seize this necrosed portion with an ordinary forceps, and to extract it, which he did without any difficulty. In his remarks subsequent to the operation, he said that this was a case in which some surgeons would amputate, and that he had often been called in for consultation by men who were in doubt as to the advisability of leaving on a member in a condition such as that now under observation; that there were other surgeons, who advised neither amputation of the thumb nor removal of the dead bone, but who advocated the leaving the process of separation and casting off wholly to nature. From the views of both these classes he entirely dissented; amputation was very seldom necessary, and to leave the entire process of separation and casting off to the unaided efforts of nature was decidedly wrong, and baneful to the patient, inasmuch as a constant discharge is maintained by the dead bone, which is just as much a foreign body as would be a rusty nail in the same situation: independently of this objection, the processes would take too long a time for their completion. The proper surgery for such cases was that put into practice in the present instance. Sometimes it may be necessary, in lifting the bone from its bed, to give it a pull in order to separate it from any granulations to which it may be attached.

When the necrosed bone has been taken away, new bone will be thrown out to replace it, and as thick a phalanx will be formed as existed before the disease; the thumb also will be as useful as hitherto, or, at least, very nearly so, and even should anchylosis result, it is far better to have an anchylosed thumb than none at all.

Mr. Fergusson thinks this operation as much a capital one as any of those so called; and the surgeon has as much to boast in saving so valuable a member as a thumb, as he has in sweeping off a leg, a thigh, an arm, or in removing a calculus.

CASE II.—URETHRAL FISTULA.

The subject of this operation was a young, strong man; Mr. Fergusson had operated upon him on former occasions, and had reduced the opening in the urethra to its present small dimensions, it having been about an inch and a half when the first operation was undertaken.

The opening, about two inches from the meatus urinarius, was sufficiently large to admit through it the exit of a probe from the urethra. Hard and hypertrophied portions of integument having been taken away, and the margins of the aperture made completely raw by the dissecting away of the entire ring of tissues, which immediately surrounded the opening, they were brought into perfect opposition and maintained in that condition by means of two thread sutures.

A second fistula was treated in exactly a similar manner. No catheter was passed after the operation.

The previous procedure had consisted in turning back the fore skin under the opening, and then uniting it posteriorly with the skin of the penis.

Mr. Fergusson alluded to the difficulty of procuring union in these cases—first, because the urine was so very likely to get into the new-made wound, and so induce an action wholly inconsistent with its union; and secondly, because in a great many instances the sutures ulcerated out too rapidly.

CASE III.—FUNGUS HEMATODES OF THE PALM OF THE HAND.

The patient was a young woman of spare and delicate habit, with reddish hair, fair, florid complexion, and slender build.

Upon the inner or ulnar side of the palm of the hand there was a reddish black mass, of a consistence somewhat resembling a softened liver, and in colour not unlike the appearance presented by a piece of cotton wool soaked in blood and allowed to become coagulated; in size it was about equal to a good-sized fresh nutmeg. Sweeping the knife first along the outer or radial margin of the base of this mass, and again along the inner so as to circumscribe it by one oval-shaped incision, Mr. Fergusson dissected it up from off the palm of the hand, lifting it as cleanly as possible away from the tendons, but without at all cutting them.

Hæmorrhage during the operation was arrested by compression of the radial and ulnar arteries at the wrist, so that very little blood was lost; when the operation was concluded, and as much as possible of the diseased tissues removed, pledgets of lint were placed over the bleeding vessels, and were then tightly enveloped in the folds of an ordinary bandage.

The history attached to the case is as follows:—About two years ago a small ulcer with a very suspicious appearance of malignancy came upon the inner part of the palm of the hand: as, however, the patient was very young, and as cancer in this situation is extremely rare, it was, at the time, considered to be at least doubtful in its character. Proving rebellious to all the ordinary methods of cure for simple or benign ulcers, it was treated by caustics, and would, under the use of them, nearly get well, but never quite so; as soon as it had almost healed, it would remain stationary for a little time, and then break out afresh.

She married, and gave birth to her first child: the disease again returned, and with each return it seemed as though a new disease had sprung up.

The patient placed herself under the treatment of a herb doctor, and whilst under his care (?), owing to the fact of there having been taken no active measures to stay its progress, the disease steadily advanced until it came to assume its present condition.

The reddish black substance was really nothing more than a mass of coagulated blood, that fluid having been poured out from ruptured vessels, and having subsequently become coagulated. Mr. Fergusson declared it to be one of the best specimens of fungus hematodes he had ever seen, and that it clearly showed the fungus to be a mere blood-clot, a dead material, possessed of no vitalisation whatever, nor of any particle rudimentary of organisation; it was the result of malignant ulceration.

There was a complete separation of this dead material from the diseased yet vital tissues subjacent, as was evident by the facility with which it was removed, so as to display the ulcerated surface, whence it has derived its origin. Sometimes, owing to its connection with the living structures, the base of a fungus appears to be vitalised; but this appearance is deceptive, and not by any means real. There are, again, other cases in which the entire mass seems animate, and this semblance of life is increased by the oozing of blood from the surface. This also is deceptive, and the oozing takes place in exactly the same manner as when a sponge, saturated with blood, is squeezed and made to give out from its surfaces the fluid with which it is filled.

Fungus hematodes is now a rare disease. Mr. Fergusson stated that he had met with a large number of cases in his earlier days, but that of late years, even when his practice had become extended, he saw, comparatively speaking, little or nothing of the affection. This, he said, arose not from any alteration in the disease, but from an alteration, an improvement in the treatment; surgeons of the present day not allowing this fungating stage to supervene, if the patient should have applied sufficiently early.

In the present instance it was feared that the disease had seized deeper than at first might be suspected, perhaps too deeply not to return after these operative measures; yet it was quite right to adopt this procedure and thus make an attempt to save the hand, before resort was had to amputation of the limb.

If subsequently the disease returned it might thus, judging from the present condition of parts, be impossible to save any part of the hand except the thumb. It was doubtful if aught would suffer for the preservation of life than amputation at some one or other part of the arm: the patient, however, wished to give the present mode of operation a trial.

Mr. Paget had concurred in the opinion of amputation formed by Mr. Fergusson.

CASE IV.—ENCYSTED OR OVARIAN DROPSY, COMBINED WITH A FIRM SOLID TUMOUR IN THE PELVIS.

This patient had been tapped five weeks since; it was the first occasion of the operation, and the fluid then removed was of a sero-sanguinolent character.

An opening having been made in the tegumentary tissues by means of a knife, a siphon-trochar to which was attached a caoutchouc tube was, not plunged, as some practise, but passed into the sac by a boring motion, similar to that used in trephining. The fluid that came away was of a thick, albuminous consistence, and in colour could be compared to nothing better than coffee-grounds, or sago in which port wine had been mixed. As the trochar was of large calibre, there was not any impediment to the escape of the fluid.

The patient's appearance was not indicative of any great amount of suffering or deterioration to the general health dependent upon the disease.

In all these cases of tapping, Mr. Fergusson adopts that position on the part of the patient which he was the first to introduce, namely, placing her on her side, and allowing her head to be very slightly elevated. The head should be raised only to that degree consistent with the ease and comfort of the patient. There is no occasion whatever for the use of the sheet around the abdomen, as practised in former days, since fainting will *not* occur when the cyst is emptied.

The advantages gained by having a large calibre trochar and a long piece of tubing attached to it are:—First, there is no obstruction to the exit of the sac contents, unless, indeed, they should be very thick and almost semi-solid; and the patient may be allowed to be upon her back or side—just as she pleases—and in the centre of the bed. Besides, by using this kind of instrument and the appliances resorted to on the present occasion, the parencentesis can be performed in a very much more cleanly manner than when we employ the ordinary trochar and canula.

The operation for ovariotomy was deemed inexpedient for two reasons—first, because of the solid nature of the pelvic tumour, and, secondly, because it was so immoveably fixed in its position.

Mr. Fergusson here alluded to the immense advantages of that mode of teaching which he had always enjoyed and carried into practice; the plan to which he made allusion was that of conveying instruction through the eyes rather than through the ears. He had always acted upon this plan, and those who had studied under him could testify to its success. "Lend me your ears" is a trite and hakneyed expression, but he preferred to render it, "Lend me your eyes and hands," being fully assured from the experience he had as a public teacher, that it was the best, if not the only, mode of learning, which sought to acquire knowledge by seeing the thing done and then by doing the same whenever opportunity presented.

CASE V.—NECROSIS OF THE LOWER PART OF THE SHAFT OF THE FEMUR, AND REMOVAL OF THE DEAD BONE.

This case presented a complexity of disease; in addition to the necrosis of the femur there had been disease of the knee-joint. The method of treatment to be pursued is, first, to take away the dead portion of the thigh-bone, and then to excise the knee-joint. This had been performed on a previous occasion, and the boy did well so long as he continued in the hospital; he had, however, been removed by his friends before anchylosis of the joint had become perfect. The newly-united parts were neglected, and the limb, from too early use, assumed a bent position, the degree of curvature being such as to render progression difficult. The operation upon the knee had therefore to be repeated, and a wedge-shaped piece to be removed: six weeks had scarcely elapsed since it had been done, and yet the limb was in a most excellent condition, and without doubt would be a serviceable and useful member.

The other leg had become permanently flexed, and that too at a very awkward angle. This had arisen from the manner in which the little patient lay, so as to obtain most ease, while he was confined to bed by the disease.

To-day portions of dead bone were taken away, which were lying at the bottom of the wound, whence had kept flowing away that kind of discharge indicative of the presence of such pieces.

This was the second instance of disease of the knee-joint, complicated with necrosis of the shaft of the femur, which had come under the notice of Mr. Fergusson; both he had treated in the same manner, namely, by cutting away the diseased mass from the femur first, and then by excising the offending joint. Both had turned out successfully. In the present instance, one pretty large sequestrum and several smaller fragments were brought away.

CASE VI.—NECROSIS OF THE METATARSAL BONE OF GREAT TOE.

The last case was that of a young girl who was a patient, from necrosis affecting the metatarsal bone of the great toe. The sinus leading down to the diseased bone having been enlarged, the latter was cut down upon and extracted; so small, however, was it, that none but a very practised finger and eye could recognise it, and it could scarcely be imagined to have occasioned so much mischief and distress.

When the bone was well scraped by means of the gouge, to ensure the entire removal of all necrosed portions, the wound was filled with lint, that it might granulate from the bottom.

There is a plan adopted at this hospital for the conveyance of the patients from the operating table to their beds, which, since it is not adopted in all hospitals, and is not perhaps generally known, we consider most worthy of being brought forward before the Profession at large. The table is covered with a folded blanket, upon which may or may not be placed a mattrass: a strong waterproof canvas sheet, having the edges of its sides turned under, and so stitched as to leave a space running along their entire length, is put immediately under the patient, and retained during the entire of the operation. When the person is to be carried away, a stout pole is run along the lateral space formed on each side by the turning under of the edges of the mackintosh sheeting, and then the poles being secured to each other by cross pieces of iron, are taken hold of by bearers, and the entire carried after the fashion of a stretcher.

There is very little disturbance of the patient.

To this contrivance has been just added a most convenient kind of hospital carriage, upon which the patient, lifted on the mackintosh sheet off the operation table, can be laid and wheeled noiselessly out of the theatre to the "lift."

ILLNESS OF MR. HODGSON.—It is stated that the health of Mr. Hodgson, the Senior Vice-President of the Royal College of Surgeons, is in so precarious a state as to prevent his attendance at the examinations now going on, much to the regret of many gentlemen so anxious to have his autograph to their diplomas.

MIDDLESEX HOSPITAL.

CASE OF POLYPUS UTERI.

(Under the care of DR. HALL DAVIS.)

R. G., æt. forty-eight, single; by occupation a dressmaker. Admitted August 24th, 1863.

Description.—She is tall, naturally thin and bony; the features are large and masculine; hair brownish grey; eyes grey; manner quick and impulsive.

Family History.—Her father died twenty years ago from the effects of a fright; her mother died four years since from a combination of diseases—namely, bronchitis, morbus cordis, and ascites. There are four sisters at present alive, and all in good health; there are also three brothers living, three having died.

Previous History.—She has always enjoyed moderate health, except on one occasion, when she was laid up with rheumatism. The catamenia appeared at the age of nineteen in the regular manner, and unattended with any unusual amount of pain, and have continued so up to about a year since, when she fancied the change of life took place; but at the expiration of six months, spent abroad, the monthly discharge returned at irregular intervals. Three years ago, found that the discharge increased, both at the periods, and also at irregular intervals, for which she has been under medical treatment more or less constantly up to the present time.

Acting upon the advice of Mr. Nunn, by whom she was seen, she sought and obtained admission into the hospital, in order that she might have removed a polypoid tumour, which was lying in the vagina, and passing up by a pedicle into the uterus.

State on Admission.—There is a polypoid tumour suspended from the cavity of the uterus, and falling into it; it lies in the vaginal canal; a fibroid enlargement can be felt on the upper part of the vagina, on the left side of it, and encroaching somewhat anteriorly; it is probably attached to the uterus externally; there has been a constant sanious discharge from the womb for the last three weeks, nor has it been limited to this short period, for it has been more or less present for the last three years.

August 24th.—Ordered ordinary diet, and porter, Oss.

25th.—A polypus about the size of a pigeon's egg, but longer and flatter, was removed by excision; a purchase was obtained upon it by means of a forceps; hæmorrhage was very slight.

℞ Mist. camph., ℥j.
bis in die.
Ale, Oss., *vice* the porter.

27th.—Since the operation, the patient has been very comfortable until this morning, when she noticed the discharge was somewhat increased; but it seems disposed to again diminish, or to disappear altogether.

10 a.m.—Haust. sennæ co., ℥j. Statim.

℞ Plumbi diacet., gr. iv.;
Pulv. opii, gr. ss. Ft. pil., hâc nocte.

28th.—Fill (?) has produced vomiting; there are now present constant nausea and pain in the right hypochondriac region; the matter vomited is of a dark-brown colour, and is mixed with a clear liquid.

Ordered Haustus magnesiæ co., ℥jss. Statim.

7 p.m.—The vomiting, which was checked by the draught, has returned and is of a peculiar yellow-green tint.

29th, 8.30 a.m.—Nurse reported that the patient had been vomiting since 5 a.m., and that the vomiting was accompanied with acute, almost spasmodic, pains over the region of the liver, and extending across to the epigastrium.

The patient was found with anxious countenance; cool, almost cold, skin; constant nausea, with occasional vomiting; and the spasm almost becoming tetanic in the mode of seizure and continuance. Pulse is 98 to 100; soft, easy, and compressible.

Ordered to have some ice to suck, and to have turpentine fomentations to the abdomen.

℞ Bismuthi trisnitratis, gr. v.;
Magnesiæ carb., gr. iv.;
Acidi hydrocyanici dil., ℥ijss.
Ex aquâ. Quartâ quâque horâ.

Diet, simple, with some beef-tea for to-day, and one pint of milk.

2.30.—Vomiting has not been checked, except in frequency; the same amount of matter has been thrown up, as have also both the draughts; the spasms are still very severe, the pain is also very acute; bowels have not been opened since yesterday; tongue is white, but moist.

℞ Oxalat. cerii, gr. j., in pil., ter die.

Cataplasm lini c. terebinth to the abdomen. Ice to suck.

℞ Spts. eth. chlor., ℥x.;
Tinct. camph. co., ʒij.;
Aq. menth. pip., ʒj.
Statim et rep. quartâ quâque horâ.

℞ Liquor calcis, Oss., c. Lacte.

11.30.—Vomiting has ceased; patient has had a refreshing sleep, and is much improved.

30th.—Has had a good night; no vomiting; slight spasmodic pain at intervals, but it has not assumed the grave character that it did yesterday; tongue is disposed to clean; bowels have not been opened.

Omit pil., et cataplasm lini, et ice; repet. haust. et liq. calcis.

31st.—Has had a very fair night, and continues better today; no vomiting; occasional pain in the side.

September 1st.—Continues much the same; no action of the bowels. Ordered, haustus sennæ co., ʒj. Statim.

℞ Spts. eth. chlor., ℥x.;
Mist. camph. et aq. menth. pip., aā ʒvj. Ft. haust.
Continue liq. calcis

She is to have ordinary diet, and of milk, Oj., as extra.

4th.—Is quite convalescent, and in most excellent spirits.

℞ Haust. quinæ co., ʒj., ter die.
Port wine, ʒij.; ale, Oss.

She is most decidedly better, but looks weak; pulse is 82; tongue is flabby and pale. Ordered—

℞ Ammon. ferri citratis, gr. v.;
Infusi quassiæ, ʒj.;
Spts. menth. pip., ℥xx., ter die.
Brandy, ʒij.

11th.—Seems very much better, though she is still weak. 14th.—Discharged convalescent.

MANSLAUGHTER BY A HERBALIST.—Mr. Humphreys, the coroner for Middlesex, has recently held an inquest at Limehouse as to the death of William Proby, aged fifteen years. It appeared that at the beginning of March he was taken ill, and a Mr. John Stevens, a herbalist, was called in, who said that the deceased was suffering from fever, and prescribed a powder and some pills. As he became worse, Dr. Cumming was sent for, who said the boy was suffering from a diseased hip; but the treatment of Stevens was preferred, and after enduring great agony with the hip the boy died. Mr. F. J. Gant, of the Royal Free Hospital, who had made a post-mortem examination, deposed that he found all the internal organs healthy; the intestines were congested; the left hip showed inflammation of some duration, and the cartilages of the joint had been absorbed. Death had arisen from exhaustion, caused by great pain consequent upon neglect of the diseased hip. Dr. Letheby, Professor of Chemistry at the London Hospital, said that he had examined the stomach and found great inflammation Upon testing the medicine he found it to be composed principally of cayenne pepper. The evidence of both these gentlemen proved that this medicine had caused great irritation and pain, with subsequent vomiting and exhaustion, and, added to the pain of the hip, finally produced death. In support of the treatment adopted by Mr. Stevens, Dr. J. A. Coffin, of Montague street, Russell square, asserted that cayenne pepper was the proper remedy to be administered. The jury returned a verdict of manslaughter against Mr. Stevens, who was fully committed.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XIII.

ALUMEN.—Alum, in this country, is principally manufactured from aluminous schist or shale. This mineral varies somewhat in its composition and characters; but it always contains alumina and bisulphide of iron or pyrites, and some carboniferous matter. In some localities it also contains a salt of potash. Some varieties of this shale, when simply exposed to the action of air and moisture, absorb oxygen, gradually disintegrate, and ultimately yield an efflorescent mass of sulphate of alumina and iron. The oxygen unites with the sulphur of the pyrites, forming sulphuric acid, and also with the iron to form oxide of iron. The acid then uniting partly with the alumina and partly with the oxide of iron produces a kind of double salt, which in effloresing out, breaks up the surface of the stone. In other cases it is necessary to assist the action by piling the stone in heaps and burning it by the aid of a slow fire. When, by either plan, the oxidation is completed, then the mass is lixiviated with water, whereby a solution of the soluble sulphate is obtained. The resulting liquor is concentrated by evaporation and allowed to cool, when some of the sulphate of iron crystallises out. To the mother liquor, which contains the sulphate of alumina and some sulphate of iron, together with several impurities, is then added the salt of potash, and the alum is obtained by crystallisation. Chloride of potassium is the salt generally employed, on account of its cheapness. When added to the liquor it undergoes decomposition with the sulphate of iron, forming chloride of iron and sulphate of potash. The latter salt uniting with the sulphate of alumina and with water forms the alum, which separates out. The chloride of iron is very soluble and remains in solution. Latterly, however, ammonia has been to a great extent substituted for the potash in alum, the crude sulphate or chloride of ammonium got from the gas liquors being used in place of the chloride of potassium.

Alum is also manufactured to some extent from clay. The clay, consisting of a silicate of alumina, is heated with sulphuric acid, whereby a sulphate of alumina is obtained. This, when treated with a salt of potash or ammonia, furnishes an alum.

Alum occurs ready formed in nature in certain volcanic districts. Its formation is obviously due to a similar action to that which occurs in alum schist. Alum crystallises in large and very regular octahedrons. It consists of a double sulphate of alumina and potash, combined with twenty four atoms of water. The term alum is now, however, used by chemists in almost a generic sense, being applied to a large group of isomorphous compounds. It is found

that the aluminium in common alum may be replaced by certain other metals, such as iron, chromium, and manganese; that the potassium may also be substituted by sodium and ammonium; and that these changes may be effected without, in the slightest degree, altering the crystalline form of the salt, or affecting its general properties. In each case the numerical relation of atoms building up the molecule of the salt remains the same. With the metals above-named we may thus have twelve salts, each differing from the other in the elements present, but all resembling each other in every other respect. Each of these salts, therefore, is an alum.

The alum ordered by the British Pharmacopœia is a sulphate of alumina and potash. It will not be found, however, always easy to obtain potash alum in commerce, ammonia alum having largely replaced it. We do not know of any reason for selecting potash alum to the exclusion of the other, unless it be that the Pharmacopœia authorities considered it better suited for making dried alum. Potash alum may be distinguished from either soda or ammonia alum by the employment of two tests. When heated with excess of strong potash, no smell of ammonia should be evolved. When dissolved in water and treated with a strong solution of tartaric acid, a crystalline precipitate should slowly form. The most frequent impurity in commercial alum is iron. It may be detected, as the Pharmacopœia directs, by adding to a solution of the salt a mixture of the ferrocyanide and the ferridcyanide of potassium. Its presence may also be at once recognised by tincture of galls.

AMMONIÆ ACETATIS LIQUOR. This preparation has suffered considerably by its introduction into the British Pharmacopœia. Previously, Mindererus's spirit was invariably prepared by saturating the dilute acetic acid with sesquicarbonate of ammonia. Under these circumstances a solution of acetate of ammonia was obtained, which was *saturated with carbonic acid gas*. The presence of this gas gave to the liquor its sparkling, pleasing character. The Dublin Pharmacopœia specially directed that the saturation should be effected in the cold, thereby indicating that the presence of the carbonic acid was considered to be of importance. The last Edinburgh Pharmacopœia, and previous editions of the London Pharmacopœia also, ordered this preparation to be made with distilled vinegar, instead of dilute acetic acid. A more palatable, and, therefore, more agreeable medicine was thus produced.

The apparent tendency now, however, is to produce medicines of a definite chemical composition; to regard, in fact, their chemical formulæ as of equal importance to their medicinal qualities. Thus, in the Materia Medica of the British Pharmacopœia, liquor ammoniæ acetatis is described as "acetate of ammonia, $N H_4 O, C_4 H_3 O_3$, dissolved in water." We cannot resist the idea that the process given among the preparations was devised, rather in accordance with the above description, than from any consideration of what would be most agreeable to the patient. The dissolved carbonic acid could not well be expressed in the chemical formula given; it was therefore omitted from the preparation. The process, as it stands, consists simply in neutralizing acetic acid with strong solution of ammonia. Undoubtedly the product is chemically more definite; but it is vapid to the taste, and a disagreeable thing in comparison to the old liquor. The skill of the pharmaceutist is displayed in the production of medicines in the best and most pleasing form; but in this instance the art of pharmacy has been sacrificed to the science of chemistry.

The liquor of the British Pharmacopœia has a sp. gr. 1·06. It contains five times as much acetate of ammonia as the liquor of the London College, and six times as much as that of the Dublin and Edinburgh Colleges.

AMMONIÆ BENZOAS.—The Pharmacopœia directs benzoate of ammonia to be made by dissolving benzoic acid in dilute ammonia, evaporating at a gentle heat, and setting aside that crystals may form. Benzoic acid forms two salts with ammonia—an acid benzoate, and a neutral benzoate. In evaporating a solution of the neutral salt, a portion of the ammonia escapes, and the acid benzoate is formed. It is necessary, therefore, to preserve a slight excess of ammonia in the liquid throughout the process, in order to obtain crystals of the neutral benzoate of ammonia. Benzoate of ammonia occurs in colourless plates; is extremely soluble in water and in alcohol; it sublimes when heated; and its solution gives a bulky, yellow precipitate with a persalt of iron.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Under the head of "Abstracts of Clinical Lectures in Surgery," Mr. CHARLES H. MOORE relates a curious case of "Periodical Inflammation of the Knee-Joint." The patient was a woman who had suffered from ague at the age of eighteen, and eight years after the cessation of the ague she experienced a swelling of the knee-joint, accompanied with pain. This affection, however, lasted only three days, and she remained well until thirty days after the attack, when it was repeated, lasted the same time, and then left her well. The inflammatory swelling recurred for a considerable time at regular intervals of a month, but afterwards at shorter intervals, and the periods were partially suspended by pregnancy and lactation. On the supposition that the attacks were in some measure connected with ague, Mr. Moore ordered quinine, with some success, for this drug delayed the period of the attack but did not prevent its occurrence; and arsenic was subsequently prescribed, without any success at all, and the patient finally ceased to attend and was lost sight of.——Dr. JOHN COCKLE offers some "Clinical Illustrations of Abdominal Aneurism," and relates the particulars of three cases of this affection. In one of them, in which the symptoms during life were very obscure and were complicated with other diseases, it was found that an aneurism of the inferior mesenteric artery had burst into the intestine, which latter had formed the anterior covering of the aneurismal sac.——Mr. HANCOCK continues his papers on "Division of the Ciliary Muscle,"

and relates two cases in which this operation was successful, and also states that he has heard from an oculist at Bombay, that the operation has been performed there at least fifty times in three months, with great success, in cases of acute and chronic keratitis, irido-choroiditis, and sub-acute and acute glaucoma.

THE 'MEDICAL TIMES AND GAZETTE.'

PROFESSOR HELMHOLTZ continues his lectures "On the Conservation of Energy," his present subject being the influence of heat upon the processes going on upon the surface of our globe.——Dr. HARLEY continues his lectures "On the Urine, and Diseases of the Urinary Organs," his present subject being uræmia, including uræmic poisoning, and the method of estimating the amount of urea. The remedies which diminish the elimination of urea are, citrate of quinine and iron, digitalis, benzoic acid, acetate and phosphate of soda, and colchicum. Those which increase it are cubebs and cantharides, and atropine. The urea is also diminished by starchy foods and sugar, and oils or fatty matters, and it is increased by animal soups, eggs, milk, jellies, or other nitrogenized substances, with a fair portion of common salt, and coffee, but without sugar.—— Mr. J. L. LAURENCE continues his papers "On the Optical Defects of the Eye," his present communication being devoted to optical considerations, and the effects produced by viewing objects through lenses.——Dr. J. W. OGLE communicates a series of "Cases of Softening of the Brain and Spinal Cord," the symptoms during life being recorded, as well as the appearances observed after death.——Mr. E. E. DAY relates "A Case of Typhoid Fever in Connexion with Pregnancy," the patient being confined of a dead child, but eventually recovering.——Mr. F. A. BULLEY, in some clinical notes and observations, relates a short case of "Contraction and Thickening of the Palmar Fascia and Permanent Flexure of the Fingers."

THE OPHTHALMIC REVIEW: A QUARTERLY JOURNAL OF OPHTHALMIC SURGERY AND SCIENCE. Edited by J. Zachariah Laurence and Thomas Windsor. London: Hardwicke. April, 1864.

In a short introduction, the editors of this review explain their reasons for its production, and the principles on which they intend to conduct it. They consider that the advanced condition of ophthalmic surgery in Great Britain and the Continent of Europe, justifies the attempt to establish a journal exclusively devoted to this subject, and which takes for its model some periodical works of the same nature published in France and Germany. The journal will comprise original papers on ophthalmology, and translations of the more important foreign contributions which appear from time to time, and a quarterly digest of the principal British and Foreign ophthalmic productions, together with reviews and critical analyses of works, memoirs, papers, &c., published in Great Britain, Germany, Holland, France, and Italy. The present number contains a translation of a paper on the "Form of Cataract Knives," by Professor Zehender, of Bern, another by Professor Von Gräfe on the "Calabar Bean," and a third on "Retinitis Pigmentosa," by Dr. A. Mooren; and original papers on "Iridectomy," by Mr. Windsor, and on "Paralysis of Accommodation, Treated by the Calabar Bean," by Mr. Moon. The reviews of the English ophthalmoscopic literature are marked by great ability and acuteness, but are very truculent in their character; while the retrospect of British and Foreign ophthalmic literature displays extensive research on the part of Mr. Windsor.

REVIEW OF BOOKS.

On Diseases of Women. By Fleetwood Churchill, M.D., M.R.I.A. Fifth Edition, pp. 937. Dublin: Fannin and Co. 1864.

Dr. Churchill's Treatise on the Diseases of Women is too well known to require a detailed analysis of its contents, and the great reputation and large experience of the writer are so generally recognised, that anything emanating from his pen must command general attention and respect. The distinguishing characters of this treatise are the copious extracts made from the experience of other authors on the same subject, with ample reference to the published works of each, and the matured views of Dr. Churchill himself, who has long and successfully laboured in the field of obstetric medicine. The reader, therefore, who consults the pages of this work will find, in the first place, a digest of all the existing medical literature bearing upon the Diseases of Women; in the second place, the practical views and suggestions of Dr. Churchill himself, which are, necessarily, of the highest value; and thirdly, he will find illustrative engravings (not very numerous, but very good of their kind) of various forms of uterine or other peculiarly female diseases, and of instruments devised for their detection or their relief. As each successive edition of the work has made its appearance, Dr. Churchill has expanded or corrected the matter in accordance with his extended experience, or the progress of science; and thus it is brought up to the standard of the present day. It is only to be regretted, in so valuable a book, which is said, in the title-page of the present edition, to be "carefully revised" as well as enlarged, that many typographical errors have been allowed to escape notice; and these certainly detract somewhat from its value. They are, however, so obviously the result of mere inadvertence, perhaps resulting from the numerous professional avocations of the author, that they are to be regretted rather than censured, and cannot really mislead any intelligent reader. Still, we should advise Dr. Churchill to subject the book to careful supervision in the event of another edition being required.

The Prescriber's Companion. By Alfred Meadows, M.D., M.R.C.P. Pp. 152. Renshaw, London, 1864.

Dr. Meadows states in his preface that he has compiled this work in order to help the Profession to understand the changes introduced into the Pharmacopœia. He has, however, not confined himself to the substances included in that work, but has comprised many preparations which are not pharmacopœial, but which experience has proved to be valuable. He has also classified all the substances according to their physiological action, a plan possessing some advantages, but open to many objections, which it is unnecessary to enumerate. This little work has certain merits, and may perhaps be found useful in some respects; but we are sorry to observe that it is full of grammatical and typographical errors, which might have been avoided by moderate care. To take some almost at random, we find, Enema *Colocynthis* (p. 2), *Ammoniæ* Bromidum (p. 25), *Ammoniæ* Iodidum (p. 26), *Lithia* Carbonas (p. 27), *Lithia* Citras (p. 28), *Potassæ* Bromidum (p. 29), *Potassii* Sulphurata (p. 31), Sodii *Iodidi* efferverscens (p. 33), *Aconitium* (p. 42), Arseniosum (?) (p. 75), Potassii *Iodidi* (p. 114), Ricini communis *foliæ* (p. 114), *Aloes Socotrinæ* (p. 114), Croton *Tiglii* (p. 128), Juniperus *Sabinæ* (p. 129), *Potassium*

Bromidum and *Potassium* Iodidum (p. 135), Rubia *tinctorium* (p. 135), Ferri *Sesquichloridi* (p. 136). With such a multitude of mistakes we cannot very strongly recommend this book, especially to young practitioners and to students, who are too apt already to make slips in their grammar, and to confound one chemical termination with another.

Notes on the British Pharmacopœia; showing the Additions, Omissions, Change of Nomenclature, and Alterations in the various Compound Preparations, with the Doses of those Medicines which are Comparatively New. By A. F. Haselden, Pharmaceutical Chemist. Pp. 82. London: Hardwicke, 1864.

The British Pharmacopœia being intended to reconcile the discrepancies hitherto existing between the London, Dublin, and Edinburgh works, it has, of course, entailed much labour upon its compilers, and hardly less upon its readers. Hence the necessity of books like that of Mr. Haselden, showing us the additions and omissions made, as compared with the former Pharmacopœia, and the changes of name and of composition of the preparations and compounds introduced into the recently published Pharmacopœia. Mr. Haselden's little book appears peculiarly well adapted to meet the wants of the pharmaceutists, who are necessarily obliged to keep a great variety of drugs to suit the exigencies of English, Scotch, and Irish prescribers, and to the chemists and druggists, therefore, all changes of nomenclature or of chemical composition should be distinctly made known. Mr. Haselden has done his work well; his descriptions are very clear, and his terminations are chemically as well as grammatically correct.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—Feeling the great importance of the work I have in hand, and the necessity for continued action, I must beg to trespass on your further kindness in permitting me again to address a few words to my professional brethren, the Poor-law surgeons. I desire to acquaint them of the fact that five of the six Medical Officers of this (the Amersham) Union have now subscribed 5s. each towards the two funds, making 25s. in all. The remaining officer is very ill, and has not been applied to. Now, there are no less than 650 unions in the country, and if each union furnished a proportionate amount to the above, we should have in possession the very respectable sum of 812*l.* 10s.—an ample supply for both the purposes we require, viz., the expenses of the Reform Association and the testimonial to our chairman. I regret to see that no exertion has been made in the several unions to obtain subscriptions for these purposes, and in particular a testimonial to Mr. Griffin. Surely this is as opportune a moment as any for doing something in the way of thanks, and, I will say, of recompense for the nine years of continued and unrelaxed efforts of Mr. Griffin, to gain, both for the poor and ourselves, something like justice at the hands of the Government. Were the scheme which he proposes to become law, it would prove a social and economical benefit to all classes of the community; that he has not succeeded in obtaining this measure of justice is no fault of his, but rather to be laid to our own charge, and is no argument against our presenting him with the very inadequate acknowledgment which I lately proposed, and which I would fain see carried out. I suggest that collections be made in each union, and that the sums so collected be forwarded to one or other of the offices of the 'Lancet,' the 'Medical Times and Gazette,' or the MEDICAL CIRCULAR.

I sincerely trust that gentlemen will now use every effort to second my views, and to obtain for Mr. Griffin a suitable present, which he so richly deserves. I had intended making a written application to every individual member of our body; but the expense and labour of so doing would have been so great, that, for the present, these considerations have deterred me. I hope, moreover, that immediate action on the part of my friends will render it unnecessary for me to do so.

I am, Sir, &c., WM. PROWSE.

GARIBALDI AND THE MEDICAL PROFESSION.

To the Editor of the Medical Circular.

SIR,—As you are well aware, the Medical Profession has, within the last few years, been subjected to many severe remarks on account of the apparent differences existing amongst its members; I need only refer to the cases of Palmer, Smethurst, Townley, and others, which will readily occur to you and your readers.

The case of Garibaldi is a striking instance of this difference of opinion. It was first stated that the hero was coming to this country for change of air and the benefit of Medical and Surgical advice, and it was said he intended to place himself under the care of Mr. Fergusson. This certainly had the appearance of a slight to Mr. Partridge, who, as you of course remember, went twice to Caprera to attend him. It was then denied that he required Medical advice at all, and the next notice on the subject was a letter from Mr. Partridge saying that he had visited the General, and found him in good health and his wound healed. The fatigue which Garibaldi underwent for a few days seemed to bear out the views of Mr. Partridge; but all of a sudden a letter appeared from Mr. Fergusson informing the public that Garibaldi was much out of health, and that further excitement might be fatal. Garibaldi's own physician met this assertion of Mr. Fergusson's with a flat contradiction, and Garibaldi himself has not, in the slightest degree, alluded to his health having failed him, but rather speaks in the reverse. Now, if the General came to England for Medical and Surgical treatment, why was his visit so abruptly terminated?

It is not worth while to take up your columns with political matters, but no reasonable man can doubt that *he was compelled to leave by Ministerial interference;* otherwise, he could have selected hundreds of places in this country to rest and recruit. The question to be considered is, Has there been any sacrifice of professional opinion to suit the exigencies of the hour, or has there been any breach of professional etiquette? Mr. Fergusson is imperatively called upon to inform the world why, and on what grounds, he repudiated the opinions of Mr. Partridge; and Mr. Partridge, in justice to himself, is bound to give his version of the affair.

The honour and dignity of the Profession suffer most materially in public estimation by these unseemly differences; and it is sincerely to be hoped that immediate explanations will be given by all parties mixed up in the matter, and that common sense will have the opportunity of deciding

"When doctors disagree."

Yours, &c., D. G. H.

April 23rd.

[This letter reached us after our last number had gone to press, or it would have appeared last week.—ED. MED. CIRCULAR.]

OBSTETRIC GUIDE-HOOK.

To the Editor of the Medical Circular.

SIR,—Will you allow me, for the sake of your readers who have corresponded with me in respect of your report of the proceedings of the Obstetric Society, to say, that the "Guide-Hook," on the use of which, through the kindness of Dr. Graily Hewitt, I communicated a paper to the Society, is made by, and may be procured of Messrs. Weiss and Son.

I earnestly commend the instrument to the notice of every accoucheur, and shall be greatly favoured by the experience of any who may make use of it.

I am, &c., SAMUEL NEWHAM.

Bury St. Edmund.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

April 19th, 1864.

Mr. Prescott Hewett, President.

Dr. Graily Hewitt read a report on a case exhibited by Dr. Schuloff as a specimen of two fibrinous casts of the uterus. He found the two bodies exhibited to be coagula moulded to the form of the uterus, and proceeding from some morbid formation in the uterus. The outer part of the clots was much discoloured, giving rise to the appearance of a fibrinous lining.

Dr. Wilks exhibited a specimen of

RUPTURE OF THE HEART.

This was presented to the Society for Mr. Roper, of Shoreditch; and the principal point of interest was, how far the surgeon and the public were justified in attributing the patient's death to starvation. The patient was a woman about sixty years of age, and was endeavouring to subsist upon a few pence a week in a lodging containing no fire, and having no clothes to cover her. She died suddenly, and there was found a laceration through the left ventricle, the coronary artery being diseased, and the muscular tissue pale and soft. There were sufficient morbid conditions found in the organ to account for the rupture; but at the same time Dr. Wilks thought that an impoverished condition of the blood might have aggravated the tendency to muscular degeneration, and that the remarks of Mr. Roper before the coroner were quite reasonable: that the deceased died immediately from rupture of the heart, but that privation, want of nourishment, proper clothing, and warmth, undoubtedly accelerated the fatal event. There was no trace of fat in the interior of the body.

Dr. Harley doubted whether inanition could predispose to rupture of the heart. This lesion was usually met with in persons well fed, and otherwise in good condition.

Dr. Quain allowed that inanition might produce a general weakening and softening of the heart, which would induce its sudden stopping; but rupture was caused by local softening of some small portion, and not by general degeneration. He thought the rupture was produced by disease of the artery leading to the softened part of the heart.

Dr. Wilks also showed some specimens of

LARDACEOUS DISEASE OF THE VISCERA,

consisting of the liver, spleen, and kidneys, of a young man who had long suffered from this disease. The point of interest was in the fact that on the surface of the liver, where it was adherent to the diaphragm, there was a layer of pure lardaceous material almost an inch thick. In this no trace of hepatic structure was visible, and it thus seemed like a free deposition of the adventitious material on the outside of the organ.

Dr. Wilson Fox believed that hepatic tissue existed in the layer described as a free deposit.

The President related a case in which a large stone lodged in the pelvis of the kidney, and in which the kidney was drawn down into the right iliac fossa—not, however, movable.

Dr. Harley exhibited a drawing from a case of

RENAL CALCULUS.

The subject was a gentleman aged sixty. Only one kidney was affected. A very large number of small calculi were found in the kidney, but there was also a very large one, which perhaps partially obtructed the pelvis, and probably prevented the passage of any of the smaller calculi into the bladder. No symptoms had been produced, and the affection was unsuspected during life.

Mr. Squire exhibited a specimen of the Pediculus Corporis, to the presence of which animal he attributed the existence of prurigo senilis.

Mr. Spencer Wells exhibited some microscopic sections from a case of

CANCER OF THE OVARIES,

in a girl aged thirteen. The tumour had grown with great rapidity, and was accompanied by a certain amount of dropsy.

Another case of the same disease, the patient being of the age of fifty, presented two tumours, one on either side of the uterus. The cachexia and great rapidity of growth sufficed for diagnosis, and prevented any operation being attempted.

The third case was also accompanied by ascites, and here also the constitutional and local symptoms were sufficient to dissuade from ovariotomy.

OVARIOTOMY.

Mr. Spencer Wells also displayed a preparation from a patient who died three days after ovariotomy. The pedicle had been tied, the ligature cut off short and returned into the abdomen. The patient died of peritonitis, radiating from the tied pedicle. The wound was closed, and no peritonitis existed around this. Mr. Wells has, however, pursued this course with success in three cases lately, the patients being in good health, and believes that in these cases the ligature becomes encysted by lymph. One patient went into the country fifteen days after operation.

Mr. Spencer Wells also referred to a case in which tubercles were found beneath the peritoneal coat of an ovarian cyst. The patient died five days after ovariotomy, of diffuse peritonitis. Some of her relations had died of tubercular diseases.

Dr. Wilson Fox described this specimen at greater length.

Dr. Murchison exhibited for Dr. Gairdner, of Glasgow, a specimen of

DISEASED SUPRA-RENAL CAPSULE,

with bronzing of the skin, or rather dark discolouration. The patient was a lad fifteen years of age, who had suffered from anæmia and discolouration of the skin for about a year and a half, followed by a pain in the back, diarrhœa, and vomiting. The face and whole body was tinged deeply, and in some places almost to a negro blackness. The immediate cause of death was erysipelas of the face. On post-mortem examination, recent tubercle was found in the peritoneum, and old tubercle in the lung. All the other viscera were healthy, except the supra-renal capsules, both of which were much enlarged and indurated, and were totally disorganized, being replaced by hard masses of a cheesy substance, exactly resembling soft tubercle, and containing a cretaceous matter here and there. The existence of Addison's disease was diagnosed during life.

Mr. T. Smith exhibited an

ARM AFFECTED BY ELEPHANTIASIS,

which was removed by amputation from a young woman aged twenty, and weighing twenty-four pounds. The place where the incision was made was not hypertrophied, and it rather looked as if a ligature had been tied around the arm.

The specimen was referred to Mr. Hutchinson and Mr. T. Smith.

Mr. Hinton showed the

PETROUS BONES

from a girl who died from diphtheria. There had been fetid discharge from the ears, and the bones were much softened, rough, and inflamed. There was universal arachnitis. Mr. Hinton attributed the arachnitis to inflammation spreading up through the bones.

Dr. Gibb exhibited some

WORMS EXPELLED FROM THE NOSE AND FRONTAL SINUSES

of a girl aged eleven years. For three months she complained of pains in her head and over the frontal sinuses, and also in the chest. The face, forehead, and nose then became swollen and erysipelatous, with a discharge from the nose, and the passage of several worms, which were believed to come from the frontal sinuses. They were exceedingly small, about an inch long, and when coiled up were not larger than pins' heads. The girl is still under treatment in the Westminster Hospital.

Mr. Mason inquired if Dr. Gibb had seen any of the worms passed.

Dr. Gibb said that he had seen them come from the right nostril.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 4, 1864.

THE MEDICAL DEBATE.

The last time Parliament had occasion to discuss the Medical Act the first question that was put was the question of admitting the Lay Press to the Meetings of the Council. This question has been decided in the affirmative, as we expected, and I trust that it will be found that the chief opposition to the principle has been removed from the Council. The matter of the Resolution that happened to be submitted was Dr. Andrew Wood, who made a valiant and entertaining speech on the occasion; and we readily admit that in our opinion the Council has done wisely in removing the point. It was very properly urged by Dr. Andrew Wood that the Council had nothing to conceal from the Profession, and that the system of publicity now universal in all representative bodies might with advantage be followed by the Medical Council, which was, in fact, the representative of some 6,000 persons. Whether the general Medical or lay reader will think it expedient or advantageous to publish all the speeches which the Members of Council may think fit to make, and whether the Profession will have time or inclination to read them, are matters of little consequence: the very fact that the doors are thrown open, and that publicity is given to the proceedings, will show that the Members of the Medical Council are desirous to make themselves popular with their constituents, and that they are honestly labouring in the path of duty to which they have been elected.

Some of our contemporaries, who look but and hold as the minority were then, sometimes extol the Medical Council as the most useful and valuable Medical Institution in Great Britain; and at other times hold it up to contempt as a useless incumbrance and a downright failure, involving an enormous waste of money extracted from the pockets of an over-worked and ill-paid Profession.

They sometimes blame it for not doing things which it has no power to accomplish, and for not attempting reforms which it was never intended to promote; and in the case of the compilation of the British Pharmacopœia, many censures of a most needless character have been offered against the execution of a task which, in its very nature, was extremely difficult.

In one respect we fear that the Profession have greatly deceived themselves—namely, as to the powers of the Medical Council in suppressing illegal practice. It really possesses no such powers; nor would the Act of 1858 have ever passed the Legislature if any had been demanded. The fact is, that quackery has such a strong hold upon the British public, and individual quacks are so largely patronized by many members of both Houses of our Legislature, that any effort to suppress empiricism would certainly be unsuccessful. The only point gained in this direction was the power of printing a Register containing the names of those who had passed a Medical examination, and thus distinguishing qualified Medical men from those who were unqualified. But it will be recollected that no power whatever was granted to punish or molest the latter; and even in the case of names in the Register, no authority was given to exclude any on the ground of practising in a heterodox manner. Thus, the practitioners of Homœopathy, Hydropathy, and other forms of quackery, were directly protected and encouraged by the Medical Act; and it is useless to deny that, in the present temper of the Houses of Parliament, there is no prospect whatever either that illegal practice will be suppressed, or that intra-professional quackery will be abolished.

It must be admitted that the first specimen we have of the published debates in the Medical Council is not particularly edifying, and is not very satisfactory as to the knowledge of business, or the courtesy of speech exhibited by the members. Nearly the whole of Monday and Tuesday in last week was occupied by the question whether reporters should be admitted, the decision being ultimately, as we have stated, in the affirmative. On Wednesday, the Council resolved itself into a Committee of Education, and, difficult as it was to understand formerly the meaning of the amendments upon amendments made upon the original resolutions, it is not more easy to understand them now, with all the advantage we may be supposed to possess from the personal explanations of the speakers. We may the less hesitate to avow our difficulties in this matter, as we find, in the case of a discussion occupying the greater part of the day upon a resolution and an amendment, that Dr. Storrar frankly avowed he could see no difference between them; and after full consideration of both motions, we are entirely of Dr. Storrar's opinion. It is very probable that in moving amendment upon amendment, often differing apparently only in words or in the order of the sentences, the speakers have some occult object in view, and wish either to throw dust in one another's eyes, or to promote some favourite object of their own; or it may be that, knowing how much money is paid to the members of the Council, each one thinks he ought to earn his honorarium by a proper amount of speaking. But, however it may be, the fact is as we state it, that there is an intolerable amount of talk in proportion to the work done. The proposition, on the occasion to which we refer, was simply that "the committee should consider the recommendations relating to general and professional education," and the amendment was that "the Council consider the whole subject of Medical examination with the view of preparing a report."

The discussion, however, called forth a vigorous speech from Dr. Andrew Wood, who vindicated the powers of the Medical Council in prescribing general rules as to professional education and examination, which should be binding upon all the educational and examining bodies; and who alluded very pointedly to the London College of Surgeons as having set the example of refusing conformity with the Recommendations of the Medical Council, and thus rendering the deliberations of the latter body entirely nugatory. This philippic called forth Mr. Arnott, the representative

of the London College of Surgeons, who certainly made a very lame apology for that body, thus making manifest the serious loss which it must have sustained in the removal of Mr. Lawrence, the eloquent and thick-and-thin supporter of the corporation in Lincoln's inn fields. In fact, Mr. Arnott's speech was *apropos* to nothing, except that the College did not think it convenient to comply with the Recommendations of the Council, but offering no reasons for its non-compliance.* In answer to Mr. Arnott, Dr. Alexander Wood, the President of the College of Physicians of Edinburgh, accused Mr. Arnott (a Scotchman settled in London) of abusing the Scotch, adding that whenever he heard a man abusing Scotland, he was sure that that man's grandfather was a Scotchman. This sally excited considerable laughter, to the discomfiture of Mr. Arnott; but what it had to do with the discussion, or how far it was compatible with the decorum of debate, we are unable to understand. Eventually, after all this talking, the original resolution was carried, namely, that the Council should proceed to business—a question which might have been settled in a few minutes.

DEBATE IN THE MEDICAL COUNCIL ON MEDICAL EDUCATION.

The Medical Council is now engaged in the discussion of the very important subject of Medical Education, Mr. Syme having proposed a resolution that it is expedient to frame a Course of Study for Medical Education, which may be recommended to the Licensing Boards. To this an amendment has been proposed, defining some of the essentials in every scheme of education and examination.

In the interesting debate which ensued, Dr. Parkes, in the course of a very eloquent speech, which made a great impression upon the Council, insisted on the necessity of defining in some measure the amount of information which ought to be required of all candidates for a Medical or Surgical diploma. As an instance of the laxity with which diplomas and licences are granted, Dr. Parkes referred to his own experience as an examiner for the Competitive Examination for Medical Commissions in the Army, and he stated that in some instances it had been found that candidates were grossly ignorant even of Anatomy, and very frequently of Chemistry. Some of them were unable, when required to pass a catheter or put up a fracture, to perform either of those operations. Both he and Mr. Busk, who is also an examiner for the Army Service, thought that the state of Medical education was very unsatisfactory, and that, at the very least, the examination should be sufficiently stringent to prove that the candidate was not dangerous to be sent forth to the public. Dr. Parkes thought that the Council ought to reform the methods of examination at present in use, and should institute a scheme of supervision over the Examining Boards.

Dr. Sharpey coincided in many respects with what had been advanced by Dr. Parkes. He was once present at an examination for candidates in the Army Medical Department, and he found many of the candidates very badly prepared. One was asked to tie the subclavian artery, and he tied the omo-hyoid muscle! But he did not wish to promote uniformity of education and examination at the sacrifice of freedom of action, but thought that much must be left to individual judgment; and, above all, a dull mediocrity must be avoided. There can be no doubt that every candidate for a diploma or licence should be of the age of twenty-one, and that four years should be the minimum period of professional study. But the question arises whether in any existing case the curriculum is deficient, or any where it is in excess and ought to be reduced. He thought that the Council should not define the curriculum of study, but that it should be left to the judgment of each corporate body to lay down its own curriculum. Nor ought the Council to prescribe an order of study which must necessarily vary in different cases. The Society of Apothecaries, of which he wished to speak with the greatest respect, had laid down an order of study which he thought was in some points inconvenient in practice. Thus they recommended that anatomy, physiology, and chemistry should be studied during the first year, but he thought that it was much better that the students should learn their anatomy and chemistry during the first year, and begin physiology in the second. With regard to examinations, he approved of a division and subdivision of the subjects, so that the student might pass from step to step, leaving some subjects behind him as he went on in his curriculum. In Scotland, the University Professors held class-examinations, which were very useful and formed part of the plan of education for the Medical Degrees; but in England, where the teachers and the examiners were distinct from one another, such a plan could not be carried out without great difficulty. In England annual class-examinations might be held, though not by the Medical teachers themselves; they might, however, arrange some plan of annual examination with the Medical Corporations, as the London College of Physicians, the College of Surgeons, and the Society of Apothecaries. With regard to the subjects taught, such extensive sciences as Chemistry should not be required to be learned in all its branches by the Medical candidate, but only such parts as bore upon medicine; and parts of the subject should be selected and placed in a programme, as in the University of London, which specified the portions of Chemistry in which it expected the Medical candidate to be prepared. The examinations of every kind should be practical, for he had found, in his experience as an examiner, that a candidate might pass an excellent written examination in anatomy, and afterwards be found entirely ignorant of anatomy on the dead body. Such a case had actually occurred to him when he was examining for the University of London. He thought, notwithstanding Mr. Syme's objections, that clinical examinations should be insisted on, not to prove that a candidate is an accomplished practitioner, but that he knows how to begin making a diagnosis; and such clinical examinations

* On a subsequent occasion, as will be seen by our report, Mr. Arnott offered some very judicious and sensible observations on the subject of Medical Education.

may be conducted without any danger or inconvenience to the patients. The examinations of all the corporate bodies should be subject to supervision on the part of the Medical Council, and the latter body should satisfy itself that the examinations were sufficient to test the competency of a candidate. The written portions of the examination should be submitted to supervision, particularly the papers of the lowest successful candidate and of the highest unsuccessful one, and the Council or its delegate should be present at the practical examination. With regard to the alleged excess of lectures, they have not been increased either in length or in number; and, in London at least, sufficient time is given to practical study. The excess of lectures is alleged by the idle portion of the students as a pretext for their inattention, but the industrious students willingly attend the lectures. One course of lectures, if duly attended, should be sufficient upon each subject, and attendance on subsequent courses ought to be optional. Class-examinations are found by Dr. Sharpey to be well attended at first, but after a time the attendance drops off, although these examinations are useful not only to those who are examined, but also to those who are listening to the others. But these examinations should be written as well as oral, so as to employ all the students at once, which cannot be done when the examination is only oral, and one person only can be examined at a time. Dr. Sharpey does not think that the division of the session into two portions of four months each can be conveniently adopted in London.

Dr. Storrar agreed in thinking that it was inexpedient to lay down uniform rules for all the examining bodies, and thought that a certain latitude should be allowed, and that the Licensing Bodies should fix their own curricula. The University of London, for instance, recommends a certain number of subjects of lecture, but leaves the student to select which he likes; but it insists upon a knowledge of practical anatomy and practical chemistry. Class-examinations are no doubt very useful as a part of the course of education; but they should not be allowed to supersede the final examinations. They might succeed in some of the Scotch Universities, where the professors and the examiners were the same persons; but they could not be successful in London, where a conflict might often ensue between the teachers of the schools and the Examining Boards.

Mr. Arnott observed that there were two methods of teaching Medicine and Surgery—namely, the professorial and the tutorial; and the former was almost exclusively adopted in the Scotch Universities, and was the oldest system; but the tutorial is now combined with it. He maintained that the object of all Medical Education should be to make men practitioners, and not merely theorists. He believed what Dr. Parkes had said was perfectly true as to the ignorance displayed, at the Examinations of the Army Board, by candidates who had already obtained diplomas and licences; but such candidates came from all parts of the United Kingdom, and not from any one part. (Dr. Parkes here remarked that no candidates had been rejected from Oxford and Cambridge, because no candidates had offered themselves from those institutions.) The essential ignorance displayed by candidates in the present day is not in doctrine, but in practice; and the question arose how this evil was to be remedied. The Examiners of the College of Surgeons laid great stress upon the importance of Hospital practice; but still they advocated attendance on lectures as an exceedingly useful mode of learning the Profession. But students had offered themselves for examination who never saw a case of operation for strangulated hernia, or of dislocation of the hip, or of acute retention of urine. Mr. Arnott then showed some statistical results obtained by the census returns, showing the number of patients on one given day in the Hospitals of Scotland, Ireland, and England—giving, as might be expected, a great preponderance in numbers in the English Hospitals; and out of 10,414 persons in Hospital in England and Wales, 4,000 were in the London Hospitals, leaving upwards of 6,000 in the provincial hospitals, excluding workhouses, which are, however, available for practical Medical instruction. Mr. Arnott proceeded to argue that the great Hospitals were not exclusively the schools for Medical instruction, which might be pursued with great advantage in the provinces and the country districts, and that students who had undergone a preparatory training of this kind were much better adapted for understanding Medicine and Surgery than those who had received no such instruction. This kind of preliminary Medical study might not, perhaps, be applicable to Scotland; but in England, students should be encouraged to attend country hospitals and workhouses, and the time so spent should be received as part of the curriculum. Even country practitioners who are not Hospital Surgeons may be very good instructors of youth, and in the course of general practice may give valuable instruction to their pupils. Mr. Arnott thought that Clinical examinations, although very desirable, were impracticable under existing circumstances.

Mr. Cooper thought that four years of professional study, instead of being too much, was too little. The Society of Apothecaries requires an apprenticeship, including the whole period of study, of five years; but the system of apprenticeship is valuable or otherwise according to the character, as to talent and reputation, of the person to whom the pupil is apprenticed. If the master is a gentleman and a scholar, well acquainted with his profession, and willing to afford instruction, the pupil possesses great advantages; and he has the opportunity of seeing a great number of cases both in Medicine and Surgery, and becomes acquainted with the uses and properties of drugs.

Dr. Alderson thought that public examinations were inexpedient, as they would have a tendency to embarrass the candidates; and, in some instances, where this plan had been tried, it had been abandoned. Besides, the Examinations of the Medical Corporations were, in some sense, public, as before the Fellows of the College of Physicians, who, however, delegated their powers to the President and Censors.

Dr. Corrigan expressed his intention to vote against both

the motion and the amendment. He objected to any attempt on the part of the Council to make a uniform curriculum, like the bed of Procrustes, and compel every one to accommodate himself to its requirements. The Council ought to endeavour to find out what a man's information is, and not how or where he acquired it. He asked whether the Regulations relating to preliminary education were really in force with all the licensing bodies? It was true, they were adopted in London, but not in the provinces or in Scotland and Ireland. (Here there were interruptions from Mr. Syme, Dr. Paget, and others, affirming that the corporate bodies with which they were connected had conformed to the Recommendations.) Dr. Corrigan, however, proceeded to read, from the Directory, extracts from the Regulations of several Examining Bodies declining to comply with the Recommendations—as, for instance, the Universities of Edinburgh and Glasgow, Aberdeen and St. Andrew's, the Faculty of Physicians and Surgeons of Glasgow, the Queen's University in Ireland, the College of Physicians in Ireland, the College of Surgeons in Ireland. Practical examinations ought to be insisted upon in all cases, in order to obviate the evils and deficiencies pointed out by Dr. Parkes and Dr. Sharpey. Dr. Corrigan believed that the reason why the corporations do not improve their examination is because one is afraid to overstep another. He saw no valid objection to practical examinations. He thought that the proposed scheme of the supervision of examinations on the part of the Council was impracticable, as it would be impossible to determine who was a competent person to determine upon the fairness, or the sufficiency, of the examination in any given case. Could he, for instance, determine whether Dr. Apjohn was a competent examiner in chemistry, or whether Mr. Arnott was a fair examiner in surgery? For these reasons, he thought the plan could not be carried out.

Mr. Hargrave defended the College of Surgeons in Ireland, in neglecting to comply with the recommendations relating to preliminary education, and stated that the College had been compelled to adopt that course by the acts of the Council itself, which had failed to make its recommendations compulsory.

This debate was resumed on Monday, and was continued all that day, the last speakers being the President and Mr. Syme. We regret that we are unable to print the speeches in full, although we have enlarged our Journal for the purpose. At the conclusion of the day's proceedings, however, the motion and the amendment were both lost, almost unanimously, Mr. Syme eventually voting against *his own motion!* Thus the whole question remains exactly where it did.

We cannot forbear from expressing our thanks for the courtesy and politeness shown by the officials of the Medical Council to the representatives of the Medical Press, to whom every accommodation is afforded in the exercise of their duties.

SUMMARY OF THE WEEK.

THE ADULTERATION OF OUR DAILY FOOD.

A paper has lately been read by a lady, at the Brighton Literary and Scientific Institution, on the practice of employing certain substitutes for the genuine ingredients in some articles of daily food, and on the effects of such practice on the health of the community. The remarks in the paper are in great measure directed against the use of certain substances which are very commonly employed by the public, especially the poor, as substitutes for some of the nutritious ingredients in bread, puddings, and pastry; and which, though not injurious to health, are not calculated to afford sustenance to the human body. The so-called "Baking Powder" is said to be composed of carbonate of soda and tartaric acid, combined with a small portion of rice or flour; and the "Egg Powders" as they are called, contain none of the nutritive properties of eggs, and are reported sometimes to be coloured with chromate of lead, and therefore to be positively objectionable. It is argued by the writer of the paper that if cooks are generally intrusted with such compounds, they will be induced to substitute them for the really nutritious articles of food, and thus to commit a fraud upon their employers; and that, moreover, they may thus occasionally introduce poisonous matters into the body. The remarks made by this lady are entitled to attention, especially by the female part of the community, to whom the preparation of our food is in great measure intrusted; and her earnest recommendation to all ladies, whatever their station, to superintend personally the operations of the *cuisine*, will, we hope, be extensively followed. If all ladies would study, practically or theoretically, the principles of cookery, much waste would be avoided and more health would be insured.

A LATE COURT-MEDICAL AT GREENWICH.

At the commencement of the present year a very disagreeable misunderstanding arose between two neighbouring Medical practitioners at Greenwich, Dr. Purvis and Dr. Moon, in consequence of some observations having been supposed to be made by the latter to the disparagement of the former gentleman. The case was referred to a Court-Medical, the result of which was that Dr. Moon exonerated himself from the charge of having made the observations attributed to him, and on a minor charge expressed his regret at an accidental omission made by him in a certificate of death. In some remarks we offered at the time, we expressed a hope that the two gentlemen in question would be reconciled and that the unpleasant affair would be forgotten. Such, however, we regret to find is not the case, for we have received a pamphlet entitled 'The Case stated between Dr. Moon and Dr. Purvis,' in which the former relates the whole of the proceedings from beginning to end, and again exonerates himself from the charge of endeavouring to disparage Dr. Purvis in the eyes of his patients. It appears to us that the real cause of offence given to Dr. Purvis was the transference of a patient under his care to that of Dr. Moon, together with the suspicion that he (Dr. Purvis) had been supplanted by unfair means. Such,

however, does not seem to have been the case, the change having arisen solely from the fancy, or the preference, or the caprice of the patient herself and her friends. We think it quite established that there was no neglect or malpraxis on the part of Dr. Purvis, and, on the other hand, that there was no underhand influence used by Dr. Moon against Dr. Purvis; and we again earnestly hope that the friends of both parties will endeavour to promote a reconciliation.

CHEMISTRY AT THE COLLEGE OF PHYSICIANS.

Having last week taken the College of Physicians to task for their atomic numbers, on the subject of the chlorides of mercury (p. 284), we feel bound to state, in justice to Dr. Frederic Farre, that the mistakes which we pointed out were due to an error on the part of the person who reported Dr. Farre's speech, and that this error is acknowledged by the journal which published the report. We make no apology for pointing out the error, which was a most important one in the present state of chemical science, but we believed it arose from a mistake of the reporter, which now turns out to be the case. If the College of Physicians allow unauthorised reports to appear, it is quite evident that it is impossible to prevent mistakes from occurring, and those mistakes from being commented upon and exposed.

THE COUNCIL EN SEANCE.

The Medical Council meets as heretofore, when assembled collectively, in the Library of the Royal College of Physicians, in Pall mall. The Members sit round an enormous circular table, each having before him a large pile of books and papers, and the President sits on an elevated seat at one point of the circumference. Next to him on his left sits the Registrar, Dr. Francis Hawkins, and next is the short-hand reporter employed by the Council. The Members of the Council sit in no particular order of precedence, but each appears to have his proper seat, probably chosen by himself. Neither nationalities nor collegiateties seem to influence the cohesive attraction or the repulsive powers of these representatives of the Medical Profession, for the Scotch and Irish Members are intermingled with the English without any apparent principle of selection. Nor do the sentiments expressed by the speakers indicate any of that feeling of nationality or clanship which might be anticipated; for the most vehement opponents to one another are sometimes Scotch against Scotch, and Irish against Irish. It is a curious fact, that although Scotland is the smallest and most thinly-peopled section of the United Kingdom, there is a numerical majority of Scotchmen on the Medical Council; not only the Scotch Corporations all sending (as might be expected) Scotch representatives, but the representatives of the University of London, and of the London College of Surgeons, and one of the English Crown nominees, being from the North. Out of twenty-four members of the Medical Council, in fact, nine are Scotchmen, and seven are Irish, leaving only eight Englishmen; and of the latter, whom we class as Englishmen, we are not quite sure that some may not be natives of Caledonia or of the Emerald Isle.

TRINITY COLLEGE *v.* THE KING AND QUEEN'S COLLEGE OF PHYSICIANS OF IRELAND.

On Tuesday, the 26th ult., the Master of the Rolls delivered judgment in the case of the Attorney-General at the relation of the Provost and Fellows of Trinity College, Dublin, *v.* the King and Queen's College of Physicians. The question involved, which was as to the right of the College of Physicians to grant the degree or title of Doctor of Medicine, was argued before his Honour in last Michaelmas Term, and turned mainly upon the construction of the College Charter granted in 1692. His Honour reviewed the arguments at great length, and said he was of opinion that the College of Physicians had no right to grant the degree of M.D., and that in so doing they had gone beyond the powers of their Charter. The College of Physicians in England were so far from seeking to usurp the power of granting such a degree, that they expressly prohibited their Licentiates from using the title of M.D., or any other title implying the possession of an University degree, unless they were in fact graduates of some University. The Act 23 and 24 Vic., cap. 66, authorised the Crown to grant a new Charter to the College of Physicians, and if the Fellows of the College were properly advised they would have applied for a new Charter, authorising them to confer degrees instead of usurping a power for which there was not a colour of foundation. The license which the College of Physicians were empowered to grant was a licence to practise physic; and the new Registry Act recognised the distinction between Doctors of Medicine and Licentiates. His Honour observed that so far from suggesting that there was any distinction in point of professional status between a physician who had obtained the University degree of M.D. and a Licentiate of the College of Physicians, he only expressed the general opinion of the public that both were equal—both stood equally high in public estimation. The judgment should be, therefore, in favour of the petition, and he would order the respondents to pay the Attorney-General his costs.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING, MONDAY, APRIL 25, 1864.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Present—Dr. Burrows, President, in the chair; Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Parkes, Dr. Quain, Mr. Rumsey, Dr. Christison, Dr. Stokes. Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

The following Committees were appointed:

Business Committee.—Dr. Andrew Wood, Chairman; Dr. Embleton, Dr. Corrigan, Mr. Rumsey.

Finance Committee.—Dr. Sharpey, Chairman; Mr. Arnott, Dr. Fleming, Dr. Aquilla Smith, Dr. Quain.

Committee on Returns received from the Bodies in Schedule (A).—Dr. Embleton, Chairman; Mr. Cooper, Dr. Thomson, Dr. Leet, Dr. Apjohn, Dr. Stokes.

1. Moved by Dr. Andrew Wood, and seconded by Dr. Alexander Wood: "That reporters be admitted to the meetings of the General Medical Council."

First amendment, moved by Dr. Acland, and seconded by Dr. Christison: "That a Committee be appointed to consider, and to report to the present meeting, the advantages and the disadvantages to the business of the Council which may arise from the admission of reporters; and to suggest the various ways in which (should the Council resolve to introduce them) they might be admitted to the Council, Branch Councils, or Committees."

Second amendment, moved by Dr. Thomson, and seconded by Mr. Cooper: "That the Council deem it expedient and desirable that their proceedings should be published, and that a Committee be forthwith appointed to consider and report upon the best means of accomplishing this object."

The second amendment was put to the vote, and the numbers were found to be equal for and against it.

The President then gave his casting vote in favour of the amendment.

Dr. Andrew Wood required that the names for and against the amendment should be taken down.—For the amendment: The President, Mr. Arnott, Mr. Cooper, Drs. Acland, Paget, Storrar, Thomson, Sharpey, Quain, Mr. Rumsey, Drs. Christison, Stokes. Against the amendment: Drs. Alderson, Embleton, Alexander Wood, Andrew Wood, Fleming, Mr. Syme, Dr. Smith, Mr. Hargrave, Drs. Leet, Apjohn, Corrigan, Parkes.

The following members of Council were appointed a Committee to consider and report as to the Best Mode of publishing the Proceedings of the Council—Dr. Thomson, Chairman; Mr. Cooper, Drs. Storrar, Alexander Wood, Apjohn, Corrigan, Mr. Rumsey, Dr. Stokes.

Moved by Dr. Alexander Wood; seconded by Dr. Stokes; and agreed to: "That the Committee appointed to Consider the Best Means of publishing the Proceedings of the Council be requested to report to-morrow; and that the consideration of that Report take precedence of all other business."

2. Moved by Dr. Quain; seconded by Dr. Andrew Wood; and agreed to: "That a Committee be appointed to revise the Standing Orders."

The Committee to consist of—Dr. Christison, Chairman; Drs. Storrar, Alexander Wood, Corrigan, Quain.

Confirmed, GEORGE BURROWS, President.

MINUTES OF MEETING, TUESDAY, APRIL 26, 1864.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Dr. Burrows, President, in the chair.

The minutes of the last meeting were read and confirmed.

1. Dr. Thomson presented the following Report from the Committee appointed to consider the Best Means of publishing the Proceedings of the Council.

REPORT.

The Committee on Publication of the Proceedings of the Council met this day, and having considered the matter remitted to them by the Council, agreed by a majority to adopt the following resolutions, and directed the Chairman to lay these resolutions before the Council as the Report of the Committee:

1. That reporters be admitted to the meetings of the Council.
2. That a special reporter be engaged by the Council to prepare a report of the proceedings.
3. That the Council reserve the power of withholding the privilege of admission to the reporters whenever the Council may think fit.

ALLEN THOMSON, Chairman.

Moved by Dr. Thomson; seconded by Mr. Hargrave; and agreed to: "That the Report be received."

Moved by Dr. Thomson, and seconded by Dr. Stokes: "That the Report be adopted."

Amendment moved by Mr. Syme, and seconded by Dr. Andrew Wood: "That the Council proceed to consider the resolutions contained in the Report separately." The amendment was carried.

Moved by Mr. Syme, and seconded by Dr. Andrew Wood: "That the first resolution of the Report be adopted."

Amendment moved by Dr. Alderson, and seconded by Dr. Quain: "That the second resolution of the Report be first considered." The amendment was negatived. The motion was then put to the vote, and carried.

Moved by Dr. A. Smith; seconded by Mr. Arnott; and agreed to: "That the second resolution of the Report be adopted."

Moved by Dr. A. Smith; seconded by Mr. Arnott; and agreed to: "That the third resolution of the Report be adopted."

Moved by Dr. Parkes; seconded by Dr. Fleming; and agreed to: "That the Business Committee, with the President and the Registrar, be appointed a Committee to carry into effect the foregoing resolutions."

2. Dr. Christison presented the following Report of the Committee appointed to revise the Standing Orders:

REPORT.

The Standing Orders Committee appointed on the 25th instant to revise the Standing Orders of the Council report that they have for the present confined their attention to Articles 7, 8, 9, and 10 of Section III., "Order of Business." They recommend that these articles be repealed, and that the following be substituted:

1. That the seconder of a motion may, if he pleases, reserve his speech.
2. That if an amendment be proposed on a motion, the amendment shall be disposed of before any other amendment shall be moved.
3. That such amendment shall first be put to the vote; that if it be negatived, a second amendment may be moved, and shall be disposed in the same way as the first amendment; and so on until no further amendment shall be proposed.
4. That should every amendment be negatived, the original motion shall then be put to the vote.
5. That if any amendment be carried, it shall then be put as a substantive motion, and treated, as to further amendments, and the right of speaking on it, in all respects as an original motion.

Moved by Dr. Christison; seconded by Dr. Storrar; and agreed to: "That the Report be received."

Moved by Dr. Alexander Wood; seconded by Dr. Parkes; and agreed to: "That the resolutions of the Report of the Committee on Standing Orders be considered *seriatim*."

Moved by Dr. Alexander Wood; seconded by Mr. Arnott; and agreed to: "That the first resolution of the Report of the Committee on Standing Orders be adopted."

Moved by Mr. Arnott, and seconded by Dr. Storrar: "That the second resolution of the Report be adopted."

Amendment moved by Dr. Alexander Wood, and seconded by Mr. Syme: "That the present Standing Orders, in regard to the number of amendments that may be moved on any motion, be not altered." The amendment was negatived. The motion was then put to the vote, and carried.

Moved by Dr. Storrar; seconded by Mr. Arnott; and agreed to: "That the third resolution be adopted."

Moved by Dr. Storrar; seconded by Mr. Hargrave; and agreed to: "That the fourth resolution be adopted."

Moved by Mr. Hargrave; seconded by Mr. Arnott; and agreed to: "That the fifth resolution be adopted."

Moved by Mr. Arnott; seconded by Dr. Paget; and agreed to: "That the number of Members of the Executive Committee be confined to four, exclusive of the President."

Moved by Mr. Arnott; seconded by Mr. Syme; and agreed to: "That the Members of the Executive Committee shall be elected by ballot, by means of marked lists."

Moved by Dr. Andrew Wood; seconded by Dr. Embleton; and agreed to: "That the claims of Messrs. Spottiswoode, referred to the General Council by the Executive Committee, be now referred to the Finance Committee to be reported on by them."

Confirmed, GEORGE BURROWS, President.

MINUTES OF MEETING, WEDNESDAY, APRIL 27, 1864.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Dr. Burrows, President, in the chair.

The Minutes of the last Meeting were read and confirmed.

1. Moved by Dr. Quain; seconded by Mr. Hargrave; and agreed to: "That a Committee be appointed to consider and report on the arrangements to be made for producing the next edition of the British Pharmacopœia."

The committee to consist of—Dr. Christison, Chairman; Dr. Acland, Dr. Alderson, Dr. Apjohn, Dr. Quain, Dr. A. Smith.

2. Moved by Dr. Storrar; seconded by Mr. Sharpey; and agreed to: "That the Council do now resolve itself into a Committee on Education."

3. Moved by Dr. Storrar; seconded by Dr. Alexander Wood; and agreed to: "That the President be requested to take the chair, and preside over the Committee."

1. Moved by Dr. Storrar, and seconded by Mr. Hargrave: "That the Committee proceed to consider, one by one, the recommendations of the Council, relating to General and Professional Education and Examination."

Amendment moved by Mr. Syme, and seconded by Dr. Andrew Wood: "That the Committee do now proceed

to consider the whole subject of Medical Education and Examination, with the view of preparing a Report for the guidance of Licensing Bodies." The amendment was negatived. The motion was then put to the vote and carried.

2. Moved by Dr. Storrar, and seconded by Dr. Sharpey: "That the first recommendation, viz.: 'That all students pass an examination in general education before they commence their professional studies,' be adopted."

Amendment moved by Dr. Acland, and seconded by Dr. Paget: "That the first resolution stand as follows:—'That all students pass an examination on subjects to be included under the head of general education prior to the date from which the commencement of their professional studies is to be reckoned.'" The amendment was negatived. The motion was then put to the vote and carried.

3. Moved by Dr. Storrar, and seconded by Dr. Sharpey: "That the second resolution be adopted, viz.: 'That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school; and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study."

Amendment, moved by Mr. Arnott, and seconded by Dr. A. Smith: "That 'the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school,' be transferred to the recommendations on professional education." The amendment was carried.

Amendment, moved by Mr. Arnott, and seconded by Dr. Acland: "That the concluding paragraph of the second recommendation, viz.: 'That no Qualifying Body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study,' be omitted." The amendment was carried.

Moved by Dr. Parkes, and seconded by Mr. Hargrave: "That testimonials of proficiency granted by the National Educational Bodies, according to the subjoined list, may be accepted, the Council reserving the right to add to, or take from, the list."

'1. A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
2. Oxford Responsions or Moderations.
3. Cambridge Previous Examinations.
4. Matriculation Examination of the University of London.
5. Oxford Middle Class Examinations (Senior).
6. Cambridge Middle Class Examinations (Senior).
7. Durham Middle Class Examinations (Senior).
8. Durham Examinations for Students in Arts, in their second and first years.
9. Durham Registration Examination for Medical Students.
10. Dublin University Entrance Examination.
11. Queen's University, Ireland, Two Years' Arts Course for the Diploma of Licentiate in Arts.
12. Preliminary Examinations at the end of A.B. Course.
13. Middle Class Examinations.
14. Matriculation Examinations.
15. First Class Certificate of the College of Preceptors.
16. "Testamur" granted by Codrington College, Barbadoes.
17. Degree of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the Student has been examined in Latin and Mathematics.'

Amendment, moved by Dr. Corrigan, and seconded by Mr. Rumsey: "That testimonials of proficiency granted by the National Educational Bodies, according to the list contained in the third recommendation, be accepted, provided that the Examinations conducted by those Bodies comprise at least the following subjects:—English, Greek, Latin, Mathematics, Arithmetic to the end of Decimal Fractions, One Modern Language." The amendment was negatived.

Amendment moved by Dr. Alexander Wood, and seconded by Dr. Andrew Wood: "That a Minimum Standard of Preliminary Education and Examination shall be fixed by the Council; that testimonials of proficiency granted by the National Educational Bodies may be admitted, provided the Council deem the education required by them to be sufficient; and that a Sub-Committee be appointed, to prepare the Minimum Standard to be submitted to the Council for its consideration."

At six o'clock, the Meeting of the General Committee was adjourned.

Confirmed, GEORGE BURROWS, President.

MINUTES OF MEETING, THURSDAY, APRIL 28, 1864.
ROYAL COLLEGE OF PHYSICIANS, LONDON.

Dr. Burrows, President, in the Chair.

The minutes of the last Meeting were read and confirmed.

1. Moved by Dr. Storrar; seconded by Mr. Hargrave; and agreed to: "That the Council do now resolve itself into a Committee on Education."

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1. The Committee resumed the consideration of the amendment moved, at the last Meeting, by Dr. Alexander Wood, and seconded by Dr. Andrew Wood, viz.: "That a Minimum Standard of Preliminary Examination shall be fixed by the Council; that Testimonials of Proficiency granted by the National Educational Bodies may be admitted, provided the Council deem the education required by them to be sufficient; and that a Sub-Committee be appointed, to prepare a Minimum Standard to be submitted to the Council for its consideration." The amendment was negatived.

The original motion, moved, at the last Meeting, by Dr. Parkes, and seconded by Mr. Hargrave, was then put to the vote, and carried, viz.: "That Testimonials of Proficiency granted by the National Educational Bodies, according to the subjoined List, may be accepted, the Council reserving the right to add to, or take from, the List:—

1. A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
2. Oxford Responsions or Moderations.
3. Cambridge Previous Examinations.
4. Matriculation Examination of the University of London.
5. Oxford Middle Class Examinations (Senior).
6. Cambridge Middle Class Examinations (Senior).
7. Durham Middle Class Examinations (Senior).
8. Durham Examinations for Students in Arts, in their second and first years.
9. Durham Registration Examination for Medical Students.
10. Dublin University Entrance Examination.
11. Queen's University, Ireland, Two Years' Arts Course for the Diploma of Licentiate in Arts.
12. Preliminary Examinations at the end of A.B. Course.
13. Middle Class Examinations.
14. Matriculation Examinations.
15. First Class Certificate of the College of Preceptors.
16. 'Testamur' granted by Codrington College, Barbadoes.
17. Degree of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the Student has been examined in Latin and Mathematics."

2. Moved by Dr. Storrar, and seconded by Mr. Arnott: "That the Fourth Recommendation of the Council be adopted, viz.: 'That the Examination in General Education be eventually left entirely to the Examining Boards of the National Educational Bodies recognised by the Medical Council.'"

Amendment moved by Dr. Stokes, and seconded by Mr.

Syme: "That with the view of saving time, a Sub-Committee be appointed, for the purpose of preparing a Report on the subject of Medical Education, which may form a definite basis for the discussions of the question in the General Council." The amendment was negatived. The motion was then put to the vote, and carried.

3. Moved by Dr. Storrar, and seconded by Dr. Sharpey: "That the Fifth Recommendation of the Council be adopted, viz: 'That no Certificate of Proficiency in General Education, which does not affirm the Proficiency of the Candidate in Latin, be deemed a sufficient proof of Preliminary Education previous to the commencement of Professional Studies.'"

Amendment moved by Dr. Corrigan, and seconded by Dr. Apjohn: "That no Certificate of Proficiency in General Education, which does not affirm an acquaintance with Greek and Latin, be deemed a sufficient proof of Preliminary Education previous to the commencement of Professional Studies." The amendment was negatived. The motion was then put to the vote, and carried.

4. Moved by Dr. Storrar, and seconded by Dr. Sharpey: "That the Sixth Recommendation be adopted, viz.: 'That Students who cannot produce any of the Testimonials referred to in the Third Resolution, be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council, provided that such Examination be in every case conducted by a Special Board of Examiners in Arts.'"

Amendment moved by Dr. Corrigan, and seconded by Mr. Hargrave: "That the words after 'General Council,' in the fifth line of the Sixth Recommendation, be omitted; and that the Recommendation be adopted as thus amended."

The amendment was carried.

5. Moved by Dr. Storrar, and seconded by Dr. Sharpey: "That the Seventh Recommendation be adopted, viz.: 'That without professing to lay down any complete scheme of General Education for persons intending to become Members of the Medical Profession, the Committee recommend that the Scheme of Examination in Arts of the Licensing Bodies be, as nearly as practicable, similar to that of any of the National Educational Bodies above specified.'"

This motion was put to the vote, and negatived.

6. Moved by Dr. Storrar; seconded by Dr. Embleton; and agreed to: "That the Eighth Recommendation be adopted as follows: 'That all Medical Students be required to be registered.'"

7. Moved by Dr. Storrar; seconded by Dr. A. Smith; and agreed to: "That the Ninth Recommendation be adopted, viz.: 'That the Lists of Students registered be closed within fifteen days after the commencement of each Session or Term.'"

8. Moved by Dr. Storrar; and seconded by Dr. A. Smith: "That the Tenth Recommendation be adopted, viz.: 'That no Student beginning Professional Study after September, 1861, be registered, who has not passed an Arts Examination, in conformity with Resolutions 3 or 6.'"

Amendment, moved by Dr. Alexander Wood, and seconded by Dr. Acland: "That a Sub-Committee be appointed to consider the best Scheme of Registering Medical Students."

The amendment was carried, and the following Committee appointed: Dr. Alexander Wood, Chairman; Mr. Arnott, Dr. Embleton, Dr. Fleming, Dr. Apjohn, Dr. Stokes.

Confirmed, GEORGE BURROWS, President.

MINUTES OF MEETING, FRIDAY, APRIL 29, 1864.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Dr. Burrows, President, in the chair.

The Minutes of the last meeting were read and confirmed.

1. An application having been made to the Medical Council to recognise the Entrance or Matriculation Examination of the Catholic University in Ireland, it was moved by Dr. Christison; seconded by Dr. Storrar; and agreed to: "That the following answer be returned by the Registrar, to the communication now before the Council:

"'SIR,—I have laid before the General Medical Council your letter of the 18th inst., requesting that the Entrance Examination of "The Catholic University of Ireland" should be recognised among the Examinations in Preliminary Education received from the various chartered or incorporated Educational Bodies; and in reply I am directed to request you will have the kindness to transmit to the General Medical Council a copy of the Charter or Act of Incorporation of the "Catholic University."'"

2. Dr. Christison presented the following Report of the Committee appointed on the 28th April, 1864, relative to the 'Pharmacopœia':

REPORT.

The Committee report—

1. That it is desirable to make further arrangements during the present Session of Council, for preparing the next edition of the 'British Pharmacopœia.'
2. That a Committee of the Council be appointed to superintend the preparing for the press, and the editing of the work, and to submit the same to the Council for approval, in proof.
3. That the gentlemen already nominated in London, Edinburgh, and Dublin, for the purpose of reporting from time to time on the improvements in Pharmacy, be requested to continue their services, and that their report be communicated to the Pharmacopœia Committee of the Council.
4. That an Editor or Editors shall be appointed by the Pharmacopœia Committee, who shall prepare the work, in all its details, under their control.

Moved by Dr. Storrar; seconded by Dr. Christison; and agreed to: "That the Report of the Committee, relative to the 'Pharmacopœia,' be received and entered on the Minutes."

3. Moved by Dr. Andrew Wood; seconded by Mr. Hargrave; and agreed to: "That the Council resolve itself into a Committee on Education, and that the President be requested to take the chair."

1. Dr. Alexander Wood presented the following Report from the Sub-Committee on the best scheme of Registering Medical Students:

REPORT OF THE SUB-COMMITTEE ON REGISTRATION OF MEDICAL STUDENTS.

Your Sub-Committee is of opinion that the Registration of Medical Students, if properly conducted, is a matter of primary importance, as giving security to the Council and the Profession—

1. That every Student has passed an Examination in Arts before commencing his Professional Studies.
2. That the exact date at which a Student has commenced his Professional Studies has been ascertained and registered, so as to show how far the Recommendations of the Council in these respects have been complied with.

The chief difficulties which past experience has shown to exist appear to your Committee to be—

1. The want of a sufficient distinction between Students commencing their Studies and those who may be commencing their second, third, or fourth Sessions.
2. The fact that many Students enter at several different Schools at the same time.

Having regard to these difficulties, your Sub-Committee begs to recommend the following Regulations, as at once simple and practical:

1. That the Registration be placed under the charge of the Branch Registrars.
2. That each Student be only once registered, and that when he first enrols himself as a Medical Student.
3. That the Registrar of each School of Medicine, or other authorised person, keep a List of all Students entering for the first time at that School, agreeably to the subjoined Form.
4. That the Register at each School be closed within Fifteen Days after the commencement of each Session or Term.
5. That these Lists, as soon as possible thereafter, be transmitted, along with the Certificates of each

Student having passed an Arts Examination, to the Branch Registrar of that division of the Kingdom where the School is situated, and that he from them frame an accurate Register of Medical Students of that division of the Kingdom where he has charge.

6. That the Register of Medical Students so prepared by the Registrars, after examination by the several Branch Councils, be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, print the same in alphabetical order, and supply a copy of this Authorised List to each of the Bodies in Schedule (A) to the Medical Act.
7. That the several Licensing Bodies be requested, after October 1868, to abstain from examining any Candidate for License or Degree whose name does not appear on the Authorised List of Medical Students.
8. That the Branch Councils be desired to take means to make these regulations known to the Medical Students at the various Medical Schools.

ALEXANDER WOOD, Chairman.

Moved by Dr. Andrew Wood; seconded by Dr. Embleton; and agreed to: "That the Report of the Sub-Committee on Registration of Medical Students be received and entered on the Minutes."

Moved by Dr. Andrew Wood; seconded by Dr. Embleton; and agreed to: "That the Consideration of the Report on the Registration of Medical Students be deferred till after the Discussion of the question of Professional Education."

2. Moved by Dr. Storrar, and seconded by Dr. Paget: "That the Seventeenth Recommendation of the Council be adopted, viz.: 'That the age of Twenty-one be the earliest age at which any Professional Licence shall be obtained.'"

Amendment, moved by Mr. Syme, and seconded by Dr. Andrew Wood: "That the Committee proceed to consider the Subjects and Course of Study requisite for a Medical Professional Education."

The amendment was carried.

3. Moved by Mr. Syme, and seconded by Dr. Andrew Wood: "That the Council proceed to frame a Course of Study for Medical Education, which may be recommended to the Licensing Bodies."

The debate on this subject not being concluded at six o'clock, it was moved by Dr. Thomson; seconded by Dr. Parkes; and agreed to: "That the Committee do now adjourn."

OBITUARY.

DR. ROBERT MAYNE, F.K. AND Q.C.P.

We announce with sincere regret, in which a large circle will participate, the death of this eminent physician, which took place on Thursday, April 7, at his residence, Upper Gloucester street. For many years he was one of the medical attendants of the South Dublin Union, where he had great opportunities of studying disease in all its phases, and acquiring that knowledge and extended experience which had raised him, at a comparatively early age, to a foremost rank in his profession. On resigning this post he was appointed physician to the Adelaide Hospital, where he zealously laboured up to the day his fatal illness began, and deservedly gained the esteem of both pupils and patients by a manner of unvarying kindness. He was ever ready to impart instruction to those who sought it from him, and by none will his death be more lamented than by the students who had the benefit of his valuable teaching. Dr. Mayne was also Lecturer on the Practice of Physic in the Carmichael School of Medicine, Physician to the General Post-office, and President of the Pathological Society. Twelve days ago he was struck down by a bad attack of typhus fever—a disease of which he had a presentiment he would die—and sank on Thursday morning at five o'clock. When it is stated that he was under the care of Drs. Stokes, Corrigan, M'Dowel, and Kirkpatrick, it will be known that everything that medical skill could accomplish was done to avert what all will regard as a serious loss. In a word, the Medical Profession has lost one of its noblest members. We understand that the remains of the lamented gentlemen were removed on the following Saturday, at half-past eight o'clock, for interment in Mount Jerome.

DEATHS.

BOLLAND.—On the 25th ult., at Gardiner's place, Dublin, John Bolland, L.R.C.P.Ed., of Daventry, Northamptonshire, aged 26.

HAMILTON.—On the 21st ult., at Prince's road, Liverpool, R. Hamilton, Surgeon, aged 78.

KELLY.—On the 1st ult., at Pembroke street, Liverpool, J. Kelly, M.D., aged 70.

MATHER.—On the 20th ult., H. Mather, C.M., of Earlestown, Newton-in-Mackerfield, Lancashire.

M'GILL.—On the 21st ult., at Tonbridge, W. M'Gill, M.D., aged 51.

PARETT.—On the 13th of March, J. Parett, M.R.C.S.E., of Dover.

MARSLAND.—On the 12th ult., Martha, the wife of Robert Marsland, M.R.C.S., Manchester, aged 36.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th inst.:—Frederick Henry Appleby, East Retford, Notts; George Benson Baker, Southport, Lancashire; Thomas Bond, North Petherton, Somerset; Edgar Athelstone Browne, Notting hill; Alexander Bruce, Albert terrace, Regent's park; Wm. Boyle Coghlan, M.A., Queen's Univ. Ireland, Manchester; John Reuben Bathurst Dove, Falfield, Berkeley, Gloucestershire; John Frederick Foster, Guernsey; Henry William Freeman, Bideford, Devon; Robert Chapman Gibson, Fyfield, Ongar, Essex; Henry George Benvenuto Harris, Coombe Down, Somerset; John William Hayward, Seasalter, Kent; Nynian Holman Lower, Lewes, Sussex; Edward M'Conkey M'Cready, M.B., Trinity College, Dublin, Birmingham; Robert Morris Meiklejohn, Bombay; Alexander Clement Rayner, Bedford; Edward Peter Shorland, L.S.A., Westbury, Wiltshire; Joseph Bower Siddall, L.S.A., Morton, Derbyshire; Thomas Haywood Smith, Alcester, Warwickshire; John Sidney Turner, Seaford, Sussex; Henry Viant, Totton, near Southampton; Albert James Wallis, Cambridge.

The following were admitted Members on the 27th inst.:—Charles Adcock, Birmingham; William Bullus, West Bromwich; Laurence Corban, Cork; Henry Couling, Kingston Bagpuize; Charles Davidson, Orkney; Alfred Ensor, Dorchester; Thomas Henry Green, Saffron Walden; Richard Wheeler Haynes, L.S.A. Bromsgrove; John Henry Hughes, M.D., Queen's University, Ireland, Armagh; George Vincent Langworthy, Modbury, Devon; Charles Frederick Long, L.S.A., Ipswich; William George Vawdrey Lush, L.S.A., Wilton, near Salisbury; William M'Candlish, Glasgow; Edward Maundrell, Calne, Wiltshire; George Henry Madeley, Kensington; Thomas Robert Nason, Nuneaton; John Powdrell, L.S.A., Farndon; Comberbach Reade, Congleton; John Henry Salter, Arundel; Spencer Henry Simpson, Stowmarket; Joseph Snape, Liverpool; Ebenezer Snell, Plymouth; James Walbridge Snook, Wellington, Shropshire; William Spooner, Southampton; Allen Wearing, Lancaster; William Yates, Richmond.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—John William Devereux Bain, Brunswick terrace, Blackwall; John Edward Gunning, Surbiton, Surrey; Richard Istance, Carmarthen; Joseph Carter Neynoe Murphy, 75th Regiment.

UNIVERSITY OF ABERDEEN.—At the late graduation

term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery:—Degree of M.D.—Samuel Davidson, M.A., Wartle, Rayne, George Dickson, L.R.C.P. & S., Edinburgh, William Gregory Van Dort, Colombo, Ceylon, John Gray M'Kendrick, Aberdeen, honourably distinguished; James Copland, M.A. (Ed.), Edinburgh; John Dunlop, L.R.C.P. & S. (Ed.), Lanarkshire; John Fraser Grantown; William Grant, Methlic; James Foote Henderson, Aberdeen; James Ledingham, M.A., Aberdeen; William James Smith, Kintore; George Charles Henry Wigan, M.R.C.S.E., L.A.C., Bristol; George Yeats, Aberdeen.

At the same time the following gentlemen were promoted to the degree of M.D.:—James Ross, M.B. (H. Hon.), and M.C. (H. Hon.), Aberdeen; James Clark, M.B., Aberdeen;

Degree of M.B.—Geo. M'Iver Campbell, M.A., Old Aberdeen, Robt. Alex. Farquharson, M.A., Ballater, honourably distinguished; George Andrew, M.A., Huntly; Theunis Johannes Botha, Cape of Good Hope; Charles Burnett, Alton, Hants; Stewartson Clark, New Pitsligo; Alexander Duncan, M.A., Aberdeen; James Hector, Aberdeen; Robert Keith, Keith hall; Robert Davidson Kemp, Aberdeen; Godfrey Alexander Macrae, North Uist; Alexander Minty, Kennethmont; John Murray, Woodside; William Paterson, M.A., Aberdeen; Peter Shepherd, Leochel-Cushnie; William Henry Stewart, Grantown; Thomas Watt, M.A., Aberdeen.

Degree of M.C.—Robert Alexander Farquharson (highest honours); George M'Iver Campbell, Samuel Davidson, William Gregory Van Dort, John Gray M'Kendrick, William Paterson, honourably distinguished; George Andrew; Theunis Johannes Botha; Charles Burnett; Stewartson Clark; James Copland; John Fraser; William Grant; John Gray; James Hector; James Foote Henderson; Robert Keith; Robert Davidson Kemp; James Ledingham; Godfrey Alexander Macrae; Alexander Minty; John Murray; Peter Shepherd; William James Smith; William Henry Stewart; Thomas Watt; George Charles Henry Wigan; George Yeats.

At the same time the following were declared to have passed part of their examinations:—William Scott Aitken; Frederick P. Atkinson; Alexander Campbell; John M. Campbell; William Duncan; Owen Evans; George Findlay; James E. Fowler; William Robert Gordon; Alex. Lyall Grant; James Grant; Edward Gray; Alfred Orlando Jones; George King; John Knox; John Macpherson; Josiah W. Matthews; John S. M'Gowan; Robert Moir Milne; Alex. Gordon Mitchell; Edwin B. Muskett; David Nicolson; Archibald G. Robertson; John Robson; James Rodger; Robert John Scott; Robert Shiels; John Simpson; Alex. B. Strahan; Charles James Trenerry; John Whyte; Alfred Harold Wheldon; James Williamson.

COURSE OF LECTURES ON THE HISTORY OF MEDICINE AT PARIS.—Dr. Daremberg gave, on the 18th instant, the first lecture of this course, and will continue it twice a week. The lectures are delivered at the College of France, the State institution of Paris for the cultivation of the higher branches of science.

NEW YORK SANITARY FAIR.—A fair has been opened at New York in aid of the funds of the Sanitary Commission of that place. It is to be kept open for a month, and is expected to realise two millions of dollars. It is to be hoped that the funds will be applied to the purposes for which they are to be ostensibly raised.

THE FOSSIL ELEPHANT OF MALTA.—More remains of this animal have been discovered by Dr. Leith Adams, F.G.S., in extensive excavations lately made by that gentleman among the cavern deposits and breccias near Crendi. One of the chief points with reference to the fossil elephant found in Malta is the small size of its teeth, which, coupled with other characteristics, leaves no doubt that it was not only distinct from any living or extinct species, but was, as regards dimensions, a pigmy compared with them. It is supposed not to have been larger than a lion. Such relics, together with the bones and teeth of hippopotami, &c., which of late years have been met with in great abundance in different parts of Malta and Gozo, tend to show that these islands are but fragments of what may at one time have been an extensive continent, in all probability connected with either Europe or Africa, or both. At all events, the physical geography of this portion of the Mediterranean must have changed very much since the above-mentioned animals wandered over our islands. To those who take an interest in the wonderful discoveries made by geologists of late years, it is worthy of notice that teeth and bones of the living elephant of Africa, and another larger fossil species, together with the hippopotamus, have been lately discovered by Baron Anca in the Palermo caves, thus showing that in all probability no less than three distinct descriptions of elephants, and two species of hippopotami, frequented an area embraced within the southern point of Sicily and Malta, and during the post-pliocene period, when we find the earliest traces of man's existence. None of the latter have yet been met with in Malta. But there is every probability that flint implements and such like will turn up, as they have done in the Sicilian caves, more especially now that the attention of scientific inquirers has been earnestly directed to this important subject. Without the invaluable testimony afforded by the remains of the quadrupeds above-mentioned, there are downcast fragments of the strata and faults along the shores of Malta, which testify to the submergence of the land. Besides, the subaqueous plateau, named Adventure Bank, uniting Sicily to Africa by a succession of ridges not more than 40 to 50 fathoms under water, points to the former contiguity of that island and the continent of Africa. So marked is the latter, that Sir C. Lyell has asserted that Sicily might be re-united to Africa by movements of upheaval not greater than those which are already known to have taken place within the human period in Sardinia, where the bed of the sea has been elevated 300 feet since man inhabited that island.—'Malta Times,' March 31.

KEEPING A CORPSE UNBURIED,—On Saturday last (the 23rd inst.) Mr. Godrich, the Medical Officer of Health for Kensington, applied to Mr. Dayman, the police magistrate, for powers to compel the burial of a man who had died a fortnight previously, and whose friends refused the assistance of the parish in his burial. The case was the more important as the house in which the corpse lay was crowded with occupants. Mr. Dayman said that he had no power to interfere. The only remedy would be by indictment. Such a state of the law demands attention.

SANITARY REFORM IN INDIA.—Letters received by the last Calcutta Mail state that the Bengal Government is taking active measures to abolish the native custom of throwing the bodies of the dead into the River Ganges, and of burning dead bodies at the Mintollah burning ghât, whence the sickening fumes are wafted over the city of Calcutta. These reforms have raised a storm of opposition, amongst the Hindoos. The correspondent of the 'Times writes:—"In other respects judicious endeavours are being made to purify the capital. The health officer has been making a 'hygienic survey' of the town—a thing hitherto unheard of. The filthiness of this place, the loathsome stench that fills nearly every street, the utter neglect of cleanliness and decency among the native population surpass belief. The only mystery is that Europeans are able to live here at all. The city is ten times as dirty as the bazaars at Cairo, and smells fifty times nastier than Cologne. There is likely at last to be an improvement in it; but the co-operation of the natives ought to have been secured in the first instance, instead of their opposition being aroused."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 4.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. Couper, "On a Case of Vertical Dislocation of the Patella."

THURSDAY, MAY 5.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Sur-

gical Home, 2 p.m ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; Royal Institution, 3 p.m.—Mr. Hullah "On Music (1600—1750)" ; Chemical Society, 8 p.m.—Sir B. C. Brodie, "On the Organic Peroxides Theoretically Considered ;" Harveian Society, 8 p.m.—Dr. Sisson, "On the Origin and Nature of Syphilis."

FRIDAY, MAY 6.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m. ; Royal Institution, 8 p.m.—Prof. Roscoe, "On Indium, &c."

SATURDAY, MAY 7.—*Operations* at St. Thomas's Hospital, 1 p.m. ; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Royal Institution, 3 p.m.—Prof. Frankland, "On Metallic Elements."

MONDAY, MAY 9.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 10.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Prescriber's Pharmacopœia. By a Practising Physician. Fifth Edition. London: John Churchill and Sons.

Fifth Annual Report of the Sussex County Lunatic Asylum, Hayward's heath.

A Voice from Derby to Bedlam. London: R. Hardwicke, 192 Piccadilly.

The Dental Review. No. II. New series.

Transactions of the Obstetrical Society of London for the year 1863. Vol. V.

A Brief Topographical and Historical Notice of Calcutta ; with a Sketch of the Rise and Progress of Sanitary Improvement in the East Indies. By Sir J. R. Martin, F.R.S.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

D. G. H.—The letter is inserted.

THE ROYAL INSTITUTION.—The notice has been received.

DR. M. will find that the subject has been noticed.

ALPHA.—We cannot suggest or recommend any form of public advertisement for the purpose alluded to ; but the object might be gained by making the proposed change known to private friends and acquaintances, or to patients, which would be a strictly legitimate and proper course.

WE have received the extracts from the 'Dublin Evening Post,' and the able and elaborate letter which accompanies them ; but we are disposed, on legal grounds, to coincide in the decision given by the Master of the Rolls.

THE OBSTETRICAL SOCIETY.—The notice has been received.

MR. T. M. D., *Dublin*, is thanked for his communication.

IN consequence of the length of our Report of the Proceedings of the Medical Council, we are compelled to omit a communication "On the Diseases of the Heart," by Dr. Semple.

INSPECTOR-GENERAL DOLMAGE'S paper has been received, and will be published immediately.

SUBSCRIBER.—It has been maintained that pus was the result of the liquefaction or saponification of the disintegrated tissues when the acid products were brought into contact with them ; it is, however, really a degeneration of lymph.

DUM SPIRO, SPERO.—A registered practitioner without a diploma is not eligible to hold a Poor-law appointment. A pure physician cannot recover, in England or Ireland, for medicines supplied to his patient. The above answers are the best we can give to the imperfect questions asked. We do not precisely understand the supposed case of a registered practitioner without a diploma.

THE Report of the Harveian Society will be inserted next week.

Apothecaries' Hall.—The next Examination in Arts will be held at the Hall on Friday and Saturday, the 23rd and 24th September, 1864. A Syllabus of the Subjects for Examination may be had on application.

An examination will again be held in the month of January, 1865.

R. B. UPTON, Clerk to the Society.

DINNEFORD'S

Pure Fluid Magnesia, now perfect in purity and strength.

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Savory and Moore have prepared in a GRANULAR and EFFERVESCENT Condition the Constituent of the following MINERAL SPRINGS :—

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James's Fever Powder, 4s. 6d. per bottle ; packets 2s. 9d. each.

Prepared and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all wholesale Druggists.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 276.)

The Preventive Treatment.

Prec. 13.—Having found the uterus contracted, and any clots obstructing the os being removed, a pad, made by folding up two or three napkins, should be placed partly over and partly above the fundus of the uterus, and the binder again pinned tightly. While the placenta was *in utero*, the bandage acted sufficiently alone as a stimulant, but not so when the placenta has been removed; the uterus is now small, and therefore, in order to apply direct pressure to that organ, it becomes necessary to add the pad. If, instead of finding the uterus contracted, it feel large and soft, the binder ought not to be tightened; as, in the case of an uncontracted uterus, there is no safeguard equal to the hand, which should be kept on the uterus until due contraction sets in, and then, and not until then, ought we to relinquish the pressure of the hand for that of the binder.

Prec. 14.—As is well known, the late Dr. Rigby recommended the application of the child to the breast soon after delivery as a means of preventing post-partum hæmorrhage. I have tried this plan, and found it answered in some cases, while it failed in others. In order to apply the child to the breast, the mother is obliged to make some exertion, for the breast has to be exposed; then this plan fails very often, because the child will not or cannot suckle. The new-born infant is sometimes disinclined to suckle immediately after its birth, or it cannot do so from the mother having a small or flat nipple, or from some fault on its own side, as cleft palate or tied tongue, for example. The mother, in her anxiety to make the child take the breast, moves herself, thinking that perhaps her position is awkward to the infant, or she pulls the child to her, and tries by every means in her power to make it take hold of the nipple. These movements of the patient are liable to place her in danger, and I have seen one or two instances of flooding after labour, the cause of which I could not attribute to anything else but the exertion made by the mother in the often fruitless attempts to get the child to suckle. For the above reasons, I have for some time discontinued the application of the child to the breast as unsatisfactory.

In its place, however, I substitute, in cases where the uterus seems disinclined to contract, a plan which is exactly the same in principle, has all the advantages, without any of its disadvantages. It consists of compression of the breast with the hand. If we place one hand upon the uterus, while we grasp the breast with the other, the uterus will be felt to contract almost instantaneously. As the patient lies on her left side, the hand should be passed under the axilla of her right arm; the hand will then come at once upon the breast. Gentle compression or squeezing of the breast should be employed at regular intervals. Latterly, I have somewhat modified the mode of exciting sympathy between the breast and uterus. Instead of squeezing the breast, I imitate the sucking action of an infant by placing the thumb and index finger on each side of the nipple, about an inch and a half or two inches from each other, and then I draw them forward just in the same way as if I were desirous of drawing a little milk to the apex of the nipple for microscopical examination in a case of suspected pregnancy, only the action must be much quicker, and repeated frequently. As a preventive means, there is no necessity for the medical attendant to use this precaution himself. The nurse should be shown how to manage it. She merely has to pass her hand under the axilla of the arm of the patient, feel for the nipple outside the chemise, and use the thumb and finger as described. In some cases when I am going to remove the placenta, I direct the nurse to place her left hand upon the breast, and the right hand on the uterus, and press them both at the same time, while I remove the placenta. It assists in insuring a firm contraction of the uterus.

The irritation of the mamma with the hand is preferable to the application of the child to the breast, for the following reasons: 1. It insures perfect rest to the mother. 2. It can be kept up for any length of time. 3. There is no chance of failure in its application. It is not requisite to employ this precaution in every instance; only in those cases where the uterus feels flabby, and there is great difficulty in stimulating it to contract. Before leaving the house, if I have any apprehensions of hæmorrhage commencing after my departure, I give the nurse directions to continue its employment for some considerable time.

Prec. 15.—The medical attendant ought not to leave the house until an hour has elapsed since the delivery. If the patient should go on for an hour without flooding, with proper care there is not much likelihood of serious hæmorrhage occurring afterwards. A large number of cases might be, and are left a short time after delivery without any harm arising, but it is very unsafe to do so. Some of the most experienced writers on midwifery emphatically recommend this precaution. Gooch may be mentioned especially, as he took great interest in the subject of post-partum hæmorrhage. As Dr. Arthur Farre used to say, in his admirable lectures at King's College: "If you stay with your patients an hour after their delivery, you will very rarely be called back again; if you don't, you may lose a patient from flooding." I very nearly lost two cases in consequence of my having left soon after the delivery of the placenta. The following are the notes of one of the cases: When resident accoucheur to the Dispensary, I attended, one Sunday morning, five cases of labour. Having finished three of them, I went to the fourth, and found that the child was already born, and the placenta expelled. There had been pretty free loss of blood, but not then sufficient to produce apparently any effect upon the constitution. I was very anxious to go to the fifth; and as the uterus seemed pretty well contracted, and the discharge moderate, I bound the patient up and left. The fifth case had been over some time, so I had not to wait with her long. I had not been home twenty minutes, and was dressing myself, when the midwifery bell was rung violently. The servant came to say that the husband of one of the patients confined that morning wanted me to go with him immediately, as he thought his wife was dying. I went down to the man, and found that he was the husband of the fourth case. "Oh, sir," exclaimed he, "come directly; my wife is speechless." I told him to get a cab, and by the time it had arrived I was dressed and ready. During the drive down, he told me that his wife could not speak. I then asked him whether she had had any brandy given to her. He said that there were three or four women in the room, but he had not seen them give her anything. I confess my fears were, that she would be dead before I could get to her assistance; fortunately, the terror-stricken attendants had called in a neighbour, who had seen two or three cases of flooding treated, and she administered brandy freely. On my arrival, the patient had slightly rallied. The uterus was large and blood was flowing away freely. I saw at once that her state would not allow the throwing away of time by trying simple remedies, therefore I passed my hand into the uterus and removed a quantity of clots, and then following up with pressure, cold, and ergot, the hæmorrhage was arrested. She remained in a very critical condition for many hours, requiring brandy every few minutes to keep her from fainting, but she slowly recovered.

No doubt some who may read this paper will say, "It is

very true that it is safer not to leave a patient until she has been delivered an hour, but I have so large a practice that I cannot spare the time." If labours usually terminated in the day time, a medical man in large practice could not well spare the time. The majority of cases, however, terminate either before the work of the day is begun, or after it is finished; it is quite the exception for labours to terminate during the hours of the day in which patients come to see us, or we can go and see them. If a medical man, even with a large midwifery practice, were to note down the number of hours he had lost during *the hours of work* in a year, from remaining with his patients the required time after delivery, I expect he would find it to be ridiculously small. I feel convinced that if we wish to do justice to our patients, and practise midwifery satisfactorily, we must not omit this precaution, if possible.

Prec. 16.—When the patient has been confined an hour, and there is no hæmorrhage, she may have the wet things removed, including the binder, which is generally soiled at its lower edge, and the clean things drawn down. Gooch recommends us not to move the patient for two hours. This advice is very good; but the reason I do not follow it in ordinary cases is, because I do not feel satisfied unless I ascertain the condition of the patient *after* she has been placed in bed, and I prefer applying the binder myself. It is important to feel the state of the uterus and ascertain the amount of discharge after the patient has "been put to rights," as the pulling off the wet clothes and drawing her higher up in the bed is sometimes quite sufficient to bring on flooding. Amongst the poor, most of whom, if allowed, will be confined in their stays and numberless petticoats, it is not uncommon for hæmorrhage to set in after they have been undressed and placed in bed. The greater the difficulty in removing the clothes, of course, the more the mother has to exert herself, and the more liable is she to flood. Directions should be given to the nurse to move the patient as little as possible, and not to let her sit up for one moment. The wet things should be drawn away gently, and then the clean things drawn down. All these points can be effected much more easily and with more safety by two than by one; it is as well, therefore, to have another woman to assist the nurse. When the patient has been placed comfortably in bed, the medical attendant should examine the pulse, and pass his hand over the uterus to feel whether it be of proper size and contracted; and the patient should be asked whether she feels much loss. These three points being satisfactory, a good wide calico binder should be passed under the hollow of the back, and with the assistance of the nurse drawn under her, so that the lower edge of the binder extends down to the trochanter major. Two napkins should be placed over the fundus of the uterus, and then the binder pinned tightly on the right side of the patient.

What I have to say of the binder I shall say now, as it should be only used as a means of preventing, not arresting hæmorrhage. No one in his right senses would make use of a binder while hæmorrhage was going on. The binder acts like an artificial hand, applying pressure and irritating the uterus into a permanent and equable contraction. It is a safeguard which no prudent practitioner would think of omitting. Besides the binder, the application of a pad over and above the fundus of the uterus is of great value. The binder applies equable pressure over the abdomen, whereas the pad applies direct pressure to the uterus. The pad I use in ordinary cases, where there has been no hæmorrhage, consists merely of two thick napkins—one-half placed over, the other half above the fundus. If there has been flooding, a safer pad consists in rolling up three big napkins separately—one should be placed transversely above the fundus; the other two perpendicularly, one at each side of the uterus. The upper extremities of the side pads should lie over those of the upper pad. In this way the uterus becomes enclosed, as it were, in a box; and if the binder be tightened firmly over them, it is almost impossible for the uterus to escape from their clutch. About twenty years ago a very animated discussion arose, I think in the pages of the 'Lancet,' on the subject of applying a binder after delivery. A few contended not only that it did no good, but actually did harm. One objected to it on the ground that it was liable to bruise the uterus. Without a pad I believe it would be very difficult to bruise the uterus, let the bandage be applied ever so tightly. We must remember that the uterus is a movable organ, and on that account the actual compression is not so great as it would appear to be. The uterus is pressed downwards and backwards. If the uterus were immovable, it would be easy to understand how bruising of its structure could be produced by a tight binder. Another gentleman gave it as his opinion, that the binder is a prolific source of *prolapsus uteri*. That would be very difficult to prove, and it seems rather curious, that the very application, which generally gives such relief in prolapse of the uterus, should be one of the causes of that distressing malady.

One of the best proofs to my mind of good accruing from the application of a binder, is the comfort it affords to the patient. They generally tell you "How nice that feels!" "Oh, how beautiful!" and other like exclamations.

Dr. Tyler Smith states, in his 'Manual of Obstetrics,' that he has known cases where he had been obliged to attribute a fatal result from hæmorrhage to the neglect of applying a binder after delivery. I can quite credit it, and I am very glad to find that this eminent and practical authority so strongly recommends its application.

HOSPITAL REPORTS.

KING'S COLLEGE.

On Saturday, April 22nd, Mr. Fergusson operated for nævus, on a young child of about twelve months old. The nævus was situated on the centre of the right cheek, and presented a very unsightly tumour.

Arming a curved sharp-edged, as well as sharp-pointed, needle with a stout ligature, Mr. Fergusson passed it underneath the nævus, entering it on the outer side, and then bringing it through at the inner or nasal aspect. The loop of the ligature being then divided, and the needle withdrawn, one of the free ends was again passed from below upwards by means of the same needle, and the cheek was thus transfixed completely underneath the nævus, and in two directions—that is, from without inwards, and from below upwards.

The adjacent free ends of the ligatures are to be tied; but before this is done, the intervening integument must be cut. These were, therefore, the next steps of the operation. The ligatures were tied as tightly as they could be, so that the strangulation of the nævus was complete.

The second case upon which Mr. Fergusson operated was one that we mentioned before in some of our former hospital reports. The history is as follows:—Some years since, an ulcer appeared upon the inner side of the palm of the hand; this, which resisted all kinds of treatment, was considered by Mr. Fergusson to be malignant, the only contraindications to such a diagnosis being the rarity of that form of disease in so young a subject, and especially in the situation which this occupied. In our former notes of this case, we gave Mr. Fergusson's predictions, and to-day we had an opportunity of seeing them verified.

Entering the point of the knife at the inner side of the ulcer, and sweeping it down toward the base of the hand, and up again to the fissure between the forefinger and thumb, and then round upon the back of the hand, so as to separate the integuments from the metatarsal bones, at a point below their centre, the whole of the lower extremity of the hand was circumscribed by the line of incision. The integument on the dorsum of the hand was next dissected

up, and as the bones offered too great resistance to be cut through with the bone pliers, the saw was applied, first, to the metatarsal bone of the forefinger, which having been sawn across from its radial to its ulnar edge, the other bones of the metatarsus were then dealt with in the same manner. Hæmorrhage was prevented by compression of the radial and ulnar arteries, and was so completely arrested by Mr. Henry Smith, who undertook the office of compression, that scarcely a drachm of blood was lost in the entire operation. A number of vessels having been tied, the wound was immediately brought together by thread sutures. The inner angle of the wound was brought into nice apposition by means of a hare-lip needle and the twisted suture.

The peculiarity of this case was, that the woman was seven months advanced in pregnancy: this, however, Mr. Fergusson considered to be no objection to the operation, since the chances of non-contamination of the system by the cancerous poison were very much against the patient, if such a long period as that necessary for the accomplishment of her full time were allowed to pass without any operative procedures. The rapidity of growth manifested in the malignant disease led to the inference that, were the hand left to itself, the cancerous matter would have quickly extended upwards along the lymphatics and absorbents of the fore and upper arm, until at length the glands in the axilla would have been involved.

Mr. Wood then operated on two young men, both of whom were affected with scrotal hernia of the oblique form; they were young, strong, in full health, and the first patient was particularly muscular. The hernia in the second was of such a nature that it might be termed the false direct; it was really an oblique inguinal, but had existed for so long a time as to have the appearance of a direct inguinal hernia.

The steps of the operations were as follows:—The patient having been brought fully under the influence of chloroform, so that all the tissues might be relaxed as much as possible, and the tumour having been reduced completely, the pubis and groin of the side upon which the hernia lay were shaved; the penis was turned away to the sound side; and the scrotum being rendered tense by an assistant, Mr. Wood made an incision of about half or three-quarters of an inch long into its walls. This extended only beneath the tegumental portion of the scrotum. The blade of the knife was then passed into this incision between the fascia and the integument, and being placed horizontally and flatwise, was made to sweep round the opening for a distance of about two inches; this being the usual extent unless the tumour is very large. In order the better to separate the tissues from each other, the handle of the knife was now carried round the area which had been before cleared by the blade. The operator stood on the right side of the patient, that being the side on which the rupture had occurred; the forefinger had been introduced into the ring and canal prior to the operation, so as to ascertain beyond doubt that the hernia had been slipped back entirely, and also to explore the condition of the rings and of the canal.

When the protruded bowel does not come down any farther than the groin, and forms, in fact, a bubonocele, the incision in the scrotum should be commenced at an inch and a half below the pubal spine; if it be a large scrotal rupture, the line of incision running downwards and outwards must be made over the fundus of the sac.

The incision having been thus made, and the scrotal tissues separated in the manner above described, the knees of the patient were bent up towards the abdomen at the same time that they were approximated; by this means the parts were all relaxed, and manipulation rendered more easy. The forefinger of the right hand was now passed into the opening in the scrotum, and its nail being turned backwards it was forced up into the canal, pushing before it the fascia loosened from the other structures composing the scrotum; in its passage the finger lay between the sac in front and the spermatic cord posteriorly, which it thus protected from any danger of being wounded. Dipping the finger towards the cavity of the abdomen, and then again bringing it prominently forward, the lower border of the internal oblique was raised upon it; this step of the procedure was facilitated by gentle pressure upon the groin by means of the unemployed hand. The position of the inferior margin of the conjoined tendons was also ascertained. The curved needle was passed by the left hand along the forefinger of the right already introduced into the canal as far up as possible, and having resting upon it the edge of the obliquus internus; the needle was then driven through the internal pillar of the external ring in a direction upwards and inwards, the structures around being all the time protected by the forefinger; the integument was drawn somewhat tensely upwards and to the opposite side, so that the needle traversed it the more readily.

The wire, which was to be used for the bringing together of the hernial channel, and which had been prepared by having a half-loop made at each extremity, was passed through the eye of the needle and then quickly drawn through by a jerk of the operator's hand; one end of the wire was now through the scrotal aperture, and the other lay toward the abdominal puncture. The forefinger of the right hand was again introduced, and this time underneath the external pillar of the ring, as near to the internal ring as could be reached, and in the groove formed in Poupart's ligament by the cord lying upon it; through this structure the needle is now pushed and brought out through the same puncture in the skin as was first made; it is again armed with the other extremity of the wire and withdrawn, leaving the loop of the wire above at the abdominal puncture. When these steps have been accomplished, the needle, armed by one of the free ends of the wire, is passed through the sac of the hernia that it also may be taken up to form a component part of the new wall of the canal, and so afford a better security against a return of the protrusion.

The great principle of the operation, as Mr. Wood explained, is to effect a closure, not of the external or superficial ring alone, but of the entire canal; and, in order that this may be fully carried out, it is necessary for the sac to be traversed in three directions, that, being so traversed, it may be puckered up so as to form a kind of plug at the exit of the hernia, at the same time that the walls of the hernial channel are drawn tightly together. If the sac is merely pushed into the abdomen and the walls of the inguinal canal are then closed, we may have a protrusion existing at the deeper ring, and this bubonocele may at any time work its way down till it frustrates the object for which the operation was designed; but by treating the sac as well as the walls of the canal in the manner done by Mr. Wood, this danger of failure is obviated. In *recent* cases, however, we may push the sac back into the abdomen and retain it there by approximating the margins of the canal. This Mr. Wood has done in some of his cases, and with good results.

It is quite a fallacy to suppose that peritonitis is so readily induced as has been supposed, and even when it is set up, the form which it assumes is not the diffusive, but the limited, being confined to the parts immediately concerned in the operation. When, however, inflammation proves fatal, the cause will be found in the involving of the omentum or of the intestine, or of both.

The needle must be stiff and resisting, and have a short curve; it must not be too slender or it will yield. In bringing it out through the integument after having traversed the internal and external pillars of the canal, it is necessary that there be but the one point of exit; otherwise there will be a needless amount of integument constringed by the loop of the wire, there will be more suppuration, and a larger ulcer than should exist if there was only the one aperture. The advantage of having an opening in the scrotum is that any matter formed, owing to the irritation of the foreign bodies—wires, or threads, or needles, &c.—can find a ready exit.

In the case of children, needles are employed, not with the object of promoting suppuration, but rather to obtain merely the adhesive inflammation and an effusion of plasma.

In taking up the internal pillar of the ring or the inguinal canal, there is no danger of wounding the epigastric

vessels unless too great a sweep of the needle is made, and the tissues are perforated too close to the median line; nor is there any danger of wounding the vessels coursing in the direction of Poupart's ligament, when that structure is taken up by the needle.

The sac having been included in a loop of the ligature, the operation is completed by twisting upon itself each extremity of the wire—that is, the loop above and the free ends below; by this twisting the walls of the canal are brought together, while the external ring is plugged up by the sac. The wire is then curved over the bridge of integument lying between the opening in the scrotum below and the puncture in the abdomen above, and is further secured by passing the free ends through the loop to which then they are made fast, a piece of soft lint being placed on the subjacent integument, lest it should be injured by the wire; a perinæal bandage is swathed over the whole, and thus all danger of displacement is obviated. There was a peculiarity in the second case which did not exist in the first: it was, that the testicle on the side of the rupture was atrophied.

Mr. Wood had met such a condition in other cases, and had found the organ to assume its wonted dimensions when the cause of its wasting had been removed.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XIV.

AMMONIÆ CARBONAS.—This salt is described in the Materia Medica as "Sesquicarbonate of Ammonia," and formula $2\ NH_4\ O,\ 3\ CO_2$ is given to represent its composition. It will be observed, however, that its officinal name is simply carbonate of ammonia; the prefix "sesqui," which formed part of the name in previous Pharmacopœias, is now omitted.

Sesquicarbonate of ammonia is manufactured commercially by submitting to sublimation a mixture of crude muriate or sulphate of ammonia and chalk. The operation is generally conducted in iron vessels or retorts, which are heated by a furnace, and the carbonate as it sublimes is conveyed into leaden chambers, where it condenses. The salt thus obtained is never pure, and is therefore refined by a second sublimation. This is effected in iron pots, set in the flue of the furnace, and surmounted by leaden hoods. When the mixture of chloride of ammonium and carbonate of lime is submitted to heat, the reaction occurs:

$$3\ (Ca\ O,\ CO_2) + 3\ NH_4\ Cl = 3\ Ca\ Cl + (2\ NH_4\ O,\ 3\ CO_2) + NH_3 + HO.$$

The atom of ammonia and the water volatilizes at the commencement of the process, and the salt afterwards distils over.

No less than twelve different carbonates of ammonia have been described by chemists. Of these, however, several only differ from each other in the proportion of water they contain, and others are of little importance. The following, however, have some practical and theoretical interest:—

Monocarbonate . . .	$NH_3\ CO_2$
Hydrated carbonate . .	$2\ (NH_3\ CO_2)\ HO$
$\frac{5}{4}$ Carbonate . . .	$4\ NH_4\ O,\ HO,\ 5\ CO_2$
Sesquicarbonate . . .	$2\ NH_4\ O,\ 3\ CO_2$
Bicarbonate . . .	$NH_4\ O,\ HO,\ 2\ CO_2$.

It has been often urged as an objection to the ammonium theory, that the monocarbonate of ammonia cannot be represented in accordance with it. All attempts to produce a salt which should have the composition $NH_4\ O,\ CO_2$ have failed. The bicarbonate, however, may fairly be regarded as containing ammonium. Only two of the above salts are perfectly stable and uniform in their composition—namely, the monocarbonate and the bicarbonate. Professor Rose has therefore suggested that the intermediate salts may be only secondary combinations, and should be considered as double salts. According to this view, the sesquicarbonate of the $\frac{5}{4}$ carbonate would be represented thus:—

$\frac{5}{4}$ Carbonate . .	$3\ NH_3\ CO_2 + NH_4\ O,\ HO,\ 2\ CO_2$.
Sesquicarbonate .	$NH_3\ CO_2 + NH_4\ O,\ HO,\ 2\ CO_2$.

There are many facts which support this view of the composition of sesquicarbonate of ammonia. Thus, the pungent odour of the salt is due to the escape from it of the compound $NH_3\ CO_2$. It is well known that, by exposure to the air, the sesquicarbonate crumbles down to a white odourless powder; this substance is bicarbonate of ammonia, having the composition $NH_4\ O,\ HO,\ 2\ CO_2$. The salt thus spontaneously splits up into the two compounds of which it is composed. Mr. Scanlan has also shown that when sesquicarbonate of ammonia is treated with a small quantity of cold water, a solution of the monocarbonate is obtained; while a mass of bicarbonate, having the form and dimensions of the sesquicarbonate employed, and of which it is the mere skeleton, is left. Rectified spirit effects a similar but more complete separation. Moreover, sesquicarbonate of ammonia cannot be resublimed without undergoing a change in its composition. On the first application of the heat, pure carbonic acid escapes, and a portion of the hydrated monocarbonate sublimes; hence the resublimed sesquicarbonate of commerce generally contains some of the $\frac{5}{4}$ carbonate. It is on this principle that some of the best varieties of smelling salts are prepared. It is an objection to the use of simple sesquicarbonate for this purpose, that the monocarbonate it contains soon evaporates, and leaves a mass of odourless bicarbonate in the bottle. Various means have been resorted to, therefore, for increasing the proportion of monocarbonate in the salt. One of the most elegant of these consists in resubliming the sesquicarbonate in such a manner as to collect, separately, that portion of the sublimate which consists principally of $\frac{5}{4}$ carbonate. The impurities likely to be present in sesquicarbonate of ammonia are empyreumatic matter, hyposulphite of ammonia, sulphates, chlorides, lead, and lime salts. The empyreumatic matter comes from the employment of imperfectly purified sal-ammoniac in the prepara-

tion of the salt. Its presence communicates a tinge of colour to the solution, and also imparts an objectionable odour. The hyposulphite generally occurs when the carbonate has been made from sulphate of ammonia, or sal-ammoniac containing sulphate. The salt, when neutralized with acetic acid, gives a white precipitate with nitrate of silver, which rapidly turns black. The sulphates and chlorides may be recognised by supersaturating the carbonate with dilute nitric acid and testing the solution with nitrate of silver and chloride of barium. The lead is derived from the leaden receivers into which the salt is sublimed; it may be detected by sulphuretted hydrogen. The lime and other fixed impurities remain when the salt is volatilized.

Ammoniæ Hydrochloras.—There is an obvious inconsistency between the name and the formula given for this salt in the Pharmacopœia. The composition of the salt is represented in the Materia Medica by the formula $N H_4 Cl$, but this formula indicates chloride of ammonium and not hydrochlorate of ammonia. The latter name implies that the salt is composed of hydrochloric acid and ammonia; its formula should therefore be $N H_3, H Cl$. The symbols $N H_4 Cl$, on the contrary, represent this salt as constituted of chlorine and ammonium. The compilers of the Pharmacopœia have, in fact, constructed the name according to one theory and the formula according to another.

Sal-ammoniac is, at the present time, principally manufactured from the ammoniacal liquor of gas works. This liquid contains several salts of ammonia, but principally carbonate of ammonia and sulphide of ammonium. It is also contaminated with tarry matter, &c., and is a very offensive substance. Several processes are adopted for obtaining from it the ammoniacal salt. Sometimes it is saturated with sulphuric acid, the gases which are liberated, principally carbonic acid and sulphuretted hydrogen, being carried through a furnace. The solution of sulphate of ammonia so obtained is evaporated until the salt crystallises out. The brown crystals of sulphate of ammonia so obtained are mixed with common salt, and the mixture submitted to sublimation in iron pots. A double decomposition occurs, whereby chloride of ammonium is formed, which sublimes—

$$N H_4 O, S O_3 + Na Cl = N H_4 Cl + Na O S O_3$$

In some cases, the gas liquor is neutralised directly by hydrochloric acid, and the sal-ammoniac crystallised out. It is then partly purified from the tarry matter with which it is contaminated by torrefying it at a gentle heat. The tar is thereby rendered insoluble, and the salt can be purified by re-crystallisation; it is then, lastly, sublimed. Sometimes the hydrochloric acid is replaced by a waste liquor from salt works, which contains chloride of calcium mixed with chlorides of sodium and magnesium; carbonate of lime is precipitated, and sal-ammoniac remains in solution. In some manufactories the gas liquor is filtered through a stratum of powdered gypsum (sulphate of lime), whereby carbonate of lime and sulphate of ammonia are obtained.

The most frequent impurity of chloride of ammonium is iron, which is very difficult to separate.

REVIEW OF THE PERIODICALS.

The 'Journal of Practical Medicine and Surgery.'

Practical Remarks on Tracheotomy.

Like venesection, tracheotomy is an operation every practitioner should be always ready to perform, and the rules by which he must be guided should always be present in his mind. We, therefore, reproduce the remarks of Mr. Giraldès on this most important subject.

This surgeon, in the first place, is not partial to the use of numerous instruments, and rejects as unnecessary the greater part of those which have been specially invented to facilitate the performance of tracheotomy; the dilator and canula, against which a Professor of the School of Medicine recently inveighed at the Academy, appear to him, however, absolutely indispensable. Mr. Giraldès uses a convex and pointed blade for the performance of the necessary incision of the integument and puncture of the trachea, and a probe-pointed knife for the enlargement *upwards* of the aperture of that tube. Blunt hooks are also required to part the lips of the division. The dilator preferred by Mr. Giraldès is the three-bladed spring instrument, which is extremely handy. This appliance, invented by Mr. Laborde, is more convenient than the two-bladed dilator in previous use; when the latter has been adopted, the canula not unfrequently slips between the blades, and instead of entering the trachea, may glide into the cellular tissue. To avert this contingency, Mr. Laborde added a third blade, grooved on its upper surface, which acts as a conductor, and safely guides the metallic tube to its destination. The canula should always be double, and, if possible, moveable, like that constructed by Mr. Lüer, in order to prevent the occurrence of ulceration, and should be provided with a square piece of gummed silk, for the protection of the wound. A scovel completes the apparatus necessary for tracheotomy.

The following points require attention—viz., 1, The attitude of the patient and the position of the assistants; 2, The incision of the skin and soft parts; 3, The exploration and puncture of the trachea; 4, The introduction of the dilator and canula; 5, The means best calculated to prevent or check the primary accidents consequent on the operation.

The attitude of the child and the position of the assistants are important preliminaries, on which Mr. Giraldès dwelt at some length. The easy performance of the whole procedure altogether depends on the entire immobility of the patient. The subject should lie at full length on a mattress placed on a table, the head well thrown back, and the neck resting on a solid block, so as to bring forward the cricoid cartilage as the apex of the cervical region. An assistant, placed behind the child, should firmly secure the head in this attitude, with both hands applied to the jaws. A second assistant takes charge of the shoulders to avoid lateral displacement of the body and any oscillation of the trachea, the effect of which might be that the knife would enter the air-tube side-ways, and expose the patient to emphysema, and the surgeon to miss the trachea, two equally unfortunate contingencies.

Mr. Giraldès does not cause a fold of the skin to be raised in order to perform the incision, but after having ascertained with the finger the precise situation of the cricoid cartilage; he makes his division exactly in the middle line, below the cricoid, in an extent of nearly one inch. This incision, rapidly performed, should include the skin and subjacent cellular layer; a second sweep of the knife divides the aponeurosis and the intermuscular space, down to the thyroid gland.

Surgeons, in general, are inclined to make the incision longer, in order better to expose the parts; but Mr. Giraldès condemns this practice, because by lengthening the wound downwards, the operator wanders to a region gradually more distant from the trachea, and incurs the risk of injuring a greater number of superficial blood-vessels. Another disadvantage of an extensive wound is, that diphtheria may be propagated to its surface, and give rise to exhausting suppuration; an incision of ten or twelve lines is, therefore, amply sufficient.

The third stage of the operation requires the utmost coolness and self-possession on the part of the surgeon ; if any blood should escape, the source of the hæmorrhage must be discovered at once, and the bleeding checked. While the nail of the left forefinger fixes the trachea, the point of the knife, held like a pen in the right hand, is then pushed along the nail into the air-tube, and the penetration of the bistoury is indicated by a characteristic souud caused by the escape of air. The finger must not yet be removed, but the closed dilator should be introduced before proceeding to the fourth stage, viz., the dilatation of the artificial aperture and the insertion of the canula.

The forceps should not be held like a pair of scissors, because the hand has more tendency to close than to open ; the instrument should be held in the palm, and a slight motion of the fingers readily effects its dilatation, when a gush of fluid, mixed with false membranes, escapes from the trachea. The child should then be placed in a sitting attitude, in order to facilitate respiration and the expulsion of the false membranes, and of the blood, which may have trickled down into the air-passages. The canula may now be inserted.

When the division of the trachea is too small to admit the metallic tube, it should be enlarged at its *superior* angle. It is unnecessary to perform a large aperture; indeed, this practice is rather injurious than the reverse, and if the wound is somewhat too small, the circumstance can easily be remedied.

The accidents which may occur during the performance of tracheotomy are hæmorrhage and emphysema. On the present occasion we shall not advert to secondary complications.

The hæmorrhage may proceed from veins or arteries injured by a too hasty or too extensive incision, or in consequence of some anomaly in the situation of the arterial blood-vessels.

In general the bleeding ceases as soon as respiration is freely re-established. In the contrary case, rounds of agaric, impregnated with compound tincture of benzoin (*Baume du commandeur*), should be applied to check the hæmorrhage. If blood mixed with air gushes from the orifice of the canula, the inference is that the aperture of the trachea is too wide, and a larger canula should be inserted, exactly adapted to the size of the incision.

Emphysema of the neck is not a very frequent nor a very formidable complication. It is always the result of a laborious operation, in which the division of the skin and the puncture of the trachea are not exactly opposite each other. Whatever the cause, gentle pressure will in almost every instance remove the infiltrated air.

Careful after-treatment is necessary. We have on other occasions sufficiently dwelt on the subject; in the present remarks our object is merely to advert to the operative procedure. We may, in addition, without travelling out of the record, state that, in its execution, tracheotomy is perhaps the most unequable of surgical processes. In one patient it is performed with rapid brilliancy, in another it presents the greatest and most unexpected difficulties. If the phenomena of asphyxia are severe, death may even take place before the conclusion of the operation; in this case, however, death may only be apparent, and the child may sometimes be restored by assiduous frictions with ammonia over the chest and back, methodical manipulation of the thorax, insufflations, and electricity. Mr. Giraldès recommends one conductor to be applied along the course of the phrenic nerve, where it runs beneath the crossing of the omo-hyoideus and sterno-mastoideus muscles, and the other to the costal insertions of the diaphragm.

Avulsion of the Fore-arm in an attempt to reduce a Dislocation of the Shoulder.

Mr. A. Guérin, Surgeon to the Hospital Saint-Louis, recently witnessed an accident, probably unprecedented in scientific records, in the case of an old woman in whom he attempted the reduction of a dislocation of the shoulder of three months' standing. Every practitioner is aware that violent tractions, performed for the purpose of reducing old luxations, occasionally cause fracture of the bones or lacerations of the skin and muscles; these, however, are but partial disruptions. Such injuries have frequently occurred, and occasion no surprise ; but in the present case, the particulars of which Mr. Guérin candidly laid before the Society of Surgery, an entire limb was detached from the body under the influence of far less powerful efforts than are daily used for the reduction of recent dislocations.

The following is a brief abstract of the case:—Three months since, a healthy woman of sixty-three, who had never suffered from any disease beyond one attack of cerebral congestion which induced incomplete and transient hemeplegia, fell in a staircase and dislocated her left shoulder. A physician, summoned directly after the occurrence of the accident, mistook its nature, and treated the patient for contusion. Despite her sufferings, and the paralysis of the entire limb which supervened shortly afterwards, the woman remained in the same condition for six weeks, when unavailing efforts at reduction were instituted. Six weeks again elapsed without change ; she was then admitted into Mr. Guérin's ward at Hospital Saint-Louis, and the existence of complete dislocation of the humerus inwards and upwards beneath the coracoid process was clearly ascertained. On the 10th of March Mr. Guérin endeavoured to effect reduction in the usual manner. The patient was laid on a bed and chloroform was exhibited so as to induce muscular relaxation ; a sheet folded lengthwise was passed around the chest, its middle being close under the injured part, and its ends secured by an assistant standing on the opposite side ; another cloth, fixed to the wrist, was entrusted to four assistants. In the first tractive efforts the wrist-bands slipped, and were more firmly attached ; gradual extension was then instituted by four persons with a moderate amount of force. As the sheet again became displaced, it was supported with the hands of one of the students. While extension was progressing, suddenly, without any warning sound, without any elongation, or any circumstance whatever calculated to awaken attention, the limb gave way at the elbow, the forearm fell on the floor at the feet of the dismayed assistants, and a torrent of blood escaped from the wound ; the artery was at once secured, two inches and a quarter of the os humeri were excised, and the flaps were rendered regular. The total avulsion had been instantaneous, and yet the assistants had preserved their equilibrium.

Dissection of the parts fully accounted for this very extraordinary mischance ; the bones, muscles, nerves, bloodvessels, in short, every one of the tissues of the extremity, had undergone material alteration. The bony structure had become porous in its entire extent, and the interstices were filled with a brownish substance. The muscles, especially the pronator quadratus, and the lumbricales, presented the aspect of a red pulp. The nerves and bloodvessels had likewise suffered much change : the skin alone preserved an appearance of integrity, which concealed the morbid condition of the subjacent organs, and fatally misled the surgeon. These various anatomical changes were attributed by Mr. Guérin to the pressure exercised by the head of the humerus on the plexus brachialis, and lessen the regret which might otherwise be felt at this accidental amputation.

Messrs. Larrey, Houel, Voillemeir, Verneuil, and Broca took share in the debate which followed the recital of this extraordinary occurrence. The only question that gave rise to controversy was the morbid physiology of the case, and the Society unanimously agreed that the anatomical changes fully accounted for the disruption of the limb, and completely exonerated the operator from all blame. Mr. Broca clearly pointed out the practical inferences drawn from the event. "The case is a very serious one," said Mr. Broca ; "we must not forget it ; but I do not think it should create anxiety in the treatment of luxations. It is a mischance, and may possibly never occur again. I therefore persist in my belief in the perfect propriety of attempting the reduction of dislocations of long standing."

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 26.

Dr. BASHAM, Vice-President, in the Chair.

A paper, by Dr. MORELL MACKENZIE, was read, entitled

A DESCRIPTION OF THE FIRST LARYNGOSCOPE, AS INVENTED AND EMPLOYED BY DR. B. G. BABINGTON, F.R.S., IN THE YEAR 1829.

The author stated that in this communication it was not intended to trace the successive steps which finally led to the more general use of the laryngoscope in practical medicine. This had already been done in an able article by Mr. Windsor, in the 'British and Foreign Medico-Chirurgical Review.' The object of the present paper was to fix distinctly the epoch of the first employment of the laryngoscope in the investigation of laryngeal disease. In considering this question it was necessary to bear in mind the essential conditions under which laryngoscopy is practised. These were—1st. The visual ray from the observer's eye has to be directed to a part which, when the mouth is open, is hidden from direct view by the projecting angle formed by the base of the tongue and epiglottis. 2nd. The part to which the visual ray is directed—that is to say, the larynx—is not penetrated by light. To overcome these obstacles to laryngoscopy there are required, then (1), a small mirror placed at the back of the throat at such an angle that the visual ray can be directed into the larynx; and (2), an apparatus for concentrating the luminous rays, and projecting them upon the small mirror, so that they can be reflected into the larynx. For this latter purpose modern laryngoscopists generally use a second mirror (the ophthalmoscopic mirror of Rüete). The essential requisites of a laryngoscope were clearly perceived by Dr. Babington as early as the year 1829. At that period his inventive genius was directed to the subject, and he contrived a laryngoscope very similar to the one now in use. It consisted of a small laryngeal mirror, and a hand mirror for concentrating the light. The patient sat with his back to the sun, and while the illuminating mirror (a common back-hair glass) was held with the left hand, the laryngeal mirror was introduced with the right. Dr. Babington's labours did not end here. By a very simple mechanism, a tongue-depressor was united with the laryngeal mirror, and thereby one of the most serious obstacles to laryngoscopy was attempted to be overcome. This ingenious laryngoscope [instrument shown] was exhibited at the Hunterian Society on March 18, 1829; and a report of the meeting was published in the 'London Medical Gazette' of March 28, 1829. It was made by an optician named Elsworthy, and the invoice [shown] was dated June 23, 1829. In this laryngoscope a spring between the shanks of the laryngeal mirror and the spatula was fixed in such a way that by pressing the two handles together the tongue was depressed. Afterwards (between the years 1830 and 1835) Dr. Babington gave up the tongue-depressor, and had two instruments made very similar to those now in use, except that instead of being of glass they were of steel. The maker's name (Laundy) is stamped on one of the mirrors. In rendering justice to a distinguished physician, the author did not wish to detract from the credit fairly due to others who, at different times and independently of one another, had contrived an apparatus for inspecting the larynx. Dr. Czermak's great merit consisted in his having so simplified the instrument that it could be used by the many; and his talent and enthusiastic teaching had so prominently associated his name with the laryngoscope that his reputation would not suffer from a due recognition of Dr. Babington's claims. The author said it could not be denied that as early as 1827, Dr. Senn, of Geneva, tried to make use of a small mirror to examine the larynx of a child on whom he was about to perform tracheotomy. Dr. Senn was unsuccessful because he only employed one of the factors in laryngoscopy; and whilst he attributed his failure to "the small size of the mirror," it really depended on the non-illumination of the larynx. Dr. Senn's case, moreover, was not published in the 'Journal de Progrès' till the year 1829, a short time after Dr. Babington's description had appeared in the 'London Medical Gazette.'

Dr. GIBB said he was glad that the subject of the author's paper had been brought before such a tribunal as this Society, for the discovery of the laryngoscope would now be recorded in such a manner that the claims of the original inventor would not be overlooked. This was important not only to Dr. Babington himself, but also for the history of the instrument. He could not sufficiently express himself in terms of praise towards Dr. Babington for his own most ingenious invention, one that is already proving of immense value in the diagnosis and treatment of laryngeal affections. When Czermak visited London in 1860, the belief was then entertained from his writings and conversation, that Liston was the inventor of the laryngoscope, and that idea was entertained until quite lately. When he (Dr. Gibb) brought the subject before another society in 1862, he was informed by Mr. Streeter, of Harpur street, that Dr. Babington had to his knowledge used the instrument for many years, but he could not refer him to any published notice. Last year, however, this was rectified, and the original notice of the invention, as recorded in the 'Medical Gazette' for 1829, appeared in another journal, and indisputably settled the question as to Dr. Babington's claims in the matter; and in his (Dr. Gibb's) work recently published he had taken care to rectify what was, on his part, an unintentional act of injustice to Dr. Babington. He would observe, however, that Bozzini, of Frankfort, in 1807, conceived the idea of illuminating many of the cavities of the body; but so far as he (Dr. Gibb) could investigate the evidence, he had examined the nostrils only, and, therefore, was the first to practise rhinoscopy. Dr. Babington's great discovery occurred in 1829. He was followed by Selligue about 1833, an ingenious mechanic, mentioned by Trousseau and Belloc in their work on 'Consumption of the Larynx.' Beaumes, of Lyons, came next in 1838, and he practised rhinoscopy as well. Liston followed in 1840, Warden in 1844, and Avery in 1846. The last-named showed him (Dr. Gibb) his instruments in 1848, with some cases of cleft palate, although no observations were published. And, lastly, Garcia's researches were printed in 1855. There could be no doubt that most of these intuitively conceived the idea of inspecting the larynx; but as the priority of the invention now stands, Dr. Babington was the first discoverer of the laryngoscope, and the first to apply it either with the direct or reflected rays of the sun; Bozzini first practised rhinoscopy; and Garcia autolaryngoscopy. To revert, however, to the instruments of Dr. Babington, the simplicity of their construction and their utility were unequalled, and not surpassed by many of the instruments of more modern invention; the combination of laryngeal mirror and tongue-depressor in the same instrument was most ingenious. From what had been stated in the author's paper, and from a letter he had lately received from Dr. Babington himself, it was quite clear that the merit of using reflected light was wholly Dr. Babington's, who employed a small hand-glass to receive the rays of the sun, the patient's back being turned to the light. This merit has been claimed for others, but cannot be so for the future; and although the author has stated that Dr. Senn attempted to use a laryngeal mirror in 1827 upon a child, he (Dr. Gibb) did not see that it in any way affected the credit of Dr. Babington as the discoverer of the laryngoscope; and he once more tendered to him his grateful acknowledgments for what he had done for mankind by his simple, yet remarkable and highly-important invention.

Dr. COPLAND agreed with Dr. Gibb in the encomium he had passed on Dr. Babington. He felt sure that the Society would be glad to see Dr. Mackenzie's paper in its annals, and he (Dr. Copland) was proud of having introduced Dr. Mackenzie to the Society.

(Continued at page 321.)

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 11, 1864.

THE MEDICAL COUNCIL.

The Medical Council has been sitting during the whole of the week, having concluded its labours only on Saturday; and if there has not been much actual business transacted, there has been at least an abundance of talking, all of which the Journals, both Medical and otherwise, have been at liberty to report, if they thought proper. Very few of them, however, have hitherto availed themselves of the privilege, and none of the non-medical journals have condescended to take any notice of the Medical Council at all. The reporter for one of our contemporaries is evidently not a Medical man, and therefore his reports, although exceedingly voluminous, and plentifully interspersed with "Cheers," and "Hear, hears," and "Oh, ohs," and "No, nos," all which are usual enough at public-house meetings and contested elections, are not very edifying to the Medical philosopher. We may just mention, *en passant*, that these noisy demonstrations on the part of the General Council are for the most part imaginary on the part of the reporters, or put in as a kind of spice or seasoning to the dreary monotony of the debates, for it is remarkable how gravely and attentively the members of the Council listen to each other's speeches; and, indeed, it is not likely that twenty-four gentlemen of acknowledged eminence in their Profession would indulge in shouts and cries which might be appropriate in a pot-house, but would be quite out of place in a learned and scientific and select assembly of the *élite* of the Medical Profession, meeting in the quiet Library of the Royal College of Physicians. A Medical man would hardly report that one of the speakers had attended the lectures of *Dr.* Abernethy, or represent Mr. Arnott as stating, without any qualification, that, *at an examination at University College in Surgery*, one of the men did not know the difference between the splint for the arm and that for the leg, and, when he came to apply it, he did not know whether it was for the front or the back of the arm. The transaction in question took place, it is true, in the walls of University College, but the examination was in no way connected with that institution, which was merely lent for the occasion to the examiners for the Army Medical Department—a circumstance which was distinctly pointed out by Mr. Arnott, but which apparently escaped the notice of the reporter. Again, it will puzzle some Medical readers to know why the reporters infer the great ignorance of some of the candidates for the Army Medical Department, because one of them, in defining the different kinds of aliments, wrote the following: "Of the albuminous sub-division (of food), perhaps the most common example is the hen's egg; of the fibrous, the meat of the ox or sheep; veal and pork, I believe, do not contain so much fibrin. Of the caseous, milk and cheese; of the gaseous, soda-water." Really, with the exception of the word *fibrous* being written instead of *fibrinous* in the second sentence, we cannot see much objection to this answer; and we only hope that the unfortunate candidate was not rejected on account of it. The real point of the mistake, as read by Dr. Parkes, was, that the candidate put all these substances under the head of *non-nitrogenous* bodies; but this point is entirely lost by an erroneous sub-division of the sentences on the part of the reporter. It is true that there were other very gross mistakes pointed out by Dr. Parkes, but the instance we have just quoted is, of course, mis-reported. The very striking case adduced by Dr. Sharpey, where a student tied the omo-hyoid muscle instead of the subclavian artery, is not at all alluded to, probably because the reporter did not see where the mistake lay: and so we find throughout that technical and medical and educational questions are often jumbled together in inextricable chaos, while sharp personal discussions are faithfully and accurately recorded.

A rather amusing instance of the latter is the discussion which was set up between Dr. Alexander Wood and Mr. Syme, on the subject of the preliminary examination required by the Scottish corporations from their Medical candidates. Dr. Alexander Wood affirmed that the education required by the Commissioners of the University of Edinburgh was lower than that required by the Dublin Apothecaries' Company, to which sally Mr. Syme replied that however low the standard of the University of Edinburgh might be, he could name one, the standard of which was lower still, namely, the *College of Physicians of Edinburgh*, of which Dr. Alexander Wood is the President, and also representative in the Medical Council. "When Greek meets Greek, then comes the tug of war," and when Scotchman meets Scotchman, pretty smart blows are evidently exchanged; and that both blows took effect in the present instance, may be inferred from the fact that there appeared a desire in several quarters that the observations should not be reported. The facts, however, *are* reported, and it is admitted that the requirements as to preliminary education made by the Universities of Scotland and the Royal College of Physicians of Edinburgh are lower than those demanded by the Apothecaries' Hall in Ireland.

With these and similar facts before our eyes, we are in some doubt still as to the expediency of publishing the reports of the debates in the Medical Council. It may be urged, it is true, that the exposure of the misdoings and shortcomings of the Medical corporate bodies may induce the inculpated parties to set their houses in order, and that the exhibition of the very ridiculous figure cut by some of the debaters may make them more cautious in future, and especially dissuade such as have glass windows from throwing stones at their neighbours' houses. But the very grave question remains, whether such revelations are particularly opportune at a period like the present, when the Government, the Legislature, and the public already look with no friendly feeling on the Profession, and when any supposed abuses may be seized upon to our further disadvantage. On the whole, we cannot but rejoice that the general press has not reported the late debates, and that the reports are not likely to be read by any but professional readers.

Passing from these observations to the more important inquiry as to the amount of work done, or of good accomplished, in the late sitting of the Medical Council, we must admit, with infinite regret, that the beneficial results are scarcely at all apparent. The avowed object of the Medical Act of 1858 was to introduce uniformity of education and qualification among the different Examining Boards, and to allow freedom and reciprocity of practice throughout the divisions of the United Kingdom. These were the ends for which Medical Reformers strove and struggled through a long series of years; and the only appreciable result at present is, that the higher distinctions have been pretty well swept away, and all ranks and orders of the Profession have been jumbled together into a heterogeneous and chaotic commixture, and, like the gold-diggers in a new gold country, each one must take care of himself, and fight his own way. The Medical corporations, instead of being ambitious to improve their curricula, are too often actuated by the Dutch auction system, and lower their standards to suit the lowest bidder; and the Medical Council has hitherto been powerless to shame the wrong-doers, or to correct the recalcitrant offenders against its own regulations. Every attempt to establish a minimum standard has failed, because it is practically found that "in the lowest depths there is a deeper still." The proposal to require a knowledge of Greek from aspirants to the Medical Profession was treated at the late meeting almost with derision, and even a knowledge of Latin was left optional. Almost the only corporate bodies which are able to take matters with a high hand, and to advocate and adopt a high standard, are the Universities of Oxford, Cambridge, and London; but the reason is not difficult to discover, for the two former are abundantly endowed from immemorial antiquity with pecuniary resources, and the last is a well-paid pensioner of the State.

SUMMARY OF THE WEEK.

THE SANITARY CONDITION OF CALCUTTA.

Reports have lately reached this country of the prevalence of severe epidemic disease in the capital of our Indian Empire, and it appears that the authorities are endeavouring to carry out measures of hygienic improvement. All our information tends to convince us that the sanitary state of Calcutta has long been most lamentably neglected, and that both the natural position of the city itself and the customs of the inhabitants are eminently unfavourable to the health both of the native and European population. Much of this insalubrity has been justly attributed to climate and geographical position, but still more is unquestionably due to the inefficient manner in which hygienic laws are enforced. The causes of the sickness and mortality in Calcutta have long ago been pointed out by Sir J. Ranald Martin, and we have been favoured with a copy of a pamphlet written by that eminent military surgeon and sanitarian, so long ago as 1847, entitled 'A Brief Topographical and Historical Notice of Calcutta: with a Sketch of the Rise and Progress of Sanitary Improvement in the East Indies.' In this little work Sir J. R. Martin gives a brief but luminous sketch of the position of Calcutta—in its relation to soil, sea, marsh, and jungle; and he relates his own struggles, made since the year 1821, to improve the sanitary condition of the city, by the removal of all *preventible* causes of disease. In these efforts he met with many obstacles, and very little encouragement even from the medical authorities of the city of Calcutta, till he relinquished his appointment as surgeon to the Native Hospital, partly driven from his post by a violent attack of fever, but also partly from the opposition he had encountered in carrying out his benevolent and prudent designs in promoting the pursuit of preventive medicine, as distinguished from the mere treatment of disease.

THE TREATMENT OF THE SICK POOR IN WORKHOUSES.

The newspapers have lately found room for the details of some inquiries instituted by the Poor-law Board, in reference to the treatment of poor persons in Bethnal Green, and much public indignation has been expressed on the subject. The local authorities of Bethnal Green have incurred a great amount of obloquy in consequence of the death of several persons from alleged neglect, and the matter is now undergoing a sifting and apparently impartial inquiry. The revelations made before the Poor-law Inspector are certainly heart-rending enough as to the treatment of sick paupers, but they disclose nothing new. Other parishes are quite as bad as Bethnal Green, and so-called guardians of the poor are elsewhere quite as heartless and quite as negligent as those of the eastern locality in question. But *they have not yet been found out*, and the Poor-law Board, although it has had plenty of enormities of a similar nature made known to it, thinks it best to keep things quiet, and support the authorities. In fact, had it not happened that Bethnal Green possessed in one of its Medical officers a man who was determined to tell the truth, regardless of consequences, the present inquiries would never have been instituted, and even now, by his threatened dismissal from office, he pays the penalty of his honesty. We boldly assert that the treatment of the sick poor in our workhouses is a disgrace to a civilized country, and that the Poor-law Board, however much it may think proper at spasmodic intervals to awake from its apathy, winks at the abuses, and concurs in the punishment of any Medical officer who desires to do his duty and to tell the truth. We desire to offer no opinion as to the treatment of able-bodied paupers, but as to the sick in workhouses, or in poor neighbourhoods, they have a right to merciful consideration, which at present they do not receive.

A Misappropriation of Public Funds.—The prosecution in the court-martial upon Surgeon-General Hammond has recently closed without establishing one of the charges set forth in the indictment against him. It is to be regretted that a quarter of a million of the public money should have been thus expended in a vain attempt to blast the reputation of an officer whose administration of one of the most important Government Bureaux has challenged the admiration of the Medical profession of this and foreign countries.—'American Medical Times.'

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

We have received the Minutes of the Council Meetings for the last week, but in consequence of the crowded state of our columns and the importance of some of the subjects discussed, we have thought it advisable to defer the publication of the results until the appearance of our next number, when we shall offer some observations on some of the more prominent topics.

DINNER OF THE GRADUATES OF THE UNIVERSITY OF ST. ANDREW'S.—PRESENTATION TO DR. DAY.

The first St. Andrews Graduates' University dinner was held at the London Tavern on Tuesday, the 3rd inst., and was a marked success. Dr. Richardson occupied the chair. Nearly one hundred graduates were present, and amongst the guests were the Right Hon. Lord Campbell, Dr. Brady, M.P., Alderman Sidney, M.P., Dr. Allen Thomson, the representative of St. Andrews University in the Medical Council, Mr. Robert Chambers, Mr. Mandy, Colonel Ogilvie, Mr. Glaisher, F.R.S., Mr. Erasmus Wilson, F.R.S., Dr. Gardiner Hill, Prof. Gamgee, Mr. J. R. Butlin, Mr. Jos. Knight, Mr. G. Clarkson Stanfield, Mr. Winwood Reade, &c. There were also present many eminent provincial graduates, amongst whom were Dr. Henry Day, of Stafford; Dr. R. U. West, of Alford; Dr. Ogden Fletcher and Dr. J. Shepherd Fletcher, of Manchester; Dr. Skinner, of Liverpool; and Dr. Davies, of Stafford. Communications expressive of regret at being unable to attend were announced as received from Mr. John Stuart Mill, Right Hon W. Cowper, M.P., Captain Salt, M.P., W. Ewart, Esq., M.P., Dr. Noble, Sir Ranald Martin, and the Director-General, Dr. Gibson.

The Chairman, on proposing the toast of the evening, "Success to the University of St. Andrews," was received with great enthusiasm. When the applause had subsided, he said:—He knew it was only necessary to name the toast to secure its hearty acceptance; and well might graduates of St. Andrews remember with honour their venerable University. As our nobles of England look with pride on their estates, on the noble old trees and stately palaces, as their hearts throb with the satisfaction that these are their patrimonies: so, too, the graduate of St. Andrews can look back on his University, and say there is his patrimony, one of the most ancient of all, and crowded with triumphs of the past. The chairman next described in rapid review the lives of many eminent men who had adorned the university—viz., Cardinal Beatson, the admirable Crichton, Arthur Melville, John Knox, Thomas Chalmers, Lord Chancellor Campbell, David Lindsay, J. Napier, inventor of the system of logarithms, Adam Fergusson, Lord Elgin, who brought over the Elgin marbles, Lord Erskine, and, amongst Medical men, Arbuthnott, and the immortal Jenner, the discoverer of vaccination, to whose memory an earnest tribute was paid. He (the chairman) had spoken briefly of the patrimony, he had also given the ancestry of the University; and he asked:—If the greatness of men depended upon their influence over the destinies of the world for good, what University in any part of the world had given birth to so great a family? In all departments of human knowledge, in science, arts, politics, religion, law, literature, those men whose names he had read were the men who had stood first and foremost, not as the followers, but as leaders of learning and civilization—

> "Their souls were like the stars, and dwelt apart;
> Their voices had a sound, 'twas like the sea."

(Loud cheers.) Again, the chairman said, that the success of the University was dear to Medical men specially, for the liberal manner in which she had advanced medicine. In opening her doors to all Medical men who were prepared to meet a fair and practical examination, the University of St. Andrews had conferred national not less than professional advantages. For was it not for the benefit of the public that men of middle life, engaged in the active duties of practice, should have an inducement put before them to learn up all the new thought of the day; to learn what progress had been made since they were pupils; to add, if he might so place it, experimental knowledge to their own ripe experience, and to be at one and the same time the masters and students of their art? And did it not truly raise the educated and respected practitioner who had won his way in his locality; did it not raise him in social status to gain, after fair competition, an academic degree that placed him in legal rank with the Serjeant-at-law and the Dean of the Church? He (the chairman) thought so. He regretted that this liberty afforded so long by the University had been almost taken away; and he held that, as a matter of principle, it was the duty of the graduates of St. Andrews never to rest until that liberty was reclaimed in all its fullness. (Cheers.) In conclusion, the chairman drew attention, in the following terms, to the duties of graduates to their University in the present. Time was when no University existed; but perchance where it now stands there was a rolling sea, a wild wilderness, a gorgeous forest, or a barren-rock; and time may come when again the old University shall sleep under the waters, and when we, too, and all the memories of it and of us, like the baseless fabric of a vision, shall be lost and forgotten. Into that eternity of the future it is no duty of ours to look; but we have duties of the present which, under the governances and all-wisdom of Nature, are more important than the deepest insights into what shall be. Such duties relate to present work and action; they tell us that, while loving as brethren, it is our great task, as representatives of an University crowned with many glories, to see that these glories fade not in our possession, but that there shall pass into the hands of our children this roll of illustrious names, with others added to it by ourselves, not less honoured and not less useful. Success to the University of St. Andrews.

The toast was drunk with all the honours, and with protracted cheering.

After the toast, the presentation of a testimonial was made to Dr. Day, of St. Mary Church, Torquay, the late eminent Chandos Professor in the University. The testimonial, which was extremely handsome, bore a suitable inscription, intimating that it was presented to him by 158 graduates, in token of their admiration of his labours in literature, science, and Medicine, and in special recognition of the services he had rendered to the University during his fourteen years of office. The chairman expressed his deep regret that Dr. Day, owing to the impaired condition of his health, was unable to attend, and he hoped that the offering now made to him would be a constant source of happiness and usefulness. Dr. Day would find in the richly-carved cabinet the work of the greatest of English artists in wood-carving, Mr. Rogers, the illustrated edition of the "Règne Animal" of the illustrious Cuvier—a work which would bring the whole of the animal kingdom within his reach, and would grow more and more valuable as life advanced. He concluded by proposing health and long life to Dr. Day—a sentiment that was most heartily received. Dr. Day, of Stafford, in a speech, marked by much good feeling, taste, and eloquence, received the testimonial on behalf of his relative and namesake.

In addition to the above-named toasts, the usual loyal toasts were proposed, as well as "The Army, Navy, and Volunteers," responded to by Colonel Ogilvie; "The Houses of Lords and Commons," responded to respectively by Lord Campbell and Dr. Brady, M.P.; the "Chairman," by Dr. Day; "The Medical Council of Education" by Dr. Dobell, responded to in an eloquent and, at the same time, common sense speech by Dr. Allen Thomson; "Success to Literature," responded to by Mr. Robert Chambers; "The Fine Arts," proposed by Mr. Chambers, and responded to by Mr. G. Clarkson Stanfield; "Science and the Learned Societies," proposed by Dr. Semple, and responded to by Mr. Glaisher; "The Bar," proposed by Dr. Edmunds, and responded to by Mr. Knight; "The Vice-Chairman and

Committee," proposed by Mr. Erasmus Wilson, and responded to by Dr. Paul; and "The Ladies," proposed by Dr. Sedgewick, and responded to by Mr. Winwood Reade. Taking it altogether, the first dinner of the University of St. Andrew's will not soon be forgotten. The music was under the direction of Mr. Land, and all the arrangements were in excellent taste. Amongst other points of "ancient novelty" was the introduction, by the Chairman, of the old and now almost forgotten classical grace before meat, "*Sit nomen Domini benedictam. Amen.*" And after meat the three words, *Deo gratias. Amen.* These graces, so short and yet so expressive, told with excellent effect. We can only hope that the St. Andrew's graduates' dinner of the 3rd of May, 1864, may be the forerunner of many others equally successful and happy: beyond the mere enjoyment of the hour, they revive dormant friendships, and supply the mind with remembrances that cheers it on, in the hope that it may again be satisfied.

DR. DAY.

The large gathering at the dinner of the St. Andrew's Graduates evinced the deep respect in which Dr. G. E. Day is held by his professional brethren. It cannot be less pleasing to him than it is creditable to the Profession, that they should recognise useful services and high intellectual attainments in a manner so earnest and spontaneous. Few men have done more than Dr. Day towards raising the status of the order of general practitioners by his consistent efforts to associate them with his University.

Dr. Day has long held a high place in Medical literature. It is chiefly through his indefatigable labours that the works of some of the ablest German physiologists have become standard treatises in this country. He has familiarised us with their latest researches, and has echoed their half-uttered whispers to provoke the ingenuity and stimulate the inquiries of English investigators. His editions of Simon's 'Animal Chemistry,' Rokitansky's 'Pathological Anatomy,' Vogel's work on the same subject, and Lehmann's 'Physiological Chemistry,' are honourable monuments of his industry and talent, and prove how great is the obligation which the Profession owes to him for labours always arduous and not usually so popular as they are valuable.

Dr. Day commenced his professional career in London, where he held the appointments of Physician to the Western General Dispensary, and Lecturer on Materia Medica at the Middlesex Hospital. About the same time, we believe, he was a contributor to the 'Medical Times,' and was London editor of the 'Edinburgh Journal.' He quickly made for himself a high reputation among men of science; we need not be surprised, therefore, that when a vacancy occurred in the Chair of Chandos Professor of Medicine at St. Andrew's University, he was selected, although yet a young man, to fill that important post. From the moment of his election he devoted himself to the task of raising the character of the University, and making it the Alma Mater of the more ambitious among English students and practitioners. His extensive literary connection in England gave him facilities that few other men possessed, and his exertions soon bore fruit. The publication of the Examination papers in all the journals maintained an interest in the University; while the questions showed that the scientific attainments that were demanded made the degree honourable to its possessor. Practitioners from England flocked to the quaint old city, and were charmed not less by the courteous and friendly bearing of its distinguished Professor of Medicine and Anatomy, than by the beautiful coast scenery that skirted its magnificent bay, and its interesting relics of the olden time, when Scottish worthies were making the romance which more recently has given its chief grace to Scottish literature.

Dr. Day is personally known to so many of our readers, that it is only necessary for us to express the hope that he may speedily find his health restored under the influence of the genial climate of South Devon, to elicit a wide and cordial response. The one thing wanted at the recent banquet was the presence of the learned Doctor himself, to receive in person the splendid testimonial which the esteem and kindness of his numerous admirers had provided. It will be, however, gratifying to him, in his forced retirement, to know that nearly a hundred graduates of St. Andrew's assembled in London to do him honour, in grateful recognition of his valuable services to Medical science and literature, and of his courteous and honourable character as a professional brother.

REPORTS OF SOCIETIES.

(Continued from page 317.)

Dr. BABINGTON said that perhaps he ought to have been silent, but he wished to say a few words. At the time the instruments were invented, a great deal was being said about infiltration of the glottis, and it occurred to him that it was desirable to seek means of examining the glottis more narrowly. With this instrument he had seen ulceration on the epiglottis, but he confessed that he did not contemplate looking through the glottis. He felt exceedingly obliged to Dr. Mackenzie and to Dr. Gibb, although he considered that he had been praised far too highly.

Mr. THOMAS BRYANT read a paper on

TWO CASES OF STONE IN THE BLADDER OF THE FEMALE TREATED BY RAPID URETHRAL DILATATION, WITH REMARKS ON THE OPERATION.

The author commenced by giving the history of two cases, of which the following are brief notes:—*Case* 1.—H.C., aged 52, admitted October 13, 1862. She had had symptoms of urinary irritation for eight months, and for three had been quite unable to retain her urine. On November 19 the stone was removed by rapid urethral dilatation, and it measured 1¼ inch by 1 inch in diameter. The operation was followed by immediate relief. On the day following the patient could hold her urine for twenty minutes, and in a week for many hours, and in three weeks she left well. *Case* 2.—Ann C., aged 35, was admitted on February 17, 1864. Urinary symptoms had existed for seven months and were very severe; the urine was full of pus, mucus, and was intensely fetid. The least examination caused her great pain. After rest in bed for several weeks these symptoms had improved, and on March 5 the operation was performed. Chloroform was given, and the urethra rapidly dilated by Weiss's dilator. The stone was then removed, but little difficulty being experienced in its removal. The calculus measured 2 inches by 1½ inch in diameter, and 5¼ inches in circumference, weighing 2 oz. 2 dr. The next day the patient could hold her urine for fifteen minutes, on the second for forty, on the third for two hours and a half, and on the fifth day for five hours. A small slough separated on the sixth day from the urethra, and during an examination the finger was introduced again into the bladder, which caused some little inconvenience; but this gradually disappeared, and on April 5 she was able to retain her urine for five hours. She is now convalescent, having good power over her bladder for three or four hours. The author then passed on to the consideration of the dilatability of the female urethra, and quoted many interesting cases, which were tabulated, in which a calculus had been expelled by natural efforts, and in which *no* incontinence of urine was the result. He then proceeded to consider the operation of urethral dilatation as a means of removing a calculus or foreign body; and gave an analysis of twenty-eight cases, which he had tabulated, in which he proved that incontinence of urine resulted in only four out of the twenty-eight examples and that in these four the dilatation had been *slowly* performed. He then considered in detail many of the cases, and enlarged upon the best mode of performing the operation. The subject of urethral lithotomy next obtained

notice; and it was proved that an incontinence of urine was a common result of the operation—nine subjects out of twenty being left in such a condition. Removal of a calculus by lithotrity was then touched on, and the subject of vaginal lithotomy introduced, the author indicating the exceptional cases in which either operation may be required. The following conclusions were then drawn up:—1. That the female urethra may be dilated to a considerable extent with facility, and without danger. 2. That *slow* and tedious dilatation of the urethra, by sponge tents or other means, appears to be injurious. 3. That *rapid* urethral dilatation, with the patient under the influence of chloroform, is the safest and most expeditious method of removing all average-sized calculi and foreign bodies from the female bladder; for calculi one inch in diameter in children, and even two inches in adults, have been safely extracted by this practice. 4. That the operation of incising the neck of the bladder and urethra is one of danger, and should be laid aside. 5. That lithotrity is a valuable operation in cases in which a stone cannot be safely removed by rapid urethral dilatation—that is, when the stone is very large, and when the bladder is healthy; and that it is the best practice to remove the broken fragments by the forceps as speedily as possible. 6. That vaginal lithotomy is an operation of value when the other modes of operation are inapplicable; but that, as a general practice, it is not required.

Mr. URE said the Society must feel indebted to Mr. Bryant for his valuable paper. He (Mr. Ure) believed that there were cases in which lithotrity was advisable. He then related a case in which the sub-pubic operation of lithotomy had been performed with good results, no incontinence remaining.

Mr. WALTER COULSON congratulated Mr. Bryant on his paper. For his own part, he (Mr. Coulson) much preferred the operation advocated for the removal of the stone from the female bladder to vaginal lithotomy for two reasons—first, because there was risk of a vesico-vaginal fistula following as a consequence of the latter operation; and secondly, because the operation itself was much more tedious, and involved a long confinement to bed. Still, in the hands of Mr. Baker Brown and Mr. James Lane, the results had been very satisfactory. He doubted, however, whether other surgeons, who had not the same experience in the operation for vesico-vaginal fistula, would be equally successful. Mr. Coulson alluded to a case in which he had removed a phosphate calculus the size of a large walnut. He had used Weiss's instrument, and was surprised to find how readily the urethra could be dilated. The patient did very well, was able to sit up three days after the operation, and could hold her water for two hours. No incontinence followed. He mentioned another case, at which he had assisted, when a much larger stone had been removed by urethral dilatation, and where no incontinence resulted a fortnight after the operation. Referring to what had fallen from the last speaker, he did not think it was ever necessary to incise the urethra, as the tissues were capable of very considerable dilatation. There was one passage in Mr. Bryant's paper in which he could not concur. He stated that vaginal lithotomy might be advisable where the calculus was large. Should the size of the calculus be such as to render its removal entire through the urethra after dilatation impossible, he should be disposed, first, to dilate the urethra, and then to crush the calculus, not with the lithotrite, but with a forceps, as used in lithotomy, in the male when the stone is too large to come away. He considered this proceeding preferable to vaginal lithotomy, for should the stone be so large as to render impossible its removal through the urethra, it would be necessary to make an incision that would involve pretty nearly the whole length of the original wall of the bladder. This was a serious objection. Therefore, where the calculus was very large, Mr. Coulson preferred rapid urethral dilatation, and crushing, when necessary, to either vaginal lithotomy or to urethral dilatation, with incision of the urethra.

Dr. WYNN WILLIAMS said that a specimen had been shown him by Mr. Clements, of Shrewsbury, of a crochet needle removed by the Messrs. Weiss's dilator from the female bladder. It was sacrusted by a deposit as large as a pigeon's egg, and had been in two years. The patient did well, and had no incontinence.

Mr. SPENCER WELLS said that there could be no doubt of the difficulty of dealing by lithotrity with such a case as that described by Mr. Henry Thompson. A large stone and small irritable bladder clearly indicated that if dilatation were inadmissible, some form of lithotomy—vaginal, urethro-vaginal, or the lateral operation so successfully practised by Dr. Buchanan, of Glasgow—was called for. But in a case where the stone was of moderate size—say, from half an ounce to an ounce—and the bladder of moderate capacity—say, from four to six ounces—it was a serious question whether lithotrity or dilatation should be preferred. Mr. Bryant's proofs against slow dilatation were conclusive; but those in favour of rapid dilatation did not appear sufficient to induce us to reject lithotrity in cases to which it is applicable. Lithotrity is a very easy operation in women. It may be performed without uncovering them, and by injections through a large catheter the whole of the fragments may be removed at one sitting. There is no fear of any incontinence of urine. But dilatation is very uncertain. In a very important case which had come under his (Mr. Wells') care some years ago, he had asked several of the most experienced London and provincial surgeons what their experience of dilatation was, and all had agreed that it was extremely uncertain, and that incontinence might follow a very moderate degree of dilatation. He treated this case most successfully by lithotrity. One surgeon said that he had dilated in nine cases, and seven were "dribblers" for the rest of their lives. Mr. Bryant's facts were strongly in favour of rapid dilatation; but were not strong enough to prove its superiority to lithotrity in cases where lithotrity was applicable.

Mr. HENRY THOMPSON regarded the paper as a valuable contribution to practical surgery, because it was impossible for any one surgeon to come to logical conclusions respecting the best mode of treating these cases from his own experience alone, stone in the female being, comparatively speaking, a rare affection. Mr. Bryant had contrasted the method of rapidly dilating the urethra by means of Weiss's instrument with that of slowly dilating it by sponge tents. It might be regarded, perhaps, as generally agreed that the latter method was not a desirable one. This left for consideration the treatment by lithotrity, by incisions, and by rapid dilatation, as well as that in which the two latter were combined. With regard to lithotrity, although he approved of it for stones of moderate size, he was quite sure that all who had attempted to remove a large stone at one sitting by this means encountered difficulties and risks of no ordinary kind. The bladder soon became empty, and the manipulation and removal of large, sharp, and angular fragments in that condition he considered a very hazardous proceeding, and one which probably involved more damage to the urethra, to say nothing of the bladder, than the removal of a good-sized stone entire. He was not quite sure whether the combination of incision with some dilatation had received all the attention it merited. For large stones he could speak in high terms of its value. This might be illustrated by briefly referring to a case which had occurred in his own practice two months ago. He had been called by Dr. Ashurst, in Kent, to see a lady, aged seventy-seven years, who had suffered very severely from the presence of a large calculus. She was placed under chloroform. Mr. Thompson then dilated the urethra so as to admit the left finger easily; and having thus examined the stone and found that it was too large to pass by any dilatation he thought proper to employ, he made an incision downwards in the median line, using the index finger as a director, and divided mainly the floor of the urethra and soft parts beneath, after the manner recommended by Mr. Fergusson, incising only very slightly the neck of the bladder. Having done this he extracted, slowly and carefully, a stone 2¼ inches long by 1¾ inches wide, and weighing nearly 2½ ounces. He then introduced Marion Sims' vaginal speculum, and closed the incision by metallic suture,

as when operating for vesico-vaginal fistula. The result was perfect. The patient, notwithstanding her age, was now perfectly well, walking about, and retaining her urine for three hours with ease. For very large calculi he should prefer again to adopt this method of trusting solely to the large amount of unaided dilatation which would be required.

The AUTHOR, in his reply, expressed his pleasure at having elicited the details of several interesting cases from Mr. Ure, Mr. Thompson, and Mr. Birkett. The success of Mr. Ure's case was very good, but it was open to a doubt whether the calculus might not have been removed more readily and with equal safety by rapid urethral dilatation than by the operation which had been performed. He would remind Mr. Wells that he (the author) had not disputed the possibility of removing a calculus from the female bladder by lithotrity; for in certain cases this operation was of great value; but his aim had been to show that the same end might be secured in the majority of cases by a simpler and more expeditious practice. The expression of the surgeon which Mr. Wells had quoted was very singular; it would be of great interest to have the details of the several cases to which he had alluded. Mr. Thompson's case was one of great practical interest; the operation he had performed for the removal of the stone was probably the best. He (the author) thanked the Society for the kind way in which they had received his communication.

Mr. BIRKETT showed some

CALCULI REMOVED FROM A WOMAN WHO HAD PROLAPSUS UTERI.

She was a patient of Mr. Roper, of Shoreditch. She had had prolapsus of the uteri and bladder for seven years. Three months ago she expelled fourteen stones. When Mr. Birkett saw her it was easy to take hold of the bladder and rattle the stones in it. A good many were extracted by dressing forceps. Dr. Odling had analysed them, and found them to consist of seventy-five parts of phosphate of lime, twenty parts of carbonate of lime, a trace of triple phosphates, alkaline salts, and organic matter. Mr. Birkett said that having shown them to a Medical man from Boulogne, he was asked if the patient had not had prolapsus of the uterus and bladder. Mr. Birkett wished to know if any of the members present had observed such calculi in prolapsus of the uterus and bladder.

Dr. BASHAM said the calculi were very curious in a chemical point of view. They were composed in the same proportions of phosphate and carbonate of lime as bone.

Dr. BABINGTON thought that phosphatic calculi were rather prostatic than vesical, and were generally found with deteriorated health.

DEATHS.

BAGSHAWE.—On the 2nd inst., at Connaught square, Frances Elizabeth, the wife of F. Bagshawe, M.B., aged 28.

COOKE.—On the 1st inst., at Cambray, Cheltenham, C. T. Cooke, M.R.C.S.E., aged 69.

COOPER.—On the 2nd inst., at Ixworth, Suffolk, Henry Ralph Cooper, M.R.C.S., aged 49.

CURTIS.—On the 27th ult., at Alton, J. W. Curtis, M.D., aged 50.

DAWSON.—On the 26th ult., at Southgate, Wakefield, W. Dawson, M.R.C.S.E., Alderman of the Borough, aged 65.

KELLY.—On the 30th ult., at Notting hill, John Kelly, M.D.

ORTON.—On the 25th ult., at Beeston, Notts, Richard Orton, M.R.C.S.E., aged 24.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 28th ult.:—Arthur Bayley Adams, Lymington, Hants; William Akerman, St. Just; Frederic Charles Bailey, L.S.A., Woolwich; Joseph Birt, Leamington; John Dawson, Great Yarmouth; William Soltan Eccles, Plymouth; Walter Hardin, Woolwich; Edmund Woods Hawkins, Commercial road; Ernest Arthur Hudson, Queen Ann street; William Frederick Knapp, Headington; Thomas Henry Knott, Bath; George Welland Mackenzie, Tiverton, Devon; Henry Maturin, Lymington, Hants; Edward Norton, Birmingham; George Huntsman Shaw, Attercliffe, near Sheffield; Thomas Francis Raven, Cambridge; Henry Rayner, Hythe, Kent; Frederick William Richards, Winchester; James Taylor Smith, Newcastle; Henry Octavus Steele, Harlsey, Yorkshire; Charles Meymott Tidy, Cambridge heath; Charles Humphrey Weld, Tenterden, Kent.

The following were admitted Members on the 29th ult.:—Charles Bradley, Nottingham; Ralph Burnham, Preston, Yorkshire; Frederick Chabot, Camberwell road; William Robert Coward, South Shields; Frederick John Cropp, Clapham; Herbert Davis Llanybyther, Carmarthenshire; Samuel Duckering, L.S.A., Grantham; Edward Dyer, Canonbury; Vincent Frederick Eck, Cleveland square; William Nicholas Heygate, Hanslope, Bucks; Henry Hope, Richmond; Daniel Iles, L.S.A., Fairford, Gloucestershire; George Frederick Sankey, Maidstone; Joseph Needham Scrope Shrapnel, L.S.A., Isle of Wight; Francis Snaith, Boston, Lincolnshire; Robert Wrentmore Thomas, Bristol; William Warwick Wagstaffe, Lambeth; James Whitworth, Port Talhal, Glamorganshire; David Martin Williams, Calcutta; Algernon William Winn, Scarborough; Robert Winter, Hampstead.

ANATOMY AND PHYSIOLOGY.—The following gentlemen passed their primary examinations at a meeting of the Court of Examiners of the above College on the 21st ult., and when eligible will be admitted to the pass examination:—C. T. Aveling, St. Thomas's; Marcus Beck, University College; Edward Bourfield, Birmingham; R. D. Broughton, St. Bartholomew's; Richard Bugden, Westminster; Laurence Corban, Cork; H. P. Gordon, Dublin; Alfred Harwood, Guy's; E. M. Little, King's College; John Loane, London Hospital; E. M'C. M'Cready, Dublin; * H. T. Nettleton, Westminster; H. D. Reynolds, Guy's; Arthur Richardson, Charing-cross; J. A. Richardson, Hull; F. M. Rickard, Guy's; H. T. Ryder, Middlesex; W. L. Shepherd, St. Bartholomew's; Thornton Gerald Simpson, Guy's; Joseph Thompson, University College; E. A. Trimnell, Guy's; Osmond Vincent, King's College; J. H. Wathen, University College; G. W. Wigin, Leeds; T. H. Willan, St. Bartholomew's; O. T. Williams, Dublin.

* This gentleman was admitted a Member on the 26th ult.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 28th ult.:—Thomas Edward Blick, Islip, near Oxford; William Henry Sutcliffe, Manchester.

The following gentleman also on the same day passed his first examination:—David Howell Thomas, St. Bartholomew's Hospital.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed this examination, and received certificates of proficiency in General Education, on the the 29th and 30th ult.:—Dacre Fox and James Tudor Phillips, Certificates of special proficiency; A. J. Baker, Whitehead's grove, S.W.; Thomas Budd, Brockham, Surrey; Alfred Cuff, Camden road villas; H. W. Folwell, Gloucester street; Dacre Fox, Stowmarket, Suffolk; Thomas W. Gower, Rochford, Essex; John George Hurford, Nelson square; Albert Iles, Fairford, Gloucester; William A. Kibler, Hackney; Edward Rodolph Luard, Rathbone place; Albert M'Cann, Parliament street; Richard Alfred Morrish, Ledbury; H. R. Moulin, Guernsey; Robert A. Painter, Shoreditch; Michael Perry, St. Bartholomew's Hospital; James Tudor Phillips, Newcastle Emlyn; Robert Sheffield, Swallow's gardens; Charles B. Sweeting, Nassau, Bahamas; Thomas Charles Thornicraft, Faversham; Frank Sextus Tuck, Seaford; Richard L. Wilson, Uppingham; Thomas Wilson, Manchester; John Skelbeck Wood, Wakefield; Edward Young, Hawkhurst.

ROYAL INSTITUTION OF GREAT BRITAIN.—Annual Meeting May 2, 1864, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair. The Annual Report of the

Committee of Visitors for the year 1863 was read and adopted. The amount of contributions from members and subscribers in 1863 amounted to 3,423*l.*; the receipts for subscriptions to lectures were 716*l.* 12s. 6d.; the total income for the year amounted to 5,532*l.* 10s. 7d. On Dec. 31, 1863, the funded property was 30,107*l.* 14s. 11d.; and the balance at the bankers', 1,056*l.* 14s. 9d., with six Exchequer Bills of 100*l.* each. Fifty-five new members were elected in 1863. A list of books presented, amounting in number to 121 volumes, accompanies the Report, making, with those purchased by the Managers and Patrons, a total of 561 volumes (including periodicals) added to the library in the year. Sixty-three lectures and nineteen evening discourses were delivered during the year 1863. Thanks were voted to the president, treasurer, and secretary, to the committees of managers and visitors, and to Professor Faraday and the other Professors, for their services to the Institution during the past year. The following gentlemen were unanimously elected as officers for the ensuing year:—President—The Duke of Northumberland, K.G., F.R.S. Treasurer—William Pole, Esq. M.A., F.R.S. Secretary—Henry Bence Jones, M.A., M.D., F.R.S. Managers—George Busk, Esq., F.R.C.S, F.R.S.; Warren De la Rue, Esq., Ph.D., F.R.S., Sir George Everest, C.B., F.R.S.; John Peter Gassiot, Esq., F.R.S.; John Hall Gladstone, Ph.D., F.R.S.; William Robert Grove, Esq., M.A., Q.C., F.R.S.; Sir Henry Holland, Bart., M.D., D.C.L., F.R.S.; John Lubbock, Esq., F.R.S.; John Carrick Moore, Esq., M.A., F.R.S.; William Frederick Pollock, Esq., M.A.; Robert P. Roupell, Esq., M.A., Q.C.; Major-Gen. Edwin Sabine, R.A., D.C.L., Pres. R.S.; The Right Hon. Lord Stanley, M.P, F.R.S.; Joseph William Thrupp, Esq.; Colonel Philip James Yorke, F.R.S. Visitors—John Derby Allcroft, Esq.; The Hon. and Rev. Samuel Best; John Charles Burgoyne, Esq.; George Frederick Chambers, Esq.; John George Dodson, Esq., M.P.; Christopher Darby Griffith, Esq., M.P.; Henry Harwood Harwood, Esq.; Thomas Henry, Esq.; Thomas Hyde Hills, Esq.; Harry Mackenzie, Esq.; John North, Esq.; The Lord Overstone, M.A., F.G.S.; Edmund Packe, Esq.; The Earl Stanhope, D.C.L., F.R.S., Pres. Soc. Antiq.; George Tomline, Esq., M.P.

THE BERLIN SCHOOL OF PATHOLOGISTS AND THEORIES OF PATHOLOGY.—The Pathological Institute where the observations in Pathological anatomy are incessantly carried on, headed by Virchow, is a part of the great "Charity Hospital" to which are conveyed for dissection and examination all the bodies of the dead who expire therein. This hospital contains some thousands of patients, and the quantity of exanimate material it furnishes to the pathologist is immense, of every variety, from the youngest fœtus in utero to the very oldest of both sexes. In this particular it can hardly be exceeded by any similar seat of study in the world; but does not perhaps exceed that of Vienna. It has a department of physiological chemistry. The branches that are taught in it are physiology, histology, and pathological anatomy. In any correct scheme of study, these, of course, run very much together, and ought to be inseparable. The Institute exists for the one purpose, which the study of all these equally promotes—viz. to ascertain the *true* character of animal tissues, normal or morbid, and the exact nature of the functions of those tissues. The means of research for the first is, of course, the microscope. Most, if not all, of the students are graduated physicians; but those in the department of microscopic anatomy (so far as there is any distinction in the departments) are men intent on the solution of scientific problems, inquirers in an advanced and advancing scientific stage. Some of them are men actively ambitious of ascertaining new facts which shall invalidate received ones, or enable them to explain the latter as errors. It is the distinction of the views accredited here that they are the fruits of the labour and research not of isolated observers, nor of occasional though successful research, but of a number of observers constantly in pursuit of one purpose—that already mentioned. Whatever is known to one is to the others; and most frequently one point, if it have any novelty, is the subject of various and general, though perhaps not formally *combined*, research. I do not imagine a better place of investigation in these respects.—Dr. R. K. Browne, 'American Medical Times.'

BRITISH PHARMACOPŒIA.—In concluding a lecture on the "British Pharmacopœia," at the Pharmaceutical Society, Dr. Attfield remarked that although the fusion of the three Pharmacopœias into one must be considered to have been accomplished in a most satisfactory manner, and be a source of congratulation to all, yet it is open to serious question whether the compilers of the work have accurately represented the advancement made in pharmacy during the past thirteen years. The comments made and published show that while the Materia Medica part of the book may be regarded as a success, the preparations and compounds are, to a great extent, a failure. Such a result may be fairly ascribed to want of pharmaceutical co-operation in the work of compilation. Had the book been thrown open to comment before publication instead of after, or the opinions of pharmaceutists elicited in some other way, a Pharmacopœia might have been produced which would have commanded the confidence of all interested in its pages.

THE FIRST FEMALE MEDICAL PRACTITIONER IN ENGLAND.—After a desperate struggle against numerous obstacles, Miss Garratt has at last found her way to a medical examining board, has passed her first examination, and become what our cotemporary the 'Lancet' was pleased to designate the "Pet of the apothecaries." Without pretending to know too much of the secrets of an examining board, we may state that Miss Garratt's examination reflects upon her the highest possible credit, and that both in the written and oral parts of it she displayed an accuracy of knowledge, a precision and a breadth, which surprised the examiners, and which are rarely seen in the court. In chemistry she wrote an essay on the meaning of the terms "specific gravity," entering most carefully and minutely into the *rationale* of the process, and supplying even the mathematical formulæ for calculation. She wrote a second essay on isomorphism and isomerism, adducing copious illustrations of isomorphic and isomeric bodies, and giving the modern views on those points. In anatomy, she described, we believe, without a single error, one of the most difficult portions of the brain; and in physiology she rendered with equal skill and perfection an account of respiration. This was the written ordeal. In the oral—botany, materia medica, the uses and composition of drugs, anatomy, physiology, and chemistry, were subjects of trial; in all of which she evinced an equally sound advancement, and we know that the examiners were specially struck with the fact, that while Miss Garratt's learning was so well shown, the manner in which it was displayed was collected, natural, and tinged with no approach of affectation. When we consider the immense difficulties under which this young lady has acquired her knowledge; when we state what we are assured is the fact, that her lessons in anatomy have been taken almost at midnight, when all the male students had long departed; and when we are informed that at this moment she is actually acquiring her hospital practice in the humble capacity of a nurse at the "London," we cannot admire too heartily the perseverance, courage, and self-sacrifice that have been manifested. Miss Garratt, in our opinion, deserves, and has fully earned, admission to the same honours as any other praiseworthy student of medical science and art, and we think it the narrowest policy for any college or board to refuse her examination. We make the above observations, still holding an opinion which we have before expressed, that it is quite an open question whether women generally can follow medical practice as a means of livelihood; but we contend that they ought to be allowed to try. Then if their efforts fall through of themselves there is no one to blame. But flatly to deny them the opportunity of making the attempt is simply to excite a public sympathy which scarcely can be said to be misdirected, and which is far more injurious to the medical profession at large than the introduction into their ranks of any number of female practitioners.—'Social Science Review.'

THE TRICHINA DISEASE.—A physician of Davenport, Iowa, writes,—That a lady had long been afflicted with the symptoms now traced to infestation by trichinæ. She was a native of Holstein; emigrated to the United States. She recovered, except a disability to use her hands in piano-playing. She returned to Altoona (Holstein), and was there operated on for malignant tumour of the breast. When the muscles were bared by the scalpel, trichinæ cysts were found in them. She died of the malignant disease, but on autopsy her muscles were found filled with encysted trichinæ *still alive*. It must have been ten years since she had consumed the trichinæ-infested flesh.

CASE OF POISONING BY PHOSPHORUS.—The following is the chemical evidence in a case of poisoning by phosphorus. The viscera were taken to Dr. Herapath twenty days after the death of the infant, which had been buried for nearly that time. The history of the case and symptoms led to the suspicion of poisoning by phosphorus. Dr. W. B. Herapath detailed the chemical examination of the viscera, &c., which was as follows:—"First, they were seriatim removed with great care on clean porcelain vessels to the interior of a photographic camera, and examined in the dark for evidence of luminosity. None presented itself, however, and the contents of the viscera were equally devoid of any such appearances. 2nd. The contents of the stomach were treated with pure ether. The etherial fluid decantered and filtered reduced the salts of gold and silver in such manner as a very minute trace of free or inflammable phosphorus would produce. The residual acid fluid was next tested by Mitscherlich's plan, by distillation with sulphuric acid, but without any corroborative evidence of the presence of phosphorus. 3rd. The same acid fluid was now tested by Scherer's distillation with zinc, and the evolved gas, chiefly hydrogen, passed through ammoniacal nitrate of silver; a black precipitate resulted, too minute in quantity to further test for phosphorus. This gave doubtful evidence of phosphorus existing as phosphorous acid in the contents of the stomach. 4th. The examination of the stomach's contents gave indications of phosphorous in the free state by the ether test, and probable evidence of phosphorous acid by Scherer's mode of testing for phosphuretted hydrogen. 5th. The whole intestines having been slit up for examination, the contents of the large intestine were carefully collected, amounting to two drachms of yellow pasty fæcal matter. This was first tested by Mitscherlich's process, but no evidence of phosphorus in the free condition resulted. The acid fluid produced was then tested by Scherer's process, as before, for phosphorus in the oxidised form of phosphorous acid; and the resulting black precipitate oxidised by nitric acid, and tested by a magnesian salt and ammonia. The characteristic crystals of phosphate of ammonia and magnesia were obtained, which proved the existence of phosphide of silver in the black precipitate, which probably arose from the presence of phosphorous acid in the contents of the rectum, cæcum, and colon in small quantity. 6th. The contents of the small intestines were also removed carefully and tested in the same way. Similar results were obtained, viz., the absence of free or combustible phosphorus, but the presence of phosphorous acid. 7th. One portion of the contents of the duodenum was tested by the tincture of iodine, for the presence of starch, but no blue reaction exhibited itself; whereas a reddish port wine colour was exhibited, which appeared to be due to the presence of dextrine, a substance into which starch is converted by digestion. 8th. In another portion of the contents of the small intestines, I endeavoured to destroy the organic matter of the fæces by nitric acid, and expected to find the Prussian blue, colouring matter, but failed in obtaining any. 9th. The whole of the stomach, small and large intestines, were dissolved in the dark by means of hydrochloric acid, absolutely pure; but no luminous appearances were exhibited: these phenomena would have been observed if a certain proportion of inflammable phosphorus had been present; it is a test nearly as good as Mitscherlich's. 10th. The acid solution, filtered from undissolved matters, were tested in a gas evolution bottle and with certain apparatus attached, which enabled me to test at one operation for arseniuretted hydrogen, antimoniurretted hydrogen, sulphuretted and phosphuretted hydrogen. There was negatived evidence of the three former gases, but the black precipitate resulting was proved to be phosphide of silver, and therefore demonstrated the existence of an appreciable quantity of oxidised phosphorus existing in the tissues of the viscera as phosphorous acid; the same product as exists after the phosphorus paste had been exposed to the air. 11th. A large portion of the liver was dissolved and treated in a similar manner, by which a further quantity of phosphide of silver was obtained, from which crystals of phosphate of ammonia and magnesia were obtained, and examined by the microscope. Results: Evidence of the presence of free phosphorus in minute quantity was obtained from the contents of the stomach; whilst evidence of phosphorous acid, the lower oxide of phosphorus, was obtained by Scherer's test, as modified by myself, from the contents of the stomach, and of the large and small intestines; whilst a still larger quantity of the same phosphorous acid was shown to have been absorbed or imbibed by the tissues of the stomach and intestines, and to be present in the liver; whilst the presence of dextrine in the intestinal canal shows that starch had been present there during life. I infer that phosphorus was probably the cause of the acute inflammation of the mucous surface of the stomach and intestines, of which the infant died."

THE COLOURING MATTER OF THE BILE.—In a communication lately made to the Royal Society, Professor Stokes, of Cambridge, has shown that the colouring matter of the bile, which has been named biliverdin, is not, as was supposed by Berzelius, identical with chlorophyll. The optico-chemical tests, unknown, of course, to that great chemist, indicate marked differences between the two substances. Professor Stokes has lately been much engaged in the optico-chemical examination of chlorophyll, and proposes to present the details of these researches to the Royal Society before long.

THE LATE EXAMINATION FOR THE ARMY MEDICAL DEPARTMENT.—As might have been expected, the late desperate attempt to obtain candidates for the vacant Assistant-Surgeoncies in the army has proved an utter failure. Although the bait was thrown far and wide, and any unsettled, unemployed man, possessing the necessary qualification, and being under thirty years of age, was solicited to make application, only fourteen candidates were obtained. Of these three were physically disabled, four were rejected as Professionally incompetent, and the remaining seven were accepted. In the Indian and British armies together there are now nearly two hundred vacancies. When it is too late, the authorities will perhaps become alive to the folly of the course they are pursuing. We can assure them that they will never make the service a popular one, and never obtain an influx of highly-educated Professional gentlemen as candidates, until they grant those reforms in the matters of pay, retirement, position, and duties, which have been so frequently insisted on in this Journal.—'Medical Times and Gazette.'

POOR-LAW MEDICAL REFORM ASSOCIATION.—Mr. Griffin, Weymouth, requests us to inform the Poor-law Medical Officers that in 'Knight's Official Advertiser' of the 15th ult. it is stated:—"The Select Committee on Poor Relief (England) continued to meet on Tuesdays and Fridays until the Easter recess, and have now resumed their sittings. The Members alone are present when the Committee are considering their report, and the resolutions agreed to will not be made known until they are formally reported to the House. In all probability the report will be issued early next month." Since the first of April Mr. Griffin has received the following subscriptions in aid of the funds of the Association:—Jay, F. F., Depwade, 5s.; Davies, F., Pershore, 10s.; Whiteman, R. H., Wandsworth, 5s.; Banks, P. H., Bedford, 5s.; Thomas, J. L., Carmarthen, 2s. 6d.; Stainthorpe, F., Hexham, 5s.; Terry, H. Junr., Hardingstone, 5s.; Percival, W., Hardingstone, 5s.; Spicer, N. W., Chard, 1*l.* 1s.: Morton, S. E., Great Boughton, 10s.; Clarke, J., Barnstaple, 5s.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 4.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, MAY 5.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Hullah "On Music (1600—1750)."

FRIDAY, MAY 6.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. J. Scott Russell, "On Gun Cotton."

SATURDAY, MAY 7.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On Metallic Elements."

MONDAY, MAY 9.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 10.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

New Observations upon the Structure and Formation of Certain Nervous Centres, tending to prove that the Cells and Fibres of every Nervous Apparatus form an Uninterrupted Circuit. By Lionel S. Beale, M.B., &c. London: John Churchill and Sons.

Glaucoma, and its Cure by Iridectomy. By J. Soelberg Wells, Esq. London: John Churchill and Sons.

Report of the Committee of Visitors of the Lunatic Asylum for the North and East Ridings of Yorkshire.

The Dublin Quarterly Journal of Medical Science, May, 1864. No. LXXIV.

Treatment of Diseases of the Skin. By Dr. W. Frazer. Dublin: Fannin and Co., 41 Grafton street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

WE regret that we are compelled to postpone until next week the first of a series of papers on "Prostitution," by DEPUTY-INSPECTOR-GENERAL DOLMAGE; together with several other interesting communications, reviews, and articles of news.

A THREE-YEARS' SUBSCRIBER, *Bath.*—A L.R.C.P. Edin. has no *legal* right to prefix Doctor to his name, but custom and courtesy may justify him in doing so.

A MEDICAL STUDENT might apply with safety to the Surgeon of his Hospital, or if he will furnish us with more information we might be able to assist him. We are unwilling, unless under very special circumstances, to recommend particular practitioners.

DR. J. L. E., *Birmingham.*—We believe that the *Laminaria Digitata* may now be procured of the instrument-makers. It is a common sea-weed in Scotland.

THE copy of the 'Edinburgh Evening Courant' has been received, and the subject shall be noticed next week.

DR. DRYSDALE'S letter is in type, and will appear next week.

A CONSTANT READER'S letter shall appear next week.

A SUBSCRIBER.—The paper has been received, and the subject shall be noticed.

A STUDENT'S letter shall be inserted.

DR. TORBOCH'S letter shall appear next week.

Society for Relief of Widows and ORPHANS OF MEDICAL MEN.—INSTITUTED 1788.—Incorporated by Royal Charter, 1864.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the first day of JUNE next, at which Candidates for Admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The Form of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the Families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday from Four to Five o'clock.

S. W. J. MERRIMAN, M.D., Secretary.

53 Berners street, W., May, 1864.

Society for Relief of Widows and ORPHANS OF MEDICAL MEN.—INSTITUTED 1788.—Incorporated by Royal Charter, 1864.—The Seventy-sixth Anniversary Dinner of this Society will take place on Saturday, the 28th May, at the Albion Tavern, Aldersgate street.—Thomas Arthur Stone Esq., President and Trustee, in the Chair. Tickets one guinea each, to be obtained from the Stewards, from the Secretary, or at the Tavern. Dinner to be on the Table at half-past six o'clock precisely.

Any registered Member of the Medical Profession residing in the county of Middlesex, or within the limits of the London District Post, is eligible as a member of this Society, at a subscription of Two Guineas a year. Widows and Orphans of members of not less than two years' standing are eligible for relief, and to such applicants relief was granted last year to about 2,000*l.*

S. W. J. MERRIMAN, M.D., Secretary.

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THE CRYSTALLINE PURGATIVE PRINCIPLE OF ALOES, (vide "Edinburgh Monthly Journal of Medical Science" for Feb. 1851,) continue to prepare and supply it. They have the gratification of knowing that the most eminent of the Profession prescribe it, to the exclusion altogether of the various kinds of aloes.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

BY ROBERT HUNTER SEMPLE, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 260.)

The Morbid Sounds of the Heart, or Murmurs.—It was mentioned in the last communication that all the morbid sounds of the heart might be considered due to *friction*, either of one solid part upon another, or of the blood against a contracted orifice, or against a tumour or excrescence upon a valve; or it might be due to the passage of *unhealthy* blood over healthy solid structures. Thus, a murmur might indicate, according to circumstances, an attack of pericarditis, an obstruction of the valves, regurgitation of the blood through valves insufficiently closed, friction of the blood against projecting growths or tumours, or the passage of unhealthy blood (as in anæmia and chlorosis) through unhealthy valves and vessels. It is also stated that the murmurs may sometimes be due merely to certain abnormal conditions of the nervous system, as hypochondriasis and hysteria, without appreciable disease of the heart or the blood; but I am unable to confirm this statement by my own experience.

Although in a general sense it may be stated that all the murmurs are due to friction, and are, therefore, essentially the same, yet it is indispensable to examine them individually in order to determine their relative importance in the diagnosis of disease. I must also observe that the practitioner, in forming his opinion, ought to take into consideration all the concomitant circumstances of each case; for if he were to judge exclusively by the character of the murmur, he would be liable to fall into as many mistakes as another who should discard the significance of the murmurs altogether, and trust entirely to the rational signs.

Friction Sound—Exocardial Murmur.—In a healthy state, the adjacent surfaces of serous membranes glide over one another without any noise, in consequence of the serous fluid thrown out on their surfaces for the purpose of diminishing friction, on the same principle that oil is applied to the piston-rod and other working parts of a steam-engine. But when the natural serous secretion is dried up, or when lymph is poured out from the contiguous surfaces, then the two sides of the membrane grate against one another, and produce the creaking noise which is heard on the application of the stethoscope, and is known by the name of *friction-sound*. This sound presents various degrees of intensity, being sometimes *soft*, like the rustling of silk; sometimes *rough*, like the creaking of new leather, to which it is indeed compared (*bruit de cuir neuf*); and sometimes *scraping*, like that produced by a rasp. The first sound indicates an effusion of lymph of recent occurrence, soft in consistence, and small in quantity; the second indicates that the effusion is older, thicker, more unequal, and more resisting; and the third, or the scraping sound, is caused by the formation of more hardened morbid products, such as cartilaginous or osseous depositions in the false membranes.

The pericardial friction-sound is the same in character with the friction-sound of the inflamed pleura, and the conditions are the same in both cases, but the morbid sounds are synchronous with the respiratory movements in the one case, and with the movements of the heart in the other. Hence, therefore, arises the diagnostic difference; and it is further to be noticed that in the greater number of cases of pleurisy, the movements of respiration are made with very great pain, and are accompanied with cough; whereas it generally happens that there is no pain complained of by the patient in pericarditis, and it is, therefore, the more necessary to observe the physical signs, which are often the only trustworthy indications of the disease. This pericardial friction-sound is a certain indication of inflammation of the pericardium, and is necessarily only temporary in its duration, and will be modified in proportion to the progress of the disease. It is produced at an early period of the inflammation, when an effusion of albumino-fibrine has taken place, but when the quantity of the effusion is still small. It diminishes in proportion to the increase of the effusion, which of course separates the serous surfaces and prevents them from rubbing together, and it ceases when the fluid is in such quantity as to prevent the contact of the opposite sides of the membrane. It will reappear when the disease begins to abate and the fluid diminishes in quantity, and it will cease quickly if extensive adhesions are rapidly formed, or it will last longer if the adhesions are formed more slowly. The friction-sound, therefore, is necessarily temporary, and can exist only while there is a small quantity of effused fluid on the anterior surface of the heart in the sac of the pericardium.

The exocardial friction-murmur is generally double, while the endocardial murmurs are more frequently single, and the exocardial murmurs are quite independent of the ordinary sounds of the heart. Again, the exocardial murmurs are limited to the præcordial region; while the endocardial are often prolonged into the carotid arteries. But, as I have before remarked, these observations cannot be considered perfectly accurate, and each case must be separately studied, and always in connexion with the concomitant circumstances. The exocardial and the endocardial murmurs are very frequently both present in acute cases, but in chronic cases, the existence of a murmur can only be referred, for reasons already explained, to the existence of disease *within* the heart.

Bellows-sound—Endocardial Murmurs.—These sounds are of various kinds, being sometimes soft and blowing, constituting the true bellows-sound; sometimes rough, like that of a file; and sometimes sharp, like that of a saw. I do not know that these varieties of sound are allied to any definite and distinct pathological conditions of the heart or the blood, and, moreover, the intensity of the sound is by no means necessarily proportionate to the gravity of the disease. Indeed, the contrary is often the case; a very slight obstruction causing a loud murmur, while a serious deviation from the healthy state may produce only a very slight one. It is almost unnecessary to insist, that the presence of a murmur, however slight, is a pathological indication of great importance, although it does not necessarily indicate the presence of a serious disease. Generally speaking, it is a far more significant sign of disease in the male than in the female subject, for in the latter it is very often caused by morbid conditions of the blood, without any appreciable lesion of the heart, and may disappear altogether as the general health improves. It should also be observed, that although a murmur in the male subject may attend serious disease of the heart or the arteries, yet it may be caused solely by the pressure of some gland or tumour over the course of an artery, and will disappear when the pressure is removed. Again, the apex of a tuberculous lung, by pressing upon the subclavian artery, may give rise to a murmur, thus simulating arterial disease.

I am aware that some French authors, as Laennec and Bouillaud, and also Barth and Roger, consider that the rough murmurs, such as the rasp, file, and sawing sounds, indicate a more serious disease than the bellows-sound, and usually indicate a more hardened or osseous state of the valves over which they are heard; but in practice these distinctions cannot be maintained, for the rough sounds are often heard when the valves have undergone no calcareous degeneration, and, on the other hand, a very advanced stage of valvular disease may produce only a bellows-sound.

As an instance of the comparatively slight disease of the heart which may produce a very loud murmur, I may quote the following case, which occurred to Dr. C. J. B. Williams, and is recorded by him in the second volume of the 'London

Journal of Medicine,' 1850:—A man, aged about thirty, was admitted into University College Hospital for a slight ailment, attended with palpitation. The remarkable feature of the case was a very loud musical murmur, of a cooing note, following the second sound; it was most distinct in the mid-sternum, but it was also heard in every part of the chest, in the arteries of the neck, and, although faintly, even in the radial artery at the wrist. The patient was kept in the hospital, not because his health was suffering, but as a kind of stethoscopic curiosity. But it unfortunately happened that he caught typhus fever, which was prevailing at the time, and died in the hospital. On examining the body, the ventricles were found moderately enlarged and thickened, but the valves were all healthy, except the aortic, and the only morbid appearance on them was that one of them had its free margin neatly retroverted, so as to leave a fine, smooth chink for regurgitation.

(To be continued.)

REMARKS ON PROSTITUTION,

WITH A

VIEW TO THE ADOPTION OF MEASURES

FOR THE

CHECKING OF VENEREAL DISEASES.

By Gideon Dolmage,

Deputy Inspector-General of Army Hospitals, and Medical Attendant to the Small Arms Factory and Military Clothing Depôt, Pimlico.

In the year 1860, in a paper containing "Observations on the Mortality, &c., of the Troops at Aldershot," which I had the honour of submitting to Lieut.-Gen. Knollys, then Commanding Division, Camp Aldershot, I stated, as the following extract will show, that "the average *daily* percentage of sick to strength, for the year 1859, was 5·6; the former being 812, and the latter 14,256; that the number of rheumatic cases treated in the camp may, at first sight, appear large, but that very many of these were not labouring under true rheumatism, a considerable portion being affected with rheumatoid pains, the result of syphilitic constitutional taint; that the great prevalence of venereal disease—the cases numbering for the year 1859, 6,621—was, without doubt, the original cause of many other affections which appear upon the face of the sick returns; that the women infesting the neighbourhood of the camp were lodged in many of the public-houses in its environs, and were of the lowest description; that it would be very desirable, and would tend much to improve the sanitary condition of the camp, at least as far as syphilitic ailments are concerned, if the authorities of the different parishes would prosecute the owners of such public-houses as could be proved to have harboured prostitutes; that this could be done, having obtained evidence from such men as had contracted disease from cohabitation with women in such houses. That, from my experience as an Army Medical Officer, I was lead to the conviction, that four-fifths of the mortality in the British army was owing, directly or indirectly, to syphilis; and that unless some plan were devised to deter soldiers from exposing themselves to such contagion, I feared there could be little diminution in the numbers of those who would become diseased, and scarcely any improvement, on this point, in the sanitary condition of the army."

It is stated in 'The United Service Gazette' of April 9th, 1864:—"From Medical and military returns, we are enabled to show that from one removable cause of sickness alone (namely, syphilis), four or five regiments were permanently disabled from duty; whilst even when the invalids had recovered, so much had their constitutions been injured by the ordeal through which they had passed, that there was nothing left for commanding officers but to discharge them, as unfit for the service."

Many there are who will object to the plans we are about to suggest in this paper, for the alleviation of the great evil which exists amongst us; and, without doubt, the opinions of such objectors are worthy of every respect and deference, because they are held on what is considered to be just grounds, and are honest in their intentions.

But opinions are not arguments; and however just they may seem to the holders of them, however honest they are in purpose, however upright in intention, they cannot be accepted as legitimate or binding, since they offer no means of preventing an origination of the disease, a further spread of it when originated, a staying of the fearful ravages it commits, nor even a tentative effort at eradication—since, in a word, they fail to meet the exigencies of the case. On this account, therefore, they must not be heard with that attention which would exclude from notice propositions that have for their object not so much an eradication as an amelioration.

The lesson taught us by past ages is, that wherever men are collected, especially in large numbers, prostitution will—we had almost said must—exist; now, since we cannot prevent the offence, nor wholly banish the offenders from our camps and our ranks in civil life, we must adopt those means which are actually at our command.

We admire the principles, we reverence, in the highest signification of the word, the tenets of religion upon which are based moral objections to the plans about to be proposed; we bow in sincere and humble adoration before Him who has said "Thou shalt not do evil that good may come;" and we render all holy veneration to this command, which we strenuously contend we are not violating when we urge the adoption of those proposals which we submit for consideration.

Wherever men are aggregated, without the most powerful restraining influences to govern them, the offence which leads to the disease will be committed; nay, more, from our own experience we can state that when men are isolated from the opposite sex, crimes are committed more disgusting and revolting to our nature, and that seem greater violation of Nature's laws, which, however, are not so in reality; but which, physically speaking, reduce the man to greater helplessness, and in a number of instances have apparently degraded him the more morally.

We must not be misunderstood. We are not advocating the crime of fornication; we are not even trying to excuse that we are bound to condemn; we offer no extenuation for its commission, nor any exculpation for those guilty of it, for we are well aware that when the Divine edict went forth against the committal of this act, and so constituted it sin, a power, natural or superhuman, was at the same time given, which, if exercised, would enable the unlawful passions to be ruled and overcome, and those desires to be controlled which, pronounced by a pure and holy Deity to be offensive to Him, are therefore sinful in their indulgence.

It is our duty to fight, not with imaginary positions, but with circumstances as we find them.

We can never, even by the most rigid system of discipline, prevent this crime; not all the restraint of arms, both civil and military, can keep men from pursuing the bent of their desires; unless, indeed, we bind them hand and foot or strengthen their minds with those principles which will make them to abhor the crime at the same time that we impart to them strength to resist its commission. Now, we cannot bind men as we would the veriest malefactors; nor can we impose upon all the constraining influence of religion, since all will not accept it as the rule of their lives.

Moreover, it is our opinion that we cannot *eradicate* this disease from amongst us. We are too well acquainted with human nature to suppose it will cease to err; we know that sin must and will abound, while we retain our present condition, that sin and human nature are inseparable, and that the consequences of sin, as inseparable from the sin itself, are inevitable.

We must deal with this malady in its every bearing as we find it, and must not allow ourselves to be carried away with any Utopian ideas. We find an evil, we trace it to its cause, but we are powerless, utterly powerless, in every sense of the word, to remove either the evil itself or the cause of that evil; it follows, then, as a matter of course,

that we cannot remove the *wages* of this great crime ; and therefore it behoves us to address ourselves, not to that we cannot effect, but to that we can accomplish, namely, the *amelioration* of conditions which actually exist.

"We find," says the 'United Service Gazette' of April 9th, 1864, "that, amongst our rank and file, the existence of an individual with untainted blood is a rarity, and that there are more discharges taking place in consequence of men having been rendered wholly unfit for duty by their profligacy, than from any other causes."

The men so discharged have been for some time under pay, have been fed, clothed, trained for useful purposes by the Government, and that, too, at no small expense ; but just as their training is accomplished and they are prepared by that training for the field and for all the active duties of the soldier, they are rendered unfit for active service, or placed entirely *hors de combat* by the ravages committed upon their health by this disease, or by the effects of treatment and disease combined.

There is one means of propagating this disease which cannot be overlooked, and to which we shall make allusion. Troops are garrisoned in a town ; the members of them become acquainted with the people, and are admitted into social converse with their families ; attachments are formed ; the troops are ordered away to a camp, or to another town ; the young girls, who have become attached to some of the men, leave their homes, their parents, and their friends, to follow the soldier whom they love ; they follow him ; they are denied admission into the camp ; they are cast off by their soldier-lover, or are seduced by him, and then spurned and degraded. In many instances, these poor girls are of such tender years, as to be mere children—children in years, children in experience, but soon to become children of disgrace and of the lowest infamy. Homeless, friendless, houseless, moneyless, betrayed and rejected, seduced and forsaken, perishing from want of food and that good advice which might reclaim them and lead them back into the paths whence they have strayed, they fall into companionship with the utterly abandoned, become an easy prey to vice and every form of corruption, and, giving themselves up to be the devotees of iniquity, they in turn become nuclei for sin and centres of contagion.

(To be continued.)

HOSPITAL REPORTS.

KING'S COLLEGE.

Case I.—Stone in the Bladder ; Lithotomy ; Extraction of the Calculus.—By Mr. Fergusson.

The patient was a strong, well-built man, of middle age, and had suffered severely from calculus which, on examination, proved to be lodged in the back part of the urethra, immediately in front of the neck of the bladder. From the appearance it presented, as seen after its removal, it was probably of prostatic origin, that part of it which was imbedded in the gland being, in composition, oxalic acid, while that projecting into the urethra was coated with uric acid.

Mr. Fergusson, in his remarks upon the case subsequent to the operation, pointed out the clinical fact, that calculi such as these may remain for some time in their position without occasioning any serious distress or uneasiness ; but that, as had happened in one case he witnessed, when the stone is dislodged and pushed back into the bladder, it sometimes creates such irritation, inflammation, and consequent retention of urine, as to demand immediate operative measures for the relief of all these urgent symptoms.

The operation put in practice in the present instance was the ordinary one for the extraction of the calculus by the lateral method ; but we shall not here describe the steps of the proceeding, since they are to be found in Mr. Fergusson's work 'On Operative Surgery.'

In the present instance, the stone, in sounding, had been pushed from its place back into the bladder, whence it was removed ; it was of small size, and illustrated the deceptiveness, as to size, of a calculus when it is placed in such a manner as this was. The contact of instruments with the stone had conveyed the idea of its being larger than it was in reality.

Case II.—Cleft in the Soft Palate, attended with Slight Deficiency of the Hard.

This kind of deformity usually exists when the split in the soft curtain of the palate is situated in the mesian line, and is very difficult to treat successfully, the opening being obstinate in closing, and sometimes altogether opposing the best-directed efforts. Mr. Fergusson, in order to deaden the sensibility of these delicate parts, advises that for some days previous to the operation they should be accustomed to the contact of the finger or other foreign bodies ; by this the irritability is very much lessened, and the operation performed with comparative ease. When the patient is steady, we can then pare off the entire margin of the fissure, which is a much better plan of removal than taking it away piecemeal. The operation, Mr. Fergusson observed, is much more difficult of performance than at first sight it would appear to be, the parts being so bloody, so sensitive, so slippery, and, from their situation, so difficult to bring into proper view, or expose to a good light.

Case III.—Disease of the Hip occurring in a Middle-aged Man.

The subject of this affection was a middle-aged man, of stout and somewhat plethoric habit, and of a florid complexion. The disease had existed for some time and had occasioned a constant discharge of matter for a number of years, yet without any apparent deterioration of the patient's health ; it was evidently of an inflammatory character, had caused an arrest in the development of the leg, and had left a number of sinuses remaining, the openings of some of which could be seen in the inferior and lateral part of the abdomen, about the crest of the right ilium, which was the bone diseased. The sinuses above and below the crista ilii having been enlarged so as to admit the fingers, Mr. Fergusson introduced the index-finger of each hand to ascertain if the dead bone was loose ; but as it did not seem to be, he thought it advisable merely to plug the wounds with oiled lint.

Case IV.—Necrosis of the Humerus, the Result of Fracture.

About last Christmas, this patient had sustained a fracture of the humerus, near the elbow joint, and which was followed by inflammation of the joint. It was difficult to find out whether the bone was loose, though there was no doubt whatever of its being diseased, and that the nature of the disease was deep necrosis of the lower end of the humerus. Having enlarged the sinus which led down to the joint, Mr. Fergusson separated the dead from the living bone by means of, first, the cutting bone pliers, and then of the small bone saw, the fleshy portions of the arm, which retained the bone to be removed, being finally cut across with a scalpel. The wound was stuffed with lint, and the plugging was maintained *in situ* by the turns of an ordinary bandage.

Case V.—Congenital Hernia. Operation for Radical Cure.

The patient was a young child, but being perfectly healthy, its age did not present any contraindication to the operation ; Mr. Wood accordingly operated for the radical cure, using the needles for the purpose of bringing the walls of the canal together. In his remarks, he mentioned a case which he afterwards showed us in the ward : it was that of a little child, who, having been operated on in the usual manner for scrotal hernia, had been affected with a return of the protrusion, the intestine slipping down behind the cord and also behind the tissues, which had been matted together by the inflammation attendant upon the operation. Finding that his first operation did not arrest the descent of the bowel, Mr. Wood performed a second, in which he took up the posterior wall, and united it to the other tissues so completely as to fill in the canal and prevent any further slipping down of the bowel. This measure had been attended with complete success, and the malformation was remedied

REVIEW OF BOOKS.

On the Nature, Pathology, and Treatment of Puerperal Convulsions. By Richard Hodges, M.D., F.R.C.S. Pp. 96. London: Churchill and Sons. 1864.

Dr. Hodges, having been extensively engaged in the practice of Midwifery for the last twenty years, has considered it to be his duty to contribute some of the results of his experience to his professional brethren, and he has chosen the subject of puerperal convulsions, in the treatment of which formidable disease he informs us that his success has been very great. He describes first the symptoms, diagnosis, and prognosis of the disease; next, the causes which originate it; then its pathology, and lastly its treatment. All these topics are ably handled, and Dr. Hodges proves himself to be well acquainted with the literature of this affection, as well as with its practical management; but, nevertheless, we do not find that he has introduced any novelty into his pages or presented us with any striking features of originality in the design or execution of his treatise. His chief aim appears to be to inculcate the necessity of early and copious blood-letting as the sheet-anchor on which the practitioner ought to rely in the treatment of puerperal convulsions, and it is probable that most obstetricians will be disposed to agree with him, except those who now maintain that venesection ought never to be employed at all. Out of twenty cases alluded to by Dr. Hodges, seventeen recovered, and in all of these, bleeding was early and efficiently, though cautiously practised; and of the three fatal cases, in one, bleeding was not performed at all, in a second, it appears to have been performed too late, and the third case sank from peritonitis and ruptured uterus. Whether the experience of Dr. Hodges in the treatment of this disease is sufficiently extensive to give due weight to his precepts, may perhaps be doubtful, but his book is written in an earnest style, and contains nothing that is objectionable.

New Observations upon the Structure and Formation of Certain Nervous Centres, tending to prove that the Cells and Fibres of every Nervous Apparatus form an Uninterrupted Circuit. By Lionel S. Beale, M.B., F.R.S., Professor of Physiology and of General and Morbid Anatomy in King's College, London, &c. London: Churchill and Sons. 1864.

This memoir, which is reprinted from the second part of the 'Philosophical Transactions for 1863," is intended to clear up some disputed points in reference to the structure of certain portions of the nervous system. The ultimate composition of nervous matter being divisible into cells and fibres, it has been hitherto maintained that there are three classes of cells, some being unipolar, others multipolar, and others apolar, or, in other words, that some have one fibre in connexion with them, others several fibres, and others none at all. But Dr. Beale is compelled to conclude from his recent researches, made upon different animals, from the mammalia down to the annelida, that every nerve cell, central or peripheral, has at least two fibres in connexion with it, and that therefore there are no apolar and no unipolar cells in any part of the nervous system. The whole subject belongs, of course, to the region of transcendental anatomy, but it is unnecessary to inform medical readers that investigations such as these often throw a new and unexpected light upon the nature of vital actions and upon the phenomena of disease, and are therefore worthy of the deepest attention. Dr. Beale's memoir is accompanied by numerous plates, illustrative of his microscopical discoveries, which have, in the present instance, been made in the nerve-structures of the frog and the *hyla arborea*, but which are probably analogous or identical with those which may be demonstrated in the case of other animals.

Coxeter's Catalogue of Surgical Instruments and Apparatus. Second Edition.

The Second Edition of Mr. Coxeter's Catalogue is much enlarged as compared with the first edition, and the woodcuts are increased to the number of two hundred. The book now includes not only the usual instruments employed in operative surgery, but all the appliances recommended or used by physicians and surgeons in the treatment of disease, or injury; together with information, conveyed in the form of notes, as to the application of the various articles described or depicted. The lists are arranged under their various heads, with the prices affixed to each, the names being given of the inventors of the different instruments, and there is an index for reference at the end. Practitioners at a distance will find in these pages a kind of *résumé* of the improvements made in later days in the instrumental department of the Profession, and the numerous illustrations will at once present to the eye the design and object of each article in a far better manner than any mere description could afford.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, APRIL 5 AND 19.

MR. PRESCOTT HEWETT, President.

DR. WALE HICKS read a report on a

SPECIMEN OF LUNG AND SPLEEN OF A HORSE

obtained at the Veterinary College, and mentioned in our last report. The spleen was seen to be almost filled with nodules of tolerably firm yellowish white tissue, the larger nodules being about two inches in diameter, and the smaller about a quarter of an inch. The lung was affected much in the same way, but the masses were greyish white, less firm, and more juicy, and many of them were very minute. Portions, both of the lung and spleen, were removed for microscopic examination. On making thin sections of the lung tissue, and washing and pressing them, portions of the infiltrated substance were removed, and many of the air-cells could be distinctly seen, empty and healthy-looking, which were before entirely blocked up. The matter contained in the air cavities, however, was not so easily or so completely removable as in the specimen of horse's lung before examined. The cell-growth somewhat resembled that in the previous specimen, but was more varied. Most of the corpuscles had a finely granular appearance, and some of them contained a number of distinct minute globules resembling oil globules. A considerable number of the corpuscles were small and rounded, about the size of a blood corpuscle; a smaller number were much larger, double or treble the diameter of the former, also spherical, and containing a distinct nucleus. Besides these, there were many other corpuscles intermediate in size, varying greatly in shape, some oval or rounded, others fusiform or candate; most of these were also nucleated. Some of the juice from the cancerous nodules of the spleen was also examined, and found to resemble greatly that from the lung, the chief difference being that the cells were somewhat less distinct and well formed, and were mingled with some of the elongated fusiform fibre-cells of the spleen, and with a greater quantity of granular matter than was observed in the lung.

Dr. GIBB read a report on Dr. Murchison's case of

NECROSIS OF THE HYOID BONE.

The specimens submitted to him, after the most careful examination and comparison with a number of healthy bones, were made out to be component parts of a necrosed hyoid bone. The larger specimen consisted of the right half of the body of the bone, being much thicker than natural, the result of the morbid process, which most probably was in the first instance periosteal, and extending to the true osseous structure. The anterior projecting angles for the origin of muscles corresponded pretty accurately with those of the healthy bone. The smaller specimen was a portion of one of the greater cornua, probably the right, as the general disease would seem to have been mainly confined to that side. Dr. Gibb thought that, allowing for the alterations produced by inflammation, the diagnosis of the bone involved was most satisfactorily established.

Dr. SCHULHOF showed several

FIBRINOUS CASTS OF THE UTERUS.

A woman, 62 years of age, who had had good health until recently, began to suffer from a sanguineous discharge, and subsequently passed two substances analogous to the amenorrhœal membrane of younger women.

The specimens were referred to Dr. Graily Hewitt for further examination.

Mr. SQUIRE then showed the

OVA OF THE PEDICULUS CORPORIS.

They had been taken from a man, 60 years of age, who had suffered from prurigo two years. He said that the body louse was a frequent cause of the disease called prurigo senilis. It was not often found, as it was not looked for in the right place, viz., in the clothes. Mr. Squire had examined sixteen cases, and had found the lice in each.

Dr. BRISTOWE could confirm Mr. Squire's statements as to the lice being a frequent cause of prurigo senilis.

Dr. HARLEY showed a specimen of

CONGENITAL MALFORMATION OF THE KIDNEY.

A child died at the age of 10 months of croup, having had no symptom of renal disease. Her only peculiarity was that she would never lie on the right side. There was no kidney stricture to be seen, the ureter was quite occluded, and a mass of cysts occupied the site of the kidney.

Dr. GIBB exhibited some

WORMS EXPELLED FROM THE NOSE AND FRONTAL SINUSES

of a girl, aged 11 years. For three months she complained of pains in her head and over the frontal sinuses, and also in the chest. The face, forehead, and nose then became swollen and erysipelatous, with a discharge from the nose and the passage of several worms, which were believed to come from the frontal sinuses. They were exceedingly small, about an inch long, and when coiled up were not larger than pins' heads. The girl is still under treatment in the Westminster Hospital.

Mr. MASON inquired if Dr. Gibb had seen any of the worms passed.

Dr. GIBB had seen them come from the right nostril.

Dr. OGLE exhibited

A CHILD HAVING THE GREATER PART OF THE STOMACH, DUODENUM, AND ALL THE INTESTINES EXTERNALLY LYING ON THE OUTER SURFACE OF THE ABDOMEN—ILLUSTRATED BY PHOTOGRAPHIC REPRESENTATIONS.

For the opportunity of exhibiting this specimen Dr. Ogle was indebted to Mr. James Eaton, of Grantham, formerly a student at St. George's Hospital. The child (a male) was apparently an eight months' child, and was born alive. The mother, in good health, aged 23, had a natural and very easy labour, and the liquor amnii had escaped before medical aid could be obtained. The child breathed freely at first, but after a few hours began to breathe heavily. The exposed stomach and bowels became inflated and inflamed, after two evacuations of meconium. On the following day the breathing had become laborious, and the viscera more distended. There was also much crying, as if pain was suffered. The child died twenty-nine hours after birth. The viscera, situated externally, were quite devoid of any peritoneal investment, and communicated with the abdominal cavity by means of an opening of the size of a shilling in the abdominal parietes, about an inch from the umbilicus. When the intestines, &c., were drawn on one side, the liver within the abdomen could be seen through the above-mentioned opening. The peritoneum lining the abdominal walls was found to be directly continuous with the outer skin at the forementioned opening in the abdominal parietes. No other maldisposition of parts was found in the body.

Dr. OGLE also exhibited a specimen of

COLLOID OR ALVEOLAR CANCER OF THE PERITONEUM OF VERY RAPID GROWTH.

The patient, a women aged 47, was admitted into St. George's Hospital, under Dr. Ogle's care, in September in last year. She had only been ill between seven and eight weeks, suffering at first from anasarca of the legs; frequent vomiting and constipation followed (but never jaundice), and she was admitted with constant vomiting of a greenish fluid, and pain chiefly at the right side of the epigastric region. The urine was free from albumen. Much pain came on over the belly, which had become distended with fluid, and irregular, hard masses became felt in the abdomen, especially in the right cæcal region. The pulse was mostly very quick (about 112 in a minute). She sank and died two weeks after admission, and about ten weeks after the first symptoms set in (her mind remaining entire to the last). After death the entire peritoneum was found studded with numbers of colloid carcinomatous growths, forming a continuous layer, and the great omentum formed a large mass of the same growth. Moreover, the pylorus of the stomach was thickened by a growth of a distinctly *scirrhous* nature.

(To be continued.)

THE HARVEIAN SOCIETY, APRIL 7, 1864.

PRESIDENT—WILLIAM ADAMS, ESQ., F.R.C.S., in the Chair.

The PRESIDENT exhibited casts of the knee-joints of a young gentleman aged ten, one of which showed a complete dislocation of the patella outwards. There was no knock knee. Some years ago, the boy met with an accident whilst playing, and since then he had been unable to engage in play; indeed, his parents dreaded his going out, as he was apt to fall and dislocate the patella. Mr. Adams stated that he intended to bring about partial anchylosis of the joint by keeping the limb motionless in the straight position, and he hoped that in eighteen months or so there would be a stiff joint.

DIPHTHERIA.

Dr. CLEVELAND had lately had two cases of diphtheria, which recovered under a stimulating treatment, and sponging the fauces with a solution of borax.

Dr. GRAILY HEWITT had, in the cases of diphtheria which had recently come under his care, observed that the patches of effusion occurred at a somewhat advanced stage of the disease, often out of sight of an ordinary inspection of the fauces. The upper part of the pharynx above the uvula or the posterior nares was the primary seat of the disease in some cases. A discharge from the anterior nares was one of the earliest symptoms. He had observed great benefit to result from topical applications, made by means of a piece of cotton wool, dipped in an astringent fluid, and tied to the end of the finger to the upper part of the pharynx; stimulants were quite necessary, and nourishing diet frequently administered.

Dr. GREENHOW considered topical applications as of no great importance in the treatment of diphtheria. Of fifteen post-mortems made by him in cases of diphtheria, he had found that the mischief was by no means confined to the surface of the diseased parts, but extended deeply into the tissues beneath. The membranes approached the condition of sloughing, and abscess is sometimes found in the centre of the tonsil. Sometimes there is ecchymosis into the muscles of the neck. Any violent local means are, indeed, counter-indicated, and deodorants alone are of service. The medication to be preferred when hæmorrhage ensues is the tinct. ferri sesquichlor.; it penetrates through the membrane. For his own part, he had renounced local medication, such as nitric acid, and had seen cases where strong applications had done much mischief. He mentioned the case of a lady, who, six weeks after the disease, was unable to move her tongue. Her hands and legs became quite powerless also. She was, however, recovering under the administration of cold affusions.

Dr. FULLER observed that it was important to ask ourselves, What is the nature of diphtheria? In itself, a patch of membrane on the pharynx is of no great consequence, and patients died when no such patch was seen, as happened in the case of a child who died in St. George's Hospital. Patients die poisoned, and tearing off pieces of the membrane does no good. Entire rest is absolutely required, and the mere sponging out the fauces will sometimes destroy the child. By following out this rule he had not lost a case for five years. Iron, quinine wine, and chlorate of potash were the best internal remedies.

Dr. HARE quite agreed that topical applications are worse than useless in diphtheria, except when the discharge is very fetid. In this case a lotion containing Condy's fluid may be snuffed up the nostrils with advantage.

Dr. COCK observed that some disinfectant ought to be placed in the utensil used for spitting into by the patient.

A paper was read by WEEDEN COOKE, ESQ.,

ON THE TUMOURS AFFECTING THE FEMALE BREAST.

Dividing these tumours into the solid and the cystic, the author explained the methods of diagnosis by manipulation and by the grooved needle, and related cases of unilocular cystic tumours treated successfully by iodine injections. He then referred to multilocular cysts, which grow to an enormous size, and advised excision, stating that these tumours yield the best results to the knife of any of those which affect the mamma. The proliferous cysts are those within whose walls solid matter is developed, which eventually fills the space previously occupied by serum. Mr. Cooke regards these as undoubtedly cancerous, which will return after excision. He then spoke of the cysts that are sometimes formed in the substance of a scirrhous tumour, and considered *this* change indicative of rapid growth of the decayed mass. It is in this form of tumour that spontaneous evolution of the disease by sloughing most frequently takes place, and when it happens, if the constitution can be supported, cicatrisation may be obtained and the disease remains in abe yance for a very long period. Stimulating injections into the cysts will sometimes bring about the process of evolution. Solid tumours of the breast may be either simple or malignant. The results of common inflammation may be sometimes so severe and lasting, that doubts may readily arise as to the true nature of the swelling. In the first place, age has much weight on the question of diagnosis, inasmuch as cancer does not make its appearance generally during the child-bearing period. The induration of simple inflammation is more diffused than in cancer, neither is there that strong hardness so characteristic of scirrhous tumour; the pain in cancer is sharp and plunging; in simple induration it is constant and wearying. Cases showing that these distinct diseases are sometimes confounded were selected. Induration, the effect of injury, was then referred to, and the points of difference and the results of treatment shown. The adenoid tumour, or adenocele, is an hypertrophy of the absorbent glands, frequently found in the neighbourhood of the mammary glands, and not unfrequently mistaken for enlargement of the mammary gland itself. It is generally found in very slender persons, and in those who have an hereditary tendency to phthisis. These tumours sometimes attain the size of an orange, are exquisitely tender, very moveable, and unattached to the skin or subjacent muscle. They are, when removed by operation, found to be enclosed in an inverting capsule. Covered by a soft piece of leather to shield them from irritation, and the constitution being improved by iron and cod-liver oil, these tumours will frequently disappear; but it occasionally happens that a further degeneration ensues, and the adenoid tumour becomes cancerous.

Two sisters were spoken of who had hereditary phthisical constitutions. Both had adenoid tumours in the breast for many years, and in one, cancer had developed itself within the last two years. From this, and various other experiences, Mr. Cooke disputes the doctrine that an innocent tumour is innocent to the end, and a malignant one malignant from the beginning. He also believed that phthisis and cancer are but different expressions of a common hereditary dyscrasia; the first showing itself principally at the commencement of life, and especially at the catamenial period, and the last cropping out gradually at the cessation of this periodical salutary and sanitary efflux. The author then passed on to describe cancer itself in its various forms, as affecting the female breast. After minutely describing the progress of a scirrhous tumour, he asked and answered some important questions connected with this lesion. Is it derived from an hereditary predisposition? Is it a constitutional or a local disease? Is it capable of being caused by an injury? Are the married or celibate most prone to it? Has suckling or the avoidance of this maternal duty any influence on its development? Has the menstrual cessation any influence it? Is it possible that tubercle and cancer may have the same origin? After considering these various questions, Mr. Cooke went on to describe how the system purged itself of cancer—first, by spontaneous sloughing out of the whole tumour, and, secondly, by a gradual atrophy. In reference to the question of operation, the author states that each case is to be studied for itself; the moral as well as the physical condition of the patient requires a careful analysis. Statistics are not favourable to operation, and if they were, would be an unsafe guide taken alone. The medullary form of cancer in the breast was then described, and in connection with this the comparative value of the various deodorizing substances was discussed. A chlorine wash, made by adding hydrochloric acid to chlorate of potash, Mr. Cooke had found the most efficient, and next to this the permanganates. The hydrocarbons, including the carbolic acid, come next in value, and then the charcoal and carrot poultices; but each might, at times, be substituted for the other with advantage.

Mr. DE MERIC observed, that all that fell from Mr. Cooke on the question of cancer was most valuable, as that gentleman had had so vast a field of observation of the disease of which he had so ably treated. The question which patients most desire to have answered when affected with mammary tumour was, whether such a tumour is cancerous or not. His opinion of cancer was, that it was, like diphtheria, a disease of the whole system; but as to whether cancer was connected with phthisis or not, he was unprepared to say. A woman, age 52, had cancer of the breast. She had lost a daughter four years ago, by phthisis. In this case the cancer seemed to act more like a foreign body in the breast, than like an ordinary cancer. The skin became distended, and at last reddened, and then the destructive process and effusion commenced, terminating in ulceration. At an early stage of the tumour there was a lardaceous hardness of the arm. The whole arm ran into rapid destruction and mortification.

Mr. ADAMS remarked that he had not seen anything to make him believe that simple tumours might turn into cancerous growths. There was no microscopic form of cell indicative of cancer, but still the microscope had done a great deal. It had helped to group together different varieties of tumours. Thus, one group, which Astley Cooper and others regarded as hopeless—namely, fungus hæmatodes—the microscope had shown not to be malignant. The large gourd tumours are of the cystic class. They exhaust by bleeding; but post-mortem examination does not disclose any internal cancer. He instanced a lady at Richmond, who, in 1844, was operated on by Mr. Travers. Liston, Stanley, and the older surgeons had thought the operation unsuitable, and refused it. The lady had, however, insisted, and is now alive. The removal of cancerous growths will sometimes, by removing fœtor, render death less horrible, and may, sometimes, prolong life.

Dr. POLLOCK remarked upon the possibility of the same diathesis developing itself into tubercle and cancer; he was inclined to agree that this might be so. He recollected cases where cancerous parents had phthisical children, and the diseases occur simultaneously in the same individuals, as he had shown in papers read before the Pathological Society.

Dr. GREENHOW remarked that cancer sometimes occurs in growing persons, while, again, phthisis occurs at even advanced ages. E. G., a patient of his, age 65, had phthisis, which he had at first believed to be cancer of the apices of the lungs.

Dr. HARE remarked that the extreme frequency of phthisis pulmonalis made it difficult to judge of its hereditary connection with cancer. Tubercle and cancer very rarely concur in the same individual, and cancerous parents often have cancerous children.

Mr. COOKE replied by thanking those who agreed and those who opposed his views. He had so frequently seen examples of phthisical children being the offspring of cancerous parents, that he must adhere to his opinion of the great affinity of the diseases. He had also seen, in

many cases, strumous glands turn into cancers, and thought they ought to be removed. As to excision of true cancer, if the cancer is left alone, the patients will sometimes live for fourteen or fifteen years, whilst, if the cancer is excised, they will speedily die.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

MR. I. B. BROWN continues his clinical lectures "On the Diseases of Women, remediable by Operation," his present subject being the treatment of prolapsus of the uterus, bladder, and rectum, attended with rupture of the perinæum, which may be *simple*, *extended*, or *complete* rupture. These different forms require different operations, but the principle is the same in all, and consists in restoring the perinæum, by cutting out portions from the sides of the vagina, and bringing together the cut edges by means of sutures. Mr. Brown describes and illustrates the different steps of the operation, and the treatment to be adopted before and afterwards. It is essential, after the operation, to leave the parts at rest for some time, to administer opium, and to support the strength of the patient.——DR. EDWARD SMITH continues his papers "On Dietary in Disease," his present subject being the treatment of obesity. Dr. Smith condemns the indiscriminate attempts sometimes made in the present day to reduce the bulk of the body without inquiry as to the cause and nature of the enlargement; and he points out that there are two classes of obesity or apparent obesity, namely, one consisting of enlargement of the abdomen only, and another of general deposition of fat over the whole body. The attempt sometimes made to diminish the former, by injudicious treatment, may not only fail in its object, but produce serious disease, because this kind of enlargement may be due chiefly to flatulence, and distension of the bowels with effete semi-solid matters. These cases should be treated by purgatives and gentle exercise.

THE 'MEDICAL TIMES AND GAZETTE.'

PROFESSOR HELMHOLTZ continues his very learned and able lectures "On the Conservation of Energy," his subject being now the physiological actions of living bodies.——DR. W. O. PRIESTLEY contributes "A Clinical Lecture on Flexions and Versions of the Unimpregnated Uterus." When these displacements arise from some morbid condition of the uterus or ovaries, appropriate treatment must be adopted for the cure of those affections; when the displacements are unconnected with uterine disease, the case often requires no treatment at all, and may be left to itself. But it sometimes happens that the displacement is the source of serious inconvenience, and cannot be rectified by ordinary means, and then some mechanical assistance becomes necessary. Dr. Priestley describes various kinds of apparatus which have been recommended for rectifying the mal-positions of the uterus, and in some of them there is a stem which passes into the uterine cavity and is retained there. There is a great objection, however, to such instruments, as they irritate the uterus; but Dr. Priestley describes a kind of pessary for cases of retroflexion, having a wire frame-work, which passes behind the cervix uteri and raises the fundus and keeps it upright.——DR. J. W. OGLE continues his "Cases of Softening of the Brain and Spinal Cord," describing the symptoms observed during life and the post-mortem appearances in several patients.——MR. F. A. BULLEY relates "A Case of Inflammation and Gangrene of the Thigh," which terminated fatally, but in which no post-mortem examination was allowed. Mr. Bulley believes, however, that it was a case in which there had existed on the mitral or aortic valves some morbid vegetation, which, being carried by embolism into the circulation, had accidentally made its way into the profunda artery of the thigh, and there caused obstruction, followed by mortification of the corresponding limb.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, MAY 5TH.

THE ARMY ESTIMATES: ARMY MEDICAL OFFICERS.

On the vote of 262,216*l.* (less by 2,000 than was originally proposed) for defraying the expense of the medical department of the army,

Colonel North called attention to the present inefficient state of the medical department of the army, and observed that, so far from carrying out the recommendations of the committee of 1858, in favour of having one surgeon and two assistant-surgeons to every regiment, there were no less than 200 medical vacancies in the army. The hon. and gallant member referred to the evidence of the Commander-in-Chief, Sir Richard Airey, and other experienced officers of distinction, to show the necessity of having the medical staff of the army increased; but such was the state of things at present, that, although there were 200 vacancies, medical students could not be induced to enter the service.

General Peel said that one of his first official acts when Secretary for War was to issue a medical minute founded on the recommendations of the committee which sat in that year; and he had had the satisfaction of being told by Sir Benjamin Brodie that the effect of the minute was to induce some of the best medical students to enter the army. But he had heard that some of the students who had entered the army under the warrant of 1858 complained that faith had been broken with them; and one of the reasons given for the change was that the Administration had found some difficulty in carrying out the minute. He hoped the noble lord would be able to offer some explanation for the change which had taken place, and for the difficulty of obtaining medical students to fill the vacancies now existing.

Mr. O'Reilly could bear his personal testimony to the good effects of the minute issued by the right hon. and gallant member opposite in 1858, and he trusted the War Department would see the expediency of acting up to the conditions of that minute.

The Marquis of Hartington admitted that there was considerable difficulty in obtaining a proper supply of medical officers for the army, but he could not allow that that was owing to the provisions of the warrant to which the gallant colonel (North) had alluded not having been carried into effect. On the contrary, those provisions had been very fairly given effect to. He was afraid that if the deficiency was to be met, it must be through the House of Commons granting increased remuneration to the medical officers of the army.

Colonel North said that the army medical officers only wished to be entitled to retire after twenty years' service, and he thought this was no more than just. The fact that there were now 200 vacancies in the military service showed that the present system did not attract a sufficient number of competent men. If war was to break out to-morrow, what should we do? A committee which sat eight years ago reported that each regiment in the service should have a surgeon and two assistant-surgeons; but at present the regiments serving at home had no assistant-surgeons at all.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 18, 1864.

TRIAL FOR ALLEGED POISONING BY CAYENNE PEPPER.

A trial which took place on Wednesday last at the Central Criminal Court displays in a very remarkable manner the feelings existing in the public mind at the present moment on the subject of illegitimate Medical practice. The case was that of a person practising somewhere in Whitechapel, who was charged with administering to a lad of fifteen a quantity of improper and dangerous medicines, whereby death was caused, thereby rendering the accused liable to trial for manslaughter. It appeared that the prisoner, who possessed no Medical qualification, but called himself a Medical botanist, attended medically in a case described as one of acute inflammation of the hip-joint, and administered a number of powders containing cayenne pepper. The result was that the boy became worse, and died in a few days; and on a post-mortem examination, it was found that all the organs essential to life were free from natural disease, but the hip-joint was in a diseased state arising from acute inflammation, and the stomach was also in a state of acute inflammation and contained a quantity of cayenne pepper. Dr. Letheby, who examined the contents of the stomach, stated, in answer to a question by the Court, that the cayenne pepper given to the deceased had caused inflammation, which had resulted in great exhaustion, ending in death.

Now, as no evidence was adduced on the other side, we may assume that the facts thus set forth were truly related, and that the opinions advanced were entitled to respect. It therefore would appear that a case was made out against the prisoner of having caused the death of this unfortunate youth; not, indeed, by having wilfully and knowingly destroyed him, because such a charge would have amounted to murder, but by having brought about the event by the incautious and improper administration of drugs, of the properties of which he knew little, for the cure of diseases of which it does not appear that he knew anything at all.

The jury, however, thought otherwise, and, without going through the farce of a consultation, almost immediately acquitted the prisoner; and we are told in the papers that the announcement was received with applause and clapping of hands, and no doubt the victim of Medical persecution, as he was styled by his counsel, was conveyed home in triumph by his friends. We only wonder that some of the newspapers have not improved the occasion by joining in the applause manifested by the Old Bailey audience, and by pointing out how important it is to the liberty of the subject, and essential to the welfare of the community, that empirical practice should be defended and encouraged by the law, and that persons should be allowed to destroy the lives of their fellow-creatures without any let or hindrance.

We have no intention of making any lengthened comments upon this wretched caricature of justice, the more especially as we have no wish to be supposed as joining in any persecution of the Whitechapel "botanist." But, perhaps, it will afford some amusement, though of a somewhat dismal kind, to quote a few passages from the speech of Mr. Serjeant Ballantine, as showing the kind of rubbish which, in the absence of anything like sense, or reason, or evidence, often carries weight with a "British Jury":—

"He commenced by observing that it was a somewhat hard thing to see the prisoner standing in the dock *simply because he was not possessed of the ordinary certificate which qualified medical practitioners.* There was a strong feeling of jealousy in the minds of medical practitioners against what they denominated 'quackery,' and *it was in consequence of that feeling that the prisoner had been hunted down by the profession.* The whole question in the case was one of opinion. Medical practice of late years had undergone a complete revolution. Homœopathy had taken the place of blood-letting. The truth was, that every great invention had been received in a spirit of stern and unrelenting opposition. *Jenner, for instance, had been hunted to death for having recommended vaccination as a preventive of small-pox.* The immense sale of pills and ointments in the present day was without a parallel, and yet the doctors would tell the world that these pills and ointments were valueless. *It was beyond all doubt that metallic medicines were injurious, and that vegetable medicines alone should be administered.* At all events, Dr. Coffin was strongly of that opinion, and accordingly he had substituted capsicum or cayenne pepper for the cure of certain disorders; and the question was, whether the prisoner, as a disciple of Dr. Coffin, had either by negligence or ignorance produced the death. The prisoner contended now, as always, that he had committed no mistake, and that *the remedies he applied were the true and proper ones, and his judgment was founded upon experience.* If the prisoner was in error in selling capsicum, then Savory and Moore and every other patent medicine vendor in the kingdom were liable to be indicted. The evidence was most conflicting. Dr. Gant and Dr. Cumming differed wide as the poles asunder; and if the one was a goose so was the other also. (A laugh.) The jury should not be tied to the chariot wheels of any medical man, but they should carefully consider the modest opinions given on one occasion by Sir Benjamin Brodie, rather than the bold, positive statements of the medical men examined that day. So because the prisoner did honestly, and truly, and faithfully administer what he believed to be an efficacious medicine, he was standing where Courvoisier and Palmer had stood before, on a charge of the gravest magnitude. Did the prisoner visit the boy for fee and reward? Certainly not. His was the visit of the Samaritan to the house of poverty and sickness. And was the unfortunate prisoner to be hunted to death because he sold Dr. Coffin's pills, handled a pestle and mortar not according to the most approved fashion of the *Pharmacopœia*, and had the hardihood to poach upon the common of the men who carried in their pockets all the diplomas under the sun? But numbers of persons would everywhere be found who would asseverate in the strongest terms that Holloway's and Morrison's pills and ointment had absolutely cured them of coughs, colds, and rheumatisms, and in one case he believed the advocates of these specifics had gone so far as to declare that Holloway's ointment had replaced a pair of legs. (Great laughter.) The learned serjeant concluded by entreating the jury to rescue the prisoner from what must be considered *by all impartial men as a grave persecution.*"

We are almost ashamed of quoting this trash, in which it is hard to say whether the false reasoning or the falsification of facts is the most apparent. Jenner was *not* hunted to death for inventing vaccination, but received a large sum of money from the British Parliament as an acknow-

ledgment of the boon he had conferred on humanity. The prisoner did *not* visit the deceased like the good Samaritan (although this would have made no difference in the merits of the case), but received money for his visits and medicines. The prisoner did *not* stand in the dock simply because he was not possessed of a medical qualification, but because he had ignorantly and carelessly administered an improper and dangerous drug, whereby death had been caused.

The false reasoning is equally palpable. It is *not* beyond all doubt that metallic medicines are injurious, for iron is not a poison, and strychnia and morphia *are* poisons. The prisoner was *not* indicted for selling capsicum, which of course any grocer might have done, but for prescribing and administering cayenne pepper in a medical case for gain and reward, without knowing its effects on the human body.

As to the bad taste of the whole speech we need say nothing, nor of the feeling which could convert an inquiry into the death of a fellow-creature from the tortures of inflamed bowels into the occasion for the display of tomfoolery, which seems to have been received with shouts of laughter by the brutal and ignorant audience before whom it was made. But it is needless to add anything more. No doubt Mr. Serjeant Ballantine would allege that his talents were merely hired for the occasion, and it is not without pain we see in this, as in many other similar cases, that the profession of the Bar can prostitute zeal, eloquence, and sagacity, to the advocacy of any cause, however wretched or however contemptible; or, as in the present instance, can hold up to public ridicule and contempt a Profession fully as honourable as its own.

SUMMARY OF THE WEEK.

PROFESSOR LAYCOCK ON THE WINDHAM AND TOWNLEY CASES.

In an introductory lecture lately delivered by Dr. Laycock, in the University of Edinburgh, on Medical Psychology and Mental Diseases, the Professor made some passing allusions to the cases of Windham and Townley. In the former instance, Dr. Laycock points out that a due distinction is not drawn between mental diseases and deficiencies, and that the only question originally was, not whether Windham was insane, but whether he was competent or not to manage his large property, and whether it would not have been merciful to protect him from the evil consequences of his youthful defects of judgment. In the case of Townley, Dr. Laycock comments on the discrepancy of the Medical opinions, but inclines to the belief that the man was insane. There was, he observes, an hereditary predisposition to insanity, which was called into activity by a disappointment in love—a circumstance which, in many well-known instances, disturbs the equilibrium of the mental powers, and leads to suicide and homicide, besides a multitude of minor extravagances. Dr. Laycock, in admitting and apologising for the different views taken by Medical men on cases of supposed insanity, adduces, not inaptly, the conflicting opinions held by the British Judges on the case of the ship 'Alexandra,' as showing that law, which is said to be the perfection of reason, is no more fixed in its conclusions than is psychological medicine.

THE BRITISH PHARMACOPŒIA.

It will scarcely be believed that the two following opinions were given by the same Journal on the same book, but such is really the case. The book is the British Pharmacopœia, and the Pharmacopœia Committee, who are extolled in one criticism and decried in the other, are the very same persons :—

Lancet, Jan. 16, 1864.

"This has been the work which the Committee had to carry out, and it has given them almost endless trouble. The wide difference of formulæ in the different national Pharmacopœias, the enormous disparity in strength and composition of preparations of similar name or intended for similar therapeutic uses, constituted a source of innumerable discussions between the various committees. In the end a very close approximation to uniformity has been attained, as is stated by the official writer: not altogether so complete and satisfactory as might be desired, but still enough to warrant the statement above quoted, and more than enough to call for the thanks of the profession to those who have bestowed great toil and distinguished intelligence on the work, and have freely given from their stores of accumulated information all that could be useful for the service of medical practitioners and the public. It will be our duty, in the interests of the profession, to proceed forthwith to the detailed review and criticism of the results they have achieved. It would be unnecessary to say that we shall do so in a spirit of the fullest respect and regard for the great difficulties overcome in the task which they have achieved, were it not that those who have just completed this arduous work might, without some such words of recognition and explanation, feel hurt when any exception is taken to the details of a labour which has undoubtedly been conducted with continued care and unusual ability."

Lancet, May 14, 1864.

"The single practical bit of work is the appointment of a committee to superintend the re-editing of the Pharmacopœia, under the direction of one competent person. We are well satisfied that the opinion we have expressed throughout on this subject is that which the Council has now ultimately adopted; and, leaving the Pharmacopœia Committee to enjoy any such laudations as they can extract from their friends for the part which they have laken in the disgraceful pillage of the profession to the tune of 5000*l.* for a book which any firm of publishers would have had better edited for a tenth of that sum, we may express our satisfaction that the practical revision of the book will now be placed in the hands of one fit person, and that thus an improved result may be anticipated at a comparatively small cost. At any rate we hope to hear no more of the perennial and costly tea-meetings at which the present failure was concocted; and, with a due sense of the responsibility attaching to his work, it is not probable that the new editor will show the foolish desire for secrecy, or the reckless disregard of modern pharmaceutical research, which our commentators and those of the Pharmaceutical Society have shown to characterise the present edition."

DR. MOORE AND THE POOR-LAW BOARD.

Dr. Moore has addressed the following letter to the Poor-law Board. The course he has taken is a most proper one, and the Poor-law Board, by their one-sided conduct, will secure for itself the hearty contempt of the Medical Pro-

fession, who now know what they have to expect from the authorities at Whitehall :—

"To the President and Commissioners of the Poor-law Board.

"Sir, and Gentlemen,—I have the honour to acknowledge the receipt of a communication from you dated the 20th ult., in which you desire to know if I intend to send in my resignation as Medical Officer to the parish of Bethnal Green, as advised by you.

"In answer thereto, I respectfully inform you that my legal advisers being fully satisfied that had the inquiry into the charges been conducted according to the legally-defined rules of evidence adopted in the courts of law or equity, and submitted to an impartial and unprejudiced tribunal, the conclusions arrived at would have been different to those adopted by you.

"It is, therefore, our intention to bring the whole matter before the country in such a form as shall enable us to prove the utter falsity and malignancy of the accusations, the imperfect form adopted in taking the evidence submitted to you, the evident bias of the inspectors, and the injustice of your decision, consequent thereon, and your refusal to re-open the case, so that the whole of the facts might have been brought to your notice.

"As an acquiescence in your recommendation to resign would be a virtual acknowledgment of the justice of your decision, I respectfully beg to inform the Board that I decline acceding to the request.

"I have the honour to remain your obedient servant,
"EDWARD MOORE, M.D., M.R.C.S. Eng.,
"L.R.C.P. Lond., L.S.A.L."

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

We intended in our last number to give the results which had been arrived at by the Medical Council on several very important points connected with Medical Education, but up to the period of our going to press, we had not received the last corrected minutes, and we were unwilling to fill our pages with a multitude of technical details of motions and amendments which terminated in nothing, or to bore our readers with the long-winded discussions of the different speakers, unless they led to some practical end. We regret to state, that although at the end of the week before last it appeared probable that the Council had really come to some definite agreement on certain important principles, that probability was dissipated at the close of the proceedings, when the Council broke up without any definite conclusions at all. We are, therefore, in the position of Tantalus, who finds the water run away from his lips every time that he attempts to imbibe the desired fluid, and we must wait another year, and perhaps several years, before any of the questions now before the Council are settled.

Under these circumstances, it would be manifestly absurd in us to print the enormous mass of material which lies at our disposal, in the form of the official reports of the proceedings, or to report the speeches which we had the opportunity of hearing. We propose, therefore, only to select those portions of the proceedings which we believe may prove of general interest, and to point out the leading features which characterised the general debates. We regret to repeat what we have observed on previous occasions, that the Members of the Council do not, with a few exceptions, appear to be actuated with any desire to promote the general welfare of the Profession, or to uphold its literary or scientific status, but they rather defend, *per fas et nefas*, the interests of their own Colleges or Corporations. From this charge we are bound, in honour and in justice, to except the recent additions to the Council in the persons of Dr. Sharpey, Dr. Parkes, Dr. Quain, and Mr. Rumsey, and perhaps there may be a few more ; but, generally speaking, it is flagrantly apparent that the principle actuating the majority is to take care of number one, in the shape of the body of which each is the representative. Hence, an enormous amount of time is wasted in trifling discussions about technical matters affecting the rights of a particular corporation ; and when any really useful and comprehensive measure is proposed, it is sure to be met by some obstacle arising from its supposed interference with some chartered or corporate right, and every attempt is made to render its provisions abortive by an ingenious system of vexatious opposition. When no other plan seems likely to succeed, that *of speaking against time*, as it is called, is brought into requisition ; and this device was so successful at the last meeting, that many of the Scotch and Irish Members left London before the proceedings were over, and the rest of the Council found a ready excuse for getting rid of the business by pleading the absence of their colleagues.

We have already recorded the debate on Medical Education, which, it will be recollected, was opened by Mr. Syme, followed by an amendment by Dr. Thomson; the upshot being that both the motion and the amendment were lost, Mr. Syme voting *against his own motion!* Truly does the 'Lancet' declare that "Mr. Syme has not shown himself equal to the task he undertook ; he abdicated the command of the discussion, and although commendably brief, what he said was by no means accurate or suggestive ; he destroyed without reconstructing." Our own estimate of Mr. Syme's capabilities as a Medical Legislator we have long ago expressed, and now our opinions are amply justified by the figure cut by Mr. Syme in the recent debate.

It was determined on the 3rd of May, the day after the disposal of Mr. Syme's resolution, that a Select Committee on Education should be appointed, consisting of Dr. Christison, Chairman, Mr. Arnott, Dr. Paget, Dr. Alexander Wood, Dr. Thomson, Dr. Apjohn, Dr. Parkes, and Dr. Stokes, with a view of considering the recommendations of the Council on Professional Education, and the various motions and notices of motion as to Education which had been submitted to the Council. Their duty was to prepare such a report on Medical Education as might be presented, and, if possible, passed during the present session.

With commendable alacrity and zeal, this Committee met and deliberated and prepared the following Report, which we print entire :—

REPORT.

The Committee appointed on 3rd May, relative to Professional Education, have to report, that they have carefully considered all the points referred to them by the Council.

They understand the object of the Council to be, that this Report should comprise a statement of all Recom-

mendations as to Professional Education, arising from the late discussion in Committee of Council, as to which there appears to be a general agreement in the Council, and which may be sent forth this session as Recommendations to the several Licensing Bodies of the Kingdom, or suggestions to them for information. The Committee trust that they have kept this object steadily in view in the following Recommendations:

I.—Registration.

The Committee recommend under this head, that the Regulations proposed in the Report of the Sub-Committee on Registration (Minutes No. 62, pp. 7 and 8) be adopted, with a slight change in No. 3 of these Regulations; which will then stand as follows:

1. That the registration of Medical students be placed under the charge of the Branch Registrars.
2. That each student be only once registered, viz., when he first enrols himself as a Medical student.
3. That each Licensing Body request, from each School of Medicine under its jurisdiction, a list of all students entering on the study of Medicine for the first time at that school, agreeably to a subjoined form.
4. That the Register at each school be closed within fifteen days after the commencement of each session or term.
5. That these lists, as soon as possible thereafter, be transmitted, along with the certificates of each student having passed an Arts examination, to the Branch Registrar of that division of the kingdom where the school is situated, and that he from them frame an accurate Register of Medical students of that division of the kingdom of which he is Registrar.
6. That the Registers of Medical students so prepared by the Registrars, after examination by the several Branch Councils, be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, print the same in alphabetical order, and supply a copy of this authorised list to each of the Bodies in Schedule (A) to the Medical Act.
7. That the several Licensing Bodies be requested, after October 1868, to abstain from examining any candidate for licence or degree whose name does not appear on the authorised list of Medical students.
8. That the Branch Councils be desired to take means to make these regulations known to the Medical students at the various Medical schools.
9. That exceptions allowed by the Licensing Bodies to any of the preceding regulations as to registration, together with the reasons for such exceptions, be transmitted to the Branch Council of the part of the United Kingdom in which they have been granted.

II.—Age for Licence to Practise.

The Committee, after having taken into consideration Mr. Rumsey's notice of motion—that the earliest age for obtaining any licence to practise Medicine or Surgery should be twenty-two, recommend that the Resolution 17 of the Recommendations of Council in 1863, p. 7, be adhered to in the following shape:

1. That the age of twenty-one be the earliest age at which any professional licence shall be obtained; and that the age shall, in all instances, be duly certified.

III.—Professional Study.

The Committee have taken into consideration the notices of motion as to Professional Study, given by Dr. Thomson, Dr. Parkes, and Dr. Storrar, and have come to the following Recommendations, in which not only these gentlemen, but likewise every other member of Committee present, have concurred:

1. That no licence be obtained at an earlier period than after the close of the last winter session of four years of study, after the registration of the candidate as a Medical student.
2. That the course of study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognised Medical school; and that evidence shall be produced that the remaining period of the four years has been passed in the acquisition of Professional knowledge.
3. That, in reference specially to Dr. Parkes' notice of motion, as to duration of sessions, and of courses of lectures, the regulation of the duration of sessions, and the extent and duration of courses of lectures and instruction, be left for the present to the several Licensing Bodies.
4. That it be recommended to the several Licensing Bodies, that the courses of instruction required by them should be framed in such a manner as to secure a due share of attention, both to preparatory branches, and to those more strictly connected with the practice of Medicine and Surgery; and that it be suggested accordingly to these Bodies, that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.
5. That, while avoiding for the present all other details, by which this object may be attained, it be recommended, that no subject of lectures be enforced by regulation, to be attended oftener that once.
6. That the Council intimate, that they will view with approbation any encouragement held out by the Licensing Bodies to students to prosecute the study of the Natural Sciences before they engage in studies of a strictly professional character.
7. That the several Licensing Bodies be requested to furnish a short statement of the mode in which their examinations are now conducted, whether by written, oral, or practical examination, and of the length of time a candidate is under examination in each, or all of these ways.

IV.—Examinations.

The Committee have considered the subject of Examinations with peculiar care, which was rendered imperative by the proofs brought before the Council in the late discussion on Education, that the examinations of the Licensing Boards, however conscientiously carried on under the present system, are not always sufficient for their purpose. The subject is one confessedly of much difficulty. The Committee have resolved to recommend:

1. That the Licensing Boards be advised to encourage the periodical examination of students at their several classes.
2. That the final examinations of the Licensing Boards be so carried on as to be an efficient test of the practical acquaintance of candidates with the several branches of medical knowledge, and especially with the practice of Medicine and Surgery.
3. That the Professional Examination for any licence be divided into two parts: the first embracing the primary or fundamental branches of Medicine; and the second the branches directly connected with the Practice of Medicine and Surgery: that the former be not undergone till after the close of the winter session of the second year of professional study; and the latter, or final examination, not till after the close of the winter session of the fourth year of such study.
4. That the examination in Chemistry, Botany, and Natural History may be undergone at an earlier period.
5. That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being made so.
6. That the professional examinations be held by the several Licensing Bodies, except in special cases, at stated periods, to be publicly notified.
7. That Returns from the Licensing Bodies in Schedule (A) be made annually on the 1st of January, and in a subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned, in due time.

V.—Supervision of Examinations.

So much has been truly said in the late discussions in the Council, as to the duty which lies with the Council to carry out the enactments of the Medical Act relative to the supervision of the Examinations of the Licensing Boards, that the Committee have felt a great desire to recommend some definite course which the Council might at once pursue for establishing such supervision.

They fear, however, that the Medical Act is defective in this respect, inasmuch as it has not contemplated either the great amount of time and labour required to carry on a really effective supervision of the very numerous Examinations of the Licensing Boards of the Kingdom, some of which do not meet for examination at the seats of the Branch Councils, or the amount of qualifications and professional position necessary to constitute a staff of efficient Visitors of Examinations; and, consequently, has omitted to provide the means of remunerating them for their important services. But, notwithstanding this obstacle, the Committee recommend that a trial of Visitation be immediately made on such a scale as may be a guide to the Council for further regulations on the subject, at a future meeting. For this end they recommend that the Branch Councils be instructed severally to organize a set of Trial Visitations on a scale which may enable them to report upon their success, the conditions for efficiency, and the requisite means for rendering them adequately extensive.

VI.—SUGGESTIONS FOR OBTAINING INFORMATION.

To these Recommendations, which it seems to them advisable that the Council resolve now to adopt, the Committee think it right to add others, as to which the opinions of the Licensing Bodies, and of the Medical Schools connected with them, should be requested in time for the consideration of the Council at its next Session, viz.:

1. Whether, in the opinion of the Licensing Bodies, the commencement of professional study, by which the duration of it must be regulated, should be held to be only entrance on such study at a recognised Medical School?

2. Whether a "Medical School" may be better or otherwise defined than as one where there is an opportunity of studying at a General Hospital, containing at least 80 beds for patients, and also a Teacher of Practical Anatomy recognised by a Licensing Body?

3. Whether entrance on apprenticeship should be held as another way of constituting the commencement of professional study?

4. Whether the same privilege be extended to pupilage under a registered practitioner, who has charge of a union workhouse, a dispensary, or an hospital, though destitute of Medical or Surgical teachers?

5. Whether any other mode of study may be similarly recognised as the commencement of professional study?

6. Whether, looking to the great extension of the primary or fundamental Sciences of Medicine during the last forty years, the subjects embraced in courses of lectures on these sciences may not be better arranged and treated than now; so that they may be made more applicable than they are at present to the practical instruction of Medical students, as distinguished from general students?

7. Whether it be advisable or not, and if advisable, whether, and how, it may be practicable to adopt, in part at least, the principle of *ad eundem* examinations; so that a candidate, who has been satisfactorily examined, in part or completely, for any professional title conveying the right of practice, shall not be subject to re-examination on precisely the same branches by another Examining Body, before whom he may appear as candidate for the same, or a different, qualifying professional title?

8. Whether it be advisable and practicable, for the relief of candidates for licences from superfluous examinations, to establish in England, Scotland, and Ireland severally, a conjunct examining board, before whom candidates may be subjected to a single series of examinations for the "double qualification" of physician and surgeon?

9. Whether it be desirable that the oral and practical parts of the professional examinations should be so conducted as to be open to registered Medical practitioners and registered Medical students?

Lastly,—In conformity with the notices of motions by Dr. Acland, the Committee recommend the Council to appoint a Select Committee, to consider and report at the next session of the Council, what are the subjects of examination which should be required of all students prior to commencing the prescribed course of professional education, and what are the professional subjects of examination which should be required of all candidates before they receive the license to practise medicine or surgery, or medicine and surgery.

R. CHRISTISON, *Chairman.*

This was the admirable Report which we hoped to be able to present to our readers last week, with the gratifying addition that it had received the sanction of the Medical Council; but no—the cup of satisfaction it presented to our lips only to be dashed down again; and we find that instead of at once receiving and acting on this Report, the Medical Council began to discuss it all over again, clause by clause, until, as we have before intimated, the patience of several of the Members of the Council was worn out: and although some of the clauses were passed, the whole subject was postponed for another year. The suggestions contained in the Report, however, are so valuable and are so much marked by good sense and moderation, that we make no apology for presenting them to our readers, to whose careful perusal we cordially recommend them. Many, if not most, of the recommendations, we may observe, are or have long been adopted by some of the chief Examining Boards in England.

Towards the close of the proceedings on Saturday, May 7, the following resolution settled the Education question for the present session:—

18. Moved by Dr. Acland; seconded by Dr. Andrew Wood; and agreed to: "That the report of the Select Committee on Education be forwarded to the various bodies in schedule (A), with a letter from the registrar, to the effect that the report is under the consideration of the Council, and calling their attention to the suggestions of the report, and soliciting their observations thereon; also, distinguishing the resolutions which have been adopted by the Council from those which have not yet been considered; and that it be referred to the Executive Committee to carry this resolution into effect."

PRIVILEGES OF THE MEMBERS OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

The following discussion will be read with some interest, although the point at issue is left undecided:—

Friday, May 6th.—The Registrar read a correspondence which had taken place between the Poor-law Board, the Guilteross Union, the Faculty of Physicians and Surgeons of Glasgow, and the Registrar of the General Medical Council, in reference to the question whether the licence of the Faculty of Glasgow confers a qualification both in medicine and surgery.

Dr. Fleming said there was no question before the Council. The Poor-law Board had merely requested Dr. Hawkins, the Registrar, to give his opinion on the subject, twhich he had done in a very accurate manner, to the effect hat the Council had come to no positive decision with regard to the powers of different boards to grant qualifications. The Poor-law Board did not understand the position of the Medical Council. The Faculty of Physicians and Surgeons of Glasgow had been asked if they had a right to grant the degree of M.D. All that they contended for was that they were entitled to grant a diploma which conferred, in Scotland, the power to practise medicine and surgery. The Council had not been asked for their opinion; and he conceived the question lay between the Faculty of Physicians and Surgeons of Glasgow and the Poor-law Board, or for a court of law to determine.

Mr. Syme said that at an early period of their meetings the Poor-law Board applied for information as to the import of

the titles conferred, and the Medical Council had declined to express any opinion on a matter which was more suitable for a court of law. The Faculty of Physicians and Surgeons of Glasgow had always required a complete education and instituted a complete examination.

Mr. Alexander Wood said the question was of much more importance than would at first sight appear. It was a question as to the construction of the 31st clause of the Medical Act—"That every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be." The law had drawn a distinction, and the Poor-law Board had determined to employ no man who had not a qualification to practise both medicine and surgery; and with every respect for the Faculty of Glasgow, the law did not, in his opinion, give them the power to practise medicine, but only the power to practise surgery. Their charter did not contain a word about physic or medicine; and therefore, while the law remained in its present state, he conceived the Medical Council had no power to give to the Faculty of Glasgow a power which their own charter did not bestow. With regard to Dr. Fleming's motion, he thought it was scarcely civil to a public Board, asking for information, to say they were satisfied with the answers already given. He thought they ought to refer the Poor-law Board to the charter of the Glasgow Faculty, and say it is a legal question which it is not competent for the Council to answer.

Mr. Arnott said the Glasgow Faculty stood in the same position as the College of Surgeons in Dublin and Edinburgh, having a right to grant a qualification in surgery only. He did not pretend to know the legal bearing of the question.

Some discussion took place as to the form in which the resolution should be worded, and, eventually, the following was agreed to:—"That in reply to the inquiry made by the Secretary of the Poor-law Board, in regard to the powers conferred by the licence of the Faculty of Physicians and Surgeons of Glasgow, the registrar be instructed to intimate that the question involving the legal interpretation of a charter is one which the Council is not competent to answer."

GENERAL CORRESPONDENCE.

BLEEDING FROM THE UMBILICUS.

To the Editor of the Medical Circular.

SIR,—Should you think the following an interesting case, its insertion will oblige

Yours, &c., A STUDENT.

Sarah L., aged five, fair, of rather a strumous type, but nevertheless healthy, and has never had any manifestation of scrofula. From the time of her birth till now, at intervals varying from a day to a week, she has been subject to bleeding from the umbilicus, sometimes more than once a-day; at times very slight, at other times profuse enough to stain through all her underclothes.

There has been no hæmorrhage from other parts of the body except from the gums, but this is very slight, and is evidently owing to decayed teeth. Upon pulling apart the folds of skin at the umbilicus there is seen a small raw surface, from which, the mother states, the blood exudes.

I have never, myself, seen her during the bleeding, which is generally brought on by her making some exertion. Tannic acid and glycerine are being applied to the raw surface, and tincture of sesquichloride of iron given internally.

THE GOVERNMENT SHOULD CONFER DEGREES.

To the Editor of the Medical Circular.

SIR,—It is a grave question, yet, nevertheless, a perfect truth, that all our medical and surgical institutions (near upon twenty in number) of this country are wholly and solely supported (with but few exceptions, if any) by the sale of diplomas and certificates, under monopolizing laws and bye-laws; therefore it follows, as a matter of course, and to a positive certainty, it must sooner or later come to pass, that all our institutions of this country must, from imperative necessity, sell their credentials, in order to keep their institutions going and the wolf from their doors. Good gracious! how, for instance, are such institutions to obtain the means (except by the sale of their qualifications) of paying lawyers, examiners, librarians, clerks, secretaries, museums, curators, beadles, macebearers, hall and college porters, rents, taxes, stamp duties, postages, stationers, with a host of other incidental charges of which I have not the least conception whatever? These parties must, one and all, be paid for their services, and are perpetual drains upon the Licensing Bodies of this country. How need we wonder at the admission (so often reiterated and censured by the 'Lancet,' so recently as last month) into the Profession of subordinates, wth its *ad eundem gradum* regulations, including midwifery and dentists' certificates. The only poser for this state of things would be for the Government to appoint boards of examiners, and who should be paid by the State itself, and thus give to each examiner a fixed fee for his services. This I conceive to be the regular poser for such glaring abuses, which still remain a blot and an opprobrium to our healing art. And then—last, but not least—when gold speaks, all other speeches are in vain.

I am, Sir, &c., A CONSTANT READER.

Herts, May 6th, 1864.

TREATMENT OF UTERINE HÆMORRHAGE.

To the Editor of the Medical Circular.

SIR,—Having read the "Original Communication" of your correspondent on "Uterine Hæmorrhages" in your number of May 4, I beg most respectfully to state that the "*new method*" adopted by him, is one *invented* and *adopted* by me, now upwards of *twenty-five years since*, having read a paper before the Medical Section of the British Association, held at Newcastle-on-Tyne, and of which honourable mention is made in their 'Transactions,' more especially its applicability to Placenta Prævia. Honourable mention is recorded of the several inventions in the 'Medical Directory,' page 593. The instrument was made for me, also my "Elastic Pessaries," by the Messrs. Brown and Son, surgical instrument makers. I am, &c., THOS. R. TORBOCH, M.D.

Darlington, May 4, 1864.

Births, Marriages, and Deaths.

BIRTH.

HORGAN.—On the 11th inst., at 32 Lower Pembroke street, Dublin, the wife of William Cronin Horgan, Esq., M.D., Coroner of Drogheda, of a daughter.

MARRIAGE.

HUNT—HALL.—On the 10th inst., at St. Mary Abbotts, Kensington, by the Rev. Henry Geary, M.A., incumbent of Christ Church, Herne Bay, Thomas Hunt, Esq., F.R.C.S., 23 Alfred place, Bedford square, to Caroline, second daughter of the late Benjamin Hall, Esq., of Shepherd's bush.

DEATHS.

COCKE.—On the 9th inst., at The Elms, Chapel, Essex, Thoma Golding Cocke, Esq., surgeon, aged 57.

DRYSDALE.—On the 9th inst., at Liverpool, Mary Mortimer, wife of J. Drysdale, Esq., M.D., aged 38.

HOWELL.—On the 8th inst., Mr. Thomas Howell, surgeon, New Kent road, aged 49.

ROYAL INSTITUTION OF GREAT BRITAIN.—A general monthly meeting was held on Monday, May 9, 1864; William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair. The Hon. Henry Frederick Cowper, George Clive, Esq., M.P., Lieut.-Col. George Palmer Evelyn, William Dell, Esq., and William Graham, Esq., were elected members of the Royal Institution.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 3rd inst., and when eligible will be admitted to the pass examination:—Frederick Barton, University College; F. H. Burdett, Birmingham; W. H. Carruthers, Manchester; F. T. Coates, University College; Thos. Cole, St. Bartholomew's; George Crowe, University College; Thomas Cuddeford, St. Bartholomew's; H. D. Dod, St. Bartholomew's; Joseph Fall, St. Bartholomew's; J. W. G. Farwell, St. George's; J. C. Galton, St. Bartholomew's; J. D'A. Harvey, University College; W. B. Holderness, St. George's; J. P. Hughes, University College; Robert Hullah, St. Thomas's; T. M. Joseph, University College; P. Q. Karkeek, St. Bartholomew's; William Keen, St. George's; Josiah Leale, University College; Joseph M'Williams, Manchester; G. S. Madeley, Manchester; J. M. Moore, Edinburgh; William Nuttall, Manchester; J. I. Ransford, St. George's; C. L. Ridant, St. George's; A. M. Roberts, University College; G. C. Sanders, St. George's; Robert Sephton, Manchester; T. T. Taylor, St. Mary's; H. A. R. Thomson, St. George's; Frederick Turner, Sheffield; Joseph Westmorland, Leeds; S. H. Woodgates, Westminster.

The following gentlemen passed their primary examinations on the 4th inst.:—Robert Aldren, Edinburgh; Robert Barker, Newcastle; George Birch, Guy's; T. H. Brocklehurst, Manchester; J. H. Croft, Guy's; G. H. Dodsworth, St. George's; G. H. P. Evans, St. Bartholomew's; A. E. Fluder, Guy's; H. E. Forward, Birmingham; A. B. Fry, Guy's; G. F. Fulcher, Edinburgh; T. S. Gell, Edinburgh; J. M. Gordon, Edinburgh; J. K. Hyland, Dublin; Joseph Kirk, Manchester; A. J. Leggatt, St. George's; C. F. Lethbridge, University College; Francis Lett, Guy's; A. A. M'Clure, New York; G. J. Muriel, Guy's; C. E. Proctor, St. Bartholomew's; D. W. Robertson, Edinburgh; W. B. Rule, St. George's; W. O. Withers, King's College; Horatio Wood, Birmingham.

The following gentlemen passed their primary examinations on the 5th inst.:—F. L. Attwood, St. Mary's; M. H. Cantrell, University College; Vaughan Carnley, Hull; E. L. De Morgan, University College; J. R. Dunn, Middlesex; R. W. Goldie, Edinburgh; T. G. P. Hallett, University College; J. T. Hughes, Aberdeen; G. A. Kenyon, St. George's; Osmer King, Guy's; F. B. Lardner, Guy's; Augustin Le Rossignol, London; J. M. Macfarlane, Edinburgh; W. H. Plaister, Bristol; James Taylor, Glasgow; David Thomas, Edinburgh; W. K. Treves, St. Thomas's; Polyxen Vaudagne, University College; A. C. Wakefield, Edinburgh; A. M. Watson, Edinburgh; E. F. Willoughby, University College.

THE FELLOWSHIP.—The following gentlemen have just passed the preliminary examination in Classics, Mathematics, and French, for the Fellowship of the London College of Surgeons:—George William Smith, Aytoun street, Manchester—diploma of membership dated Jan. 26, 1855; Samuel Edwin Solly, Savile Row, a student of St. Thomas's Hospital; John Sebastian Wilkinson, Davies street—diploma of membership dated May 15, 1857.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on the 5th inst.:—Thomas Henry Knott, Guy's Hospital. As an Assistant:—John Evans, Cardiff. The following gentleman also on the same day passed his first examination:—James Taylor, Anderson's University.

UNIVERSITY COLLEGE, LONDON.—The presentation of prizes to the students of the Faculty of Medicine who stood the best in the class examinations at the close of the Winter Term took place on Monday week, in the Botanical Theatre of the College. Lord Wodehouse presided.

THE UNIVERSITY OF LONDON.—On Wednesday a meeting of the Senate and Fellows of the University of London was held at Burlington House, for the purpose of presenting to the Chancellor, Earl Granville, the candidates admitted as graduates and undergraduates during the present academical year. Earl Granville occupied the chair.

KING'S COLLEGE, LONDON.—The annual distribution of prizes to the students in the department of the evening classes took place at King's College on Friday, in presence of a large assemblage of persons, a considerable number of whom were ladies.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The annual festival of this charity was held on Saturday night at Willis's Rooms; Sir Charles Locock, M.D., in the chair. About two hundred gentlemen sat down to dinner, and among those present were:—Sir John Fisher; the Master of the Temple; Mr. C. G. Dupré, M.P.; Mr. G. Lyall, M.P.; Mr. Wm. Angerstein, M.P.; Colonel Walker, Colonel Palmer, the Rev. Dr. Thornton, the Rev. Dr. Mortimer, Dr. Seaton, the Rev. C. Mackenzie, Mr. Stillwell, Dr. Babington, Dr. Billing, Dr. Randall, Dr. Chowne, Mr. Fergusson, Dr. Ray, Dr. Aldis, Dr. Sieveking, Mr. Prescott Hewett, Mr. Erichsen, &c. Donations to the amount of upwards of 1,100*l.* were announced in the course of the evening. The report of the council for the past year stated that a sum of 6,130*l.* had been received from bequests to the college, and that, notwithstanding the whole of the money so received had been invested, instead of being carried, as in former years, to the current receipts, the balance of ordinary liabilities has been reduced by 800*l.*, while the amount of stock belonging to the Endowment Fund has advanced from 3,700*l.* to upwards of 10,000*l.* Sir C. Locock, in proposing "The Health of the President, Lord Chelmsford, and Success to the Royal Medical Benevolent College," referred to the rapid growth of the institution as an evidence of the noble and generous support which had already been given to it on the part of the Medical Profession and the public. He referred to the fact that the number of applications for admission was greater than the vacancies, regretted that such was the fact, and hoped that the time would shortly arrive when the accommodation provided would be equal to all the demands upon it. "The Health of the Chairman" was subsequently proposed by Mr. Dupré, M.P., and similar honour was done to the treasurer and other officers of the charity.

UNIVERSITY OF CAMBRIDGE.—The examinations for medical and surgical degrees will commence on Monday, the 30th of May, at 9 a.m., in the Arts' Schools. Candidates for the degree of M.B., intending to offer themselves for examination, are required to signify the same to the Regius Professor of Physic.

CORONERS' INQUESTS IN CENTRAL MIDDLESEX.—Dr. Lankester, coroner for Central Middlesex, has just published as an address to the National Association for the Promotion of Social Science, his first annual report on the subject of coroners' inquests, held from August 1st, 1862, to July 31st, 1863. The report contains an analysis in which Dr. Lankester states he has been assisted by Dr. Wm. Hardwicke, his deputy, in the various cases in that period, and is replete with information of a most useful and interesting character. The coroner states that the population of the Central District is 805,955, while the inquests during the period specified have been 1,080, or one inquest for every 746 persons in the population. The population of the same district in 1851 was 681,603, and the average number of inquests held annually by his predecessor, Mr. Wakley, from 1857 to 1861, was 879, or one inquest to every 735 of the population, showing that the number of inquests in proportion to population had diminished during the first year the present coroner had held the office. The largest number of inquests had been held in St. Pancras—viz., 317, in Marylebone 229, and Islington 132, 128 in Paddington, 57 being at St. Mary's Hospital. Of the 1,080 cases, 567 had been proved to be from natural causes, 346 accidental deaths, 70 suicides, 68 coming within the category of homicide, infanticide, and manslaughter, and 29 from unknown causes. The coroner complains of the inadequacy of the registration system, and observes "that the registration of death and the burial of the body is of very common occurrence in London. He refers to a statement made by Dr. Buchanan, medical officer of St. Giles's,

that 45 deaths were registered in St. Giles's in 1862, and the corpse in each case interred, about which there ought to have been an inquiry." He cites several cases as an example, and adds, "Not only are unsatisfactory certificates given, but medical certificates are registered in which medical men have not seen the person alive; and in some cases, where they have neither seen them alive nor dead." It had come also to his knowledge that the registration had taken place in cases of violent death and sudden death without any appeal to the coroner of the district, and he properly remarks, "It is very evident that such a system is fraught with danger to the public, and that it ought not to be left to the judgment of the registrar as to whether the coroner shall be informed of the entire absence or irregularity of a medical certificate." The desirability of the attention of Government to this subject is enforced. Some interesting details are given in reference to the increase of the crime of infanticide, from which the deduction is made that such crime is six times more frequent in Paddington and St. Giles's than in Islington, is twice as prevalent in Hampstead as in St. Marylebone, and twice as great in St. Pancras as in Islington. In reference to season of the year, the fewest number were held in August, and the largest in December, the accidents by fire contributing largely to the increase in the winter months. After treating upon the deaths from natural causes, and showing the value of the functions of the coroner's court in relation to these diseases, many being contagious and arising from circumstances over which man has most distinct control, and by inquiry the progress of pestilence being not unfrequently stayed, the coroner enters into the statistics of suicide which came under his notice, and concludes his very able report by demonstrating the vast importance of the inquiries of the coroner's court in relation to the safety of life in the only country in Europe in which the Court exists in all its integrity.

MISS GARRETT AND THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.—We understand that the College of Physicians have taken the opinions of the Attorney-General and Mr. Cleasby as to the legal question of admitting Miss Garrett to examination, and that, acting on their advice, the College has determined to decline receiving Miss Garrett's application.

UNIVERSITY OF ST. ANDREWS.—List of candidates who obtained the degree of M.D. on April 29, 1864:—Wm. Sankey, M.R.C.S.E., L.S.A., Sutton Valence, Kent; Wm. Parker, L.F.P.S., L.S.A., Bermondsey; Jas. Walsh, M.R.C.S.E., M.R.C.P.E., L.M.I., Staff-Surgeon, Limerick; John Alfred Lush, M.R.C.S.E., L.S.A., Salisbury; John Fenton, L.R.C.P.E., F.R.C.S., L.S.A., Liverpool; W. P. Charsley, M.R.C.S.L., Principal Civil Medical Officer, Ceylon; Wm. Nassau Irwin, L.R.C.S.I., L.R.C.P.L., D.M., Monaghan; Walter McD. Kelly, L.R.C.S.Edin., L.S.A., Crook, Durham; Thomas Wilson, M.R.C.S.E., L.S.A., Hull; J. Sydney Smith, M.R.C.S.E., L.M., L.S.A., Tiverton.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 18.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. P. Y. Gowlland, "On Cases of Obstinate Constipation relieved by Division of the Sphincter."

THURSDAY, MAY 19.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Hullah "On Music (1600—1750);" Chemical Society, 8 p.m.—Dr. Gladstone, "On Chlorophosphide of Nitrogen."—Mr. Dancer, "On the Constitution of Wood Spirit."—Drs. Williamson and Russell, "On an Apparatus for Gas Analysis."—Dr. Williamson, "On Atomic Weights of Metals;" Harveian Society, 8 p.m.—Discussion "On Carbuncle and Boil."

FRIDAY, MAY 20.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. J. Nasmyth, "On Day and Night in the Moon."

SATURDAY, MAY 21.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Alexander Herschel, "On Falling Stars."

MONDAY, MAY 23.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 24.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOK RECEIVED FOR REVIEW.

Stimulants and Narcotics: their Mutual Relations. By Francis E. Austie, M.D., M.R.C.P., &c. London: Macmillan and Co., 16 Bedford street, Covent garden.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

IN consequence of the proof-sheets of our article on the British Pharmacopœia not having arrived in time, we are compelled to postpone its publication until next week.

QUESO.—In paralysis death from congestive pneumonia is not infrequent. In partial paralysis at the function of the healthy and diseased parts the sensibility is most requisite, owing to the fact that, while compression of the bone by means of the depressed bone exists in one part and occasions want of motion and feeling, another part of the cord or a nerve running from it is not compressed but irritated, and, as always obtains, the pain is referred, not to the part directly acted upon, but to the extremity of the nerve or nerves communicating with that part. Fractures in the lumbar region running into the sacral will be attended with paralysis from the knee down; occurring, however, in the dorsal, the paralysis will involve the entire of the lower extremity.

HOMO SUM.—The subject is still under the consideration of the Government, and Sir George Grey has prepared a Bill the provisions of which will meet some of the evils in question.

YOUNG STUDENT.—In inflammation red corpuscles are first increased and then diminished; the white corpuscles are not really increased, but merely seem so from the relative diminution of the red. The adhesiveness of the white is produced by the inspissation of the blood plasma. The increase of fibrin in the blood arises from the waste and oxidation of tissues. The hæmorrhage of inflammation is never a mere transudation; it proceeds from rupture of the bloodvessels, or from breaking down of the hematine or blood-colouring matter. Solid œdema results from direct effusion of fibrin or of the liquor sanguinis, of which the more watery parts are removed, leaving, however, the comparatively solid fibrin. It is quite possible that there may be a direct *secretion* of the fibrin.

MR. L. will find that we have alluded to the subject this week.

MR. A. MUIR.—The list has been received.

INQUIRER.—Fracture in the *young* is more frequently *transverse*, while in the aged it is usually more or less oblique. Compound fractures unite by the granulation of bones; these granulations pour out plastic material, which is speedily, if all things be favourable for its development, converted into bone. Many think that there is an exfoliation of that part of the bone which lies in the pus, and that after the exfoliation has been accomplished the granulations are formed.

THE PHARMACEUTICAL SOCIETY.—The card has been received.

MR. L. B.—The circumstances are not explained with sufficient distinctness to enable us to form an opinion.

DR. J. L. E., BIRMINGHAM.—The *Laminaria Digitata* may be procured of Mr. C. W. Krohne, 241 Whitechapel road, London.

A FELLOW.—It will be seen by reference to our report of the meeting that the point has not yet been decided.

TOXICON.—The active principle of the *Lobelia Inflata* has not been definitely determined, so far as we are aware. The physiological properties of the plant are those of a sedative.

PRACTITIONER.—An excellent sedative liniment which would be adapted to your case is:

Tinct. opii., ʒj.;
Chloroformi, ʒij.;
Liniment. saponis, ℥ij. Ms. ft. liniment.

Let this be rubbed in night and morning, or even three or four times daily, till its beneficial effects are experiencd.

HARRIS *v.* TWISS.

We have received the following statement, which we publish with no other comment than to recommend Dr. Harris's case to the favourable notice of the Profession :—

SIR,—We beg to call your attention to a brief *résumé* of the above case, which has occupied a large share of the attention, not only of the Profession, but of the public.

The plaintiff in this case was Doctor Pitt Harris, Medical Officer of the Newport Dispensary, Nenagh Union, a gentleman who accepted the appointment with the knowledge that more than one of his predecessors had been driven from Newport by the most determined persecution; and one of his predecessors lately asserted publicly, in the Petty Sessions Court, that "he never would have resigned the appointments but for the persecution which he suffered from Mr. Twiss (the defendant).

For the last eighteen months, Mr. Twiss, a Poor-law Guardian, and a member of the Committee of Management of the Newport Dispensary, possessing property to the amount of between three and four thousand a year, put in force all those means of annoying Dr. Harris with the existence of which every Medical officer must be well acquainted, but finding that nothing could disturb the equanimity of the doctor, and that he showed a quiet determination not to be driven out of Newport as his predecessors had been, Mr. Twiss at length proceeded to open slander, and at a public meeting of the Board of Guardians, held in Nenagh, where he knew that reporters from every newspaper in the county attended, accused the Medical officer of incapacity and neglect, in "failing to discover that the bones of a boy's arm were broken, and refusing to set them, and that the father of the boy (his own bailiff) had to send for a bone setter, who set the bones."

The position and capacity of this bone setter may be imagined from his own evidence at a subsequent investigation before the Committee of Management. He said that "he was a bone setter since *before* he was born, and his generation before him."

Dr. Harris immediately directed his solicitor to take proceedings against Mr. Twiss for oral slander, and accordingly he was served with a writ, damages laid at 1,000*l*. Mr. Twiss filed three pleas in defence, viz. :—1st, a denial of the words; 2nd, a denial of the words in the defamatory sense attributed to them; and 3rd, *privilege*.

The plaintiff was advised by counsel, that he would get a verdict on the first two pleas, but would be defeated on the plea of privilege, and, nevertheless, resolved to go to a jury, hoping that, should a jury endorse this opinion as law, it might possibly lead to a revision of a law which is a violation of all justice, a law which gives a guardian the "privilege" of blasting the professional reputation of a Medical man without fear of punishment. The Judge (as was predicted by the plaintiff's counsel) directed the jury to find a verdict for the plaintiff on the first two pleas, and for the defendant on the third, "privilege," with costs. Taking into consideration these facts, and that, in reality, the plaintiff, Dr. Harris, fearlessly fought the battle of the Profession against wealth and power, a committee has been formed of professional and non-professional gentlemen, with the object of calling on his brother practitioners not alone to indemnify him, but by doing so to protest publicly against a state of the law under which each in his turn may suffer.

Subscriptions will be received by the following gentlemen: —George W. Bassett, proprietor of the 'Southern Chronicle,' Limerick, and Thomas Glover, Francis street, Limerick, Hon. Secs.; Edward Hamilton, M.D., F.R.C.S.I., Surgeon of Stevens' Hospital, 123 Stephen's green, West, Treasurer for Ireland; George Woods, M.D., Surgeon of the General Hospital, Southport, Treasurer for England.

Royal College of Physicians of LONDON.

FIRST Part of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, June 7th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, June 14th.

Graduates in Medicine of a University recognised by the College, Licentiates of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, and Registered Medical Practitioners qualified before January, 1864, are admitted to Examination, under special Bye-laws.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

H. A. PITMAN, M.D., Registrar, Pallmall East.

ARMY MEDICAL DEPARTMENT,
7th May, 1864.

A Competitive Examination for

ASSISTANT SURGEONS in her Majesty's Army will commence on Monday, the 8th August, at Ten o'clock.

Candidates up to 30 YEARS OF AGE are eligible to attend.

Application should be made in writing to the Director-General of the Army Medical Department, 6 Whitehall yard, for the printed form, which is required to be filled up before any name can be placed on the list.

J. B. GIBSON, Director-General.

Society for Relief of Widows and

ORPHANS OF MEDICAL MEN.—INSTITUTED 1788.—Incorporated by Royal Charter, 1864.—The 76th ANNIVERSARY DINNER of this Society will take place on Saturday, May 28th, at the Albion Tavern, Aldersgate street.

STEWARDS.

THOMAS ARTHUR STONE, Esq. (President and Trustee), in the Chair.

John Adams, Esq.	Charles Hawkins, Esq. (Trustee).
W. H. Baillie, Esq. (Hon. Member).	H. S. Illingworth, Esq.
Henry Blenkarne, Esq.	Henry Jeaffreson, M.D.
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George Critchett, Esq.	James Nichols, M.D.
T. B. Curling, Esq.	G. Hamilton Roe, M.D. (Acting Treasurer).
Thomas M. Daldy, M.D.	
William Dickenson.	Henry Sterry, Esq.
John Gregory Forbes, Esq.	Rev. Arthur Stone.
Henry William Fuller, M.D.	Edward Tegart, jun., Esq.

Tickets One Guinea each, to be obtained from the Stewards, from the Secretary, or at the Tavern.—Dinner to be on table at half-past six o'clock precisely.

Any Registered Member of the Medical Profession residing in the County of Middlesex, or within the limits of the London District Post, is eligible as a Member of the Society, at a subscription of Two Guineas a year. Widows and Orphans of Members of not less than two years' standing are eligible for relief, and to such applicants relief was granted last year to about £2,000.

S. W. J. MERRIMAN, M.D.,
53 Berners street, W. Secretary.

Anatomy, Physiology, Pathology,

and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland Place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

6 Devonshire street, Portland place.

A vacancy for a Resident PUPIL.

The Medical Baths and Fumigations.

40 GREAT MARLBOROUGH STREET, REGENT STREET, W. Established by Dr. JONATHAN GREEN, 1822.

Chlorine, Sulphur, Mercurial, Fumigations, Hot and Cold Water, Hot Air and Vapour, Nitro-Muriatic Acid, Alkaline, Chalybeate, Iodine, Artificial Baréges, Harrogate, and other Baths, constantly ready, or prepared to order.

These baths are highly esteemed, and have been mainly supported now for upwards of forty years, by the goodwill and recommendation of the Profession, as an additional, very effective, and agreeable remedy in chronic sease where internal medicines are inadmissible, or have altogether failed effect. Imitations having arisen, be particular in the address.

Brass and Zinc Door-Plates.

—C. BARR continues to supply Name-Plates for Office and Surgery Doors, engraved in the best manner and at moderate charges. Chemists' Shops fitted up with Window-sill Plates in the plain or O.G. patterns. Lists of Prices post free.

Plates altered and repaired.—Country orders punctually attended to.

36 CHANDOS STREET, CHARING CROSS, W.C.

Medical Fixture and Glass Ware-

HOUSE.—W. HAY and SONS, 25 Little Queen street, Lincoln's inn fields, beg to inform the Profession that they Fit-up every description of Medical Shops and Surgeries, and have in Stock a large assortment of New and Second-hand Drawers, Counters, Desks, Dispensing Screens, Bottles, Jars, and every requisite for the above.—A large Assortment of Medical Lamps.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 312.)

Prec. 17.—There is one precaution which ought to have been mentioned the very first of all, but I forgot to do so. When a medical man is summoned to attend a case of labour, he should go as soon as possible. It is very important to be present at the birth, that we may be enabled to use various precautions suitable to the case. I have seen three or four cases of severe hæmorrhage after delivery, occurring before my arrival, which, from the facility I had in each instance in arresting the loss of blood, I believe I could have entirely prevented, had I been present at the birth. One of these cases I shall relate in greater detail in a subsequent communication. I will give the chief facts of the case briefly now:—The patient had been confined half an hour or more before my arrival. She was perfectly blanched, and on my asking her how she felt, she said she could not see. The uterus was as large as if there were still another child. There was only an ounce and a half of brandy in the house, and while the nurse poured that, neat, down her throat, I passed my hand into the uterus, and found that the placenta was only partially detached. The rest of the cavity of the uterus was filled with clots. On removing them and the placenta, the uterus immediately contracted firmly, and nothing more was required to be done. In this case the hæmorrhage was set up by the placenta being only partially separated. If the uterus had been followed down as the child was being born, and then afterwards commanded by the hand, it is most probable that the placenta would have become entirely detached in ten or fifteen minutes, so as to have enabled it to be removed by traction, and no hæmorrhage would have occurred.

The Remedies.

Before I proceed to consider the remedies which have been found useful in the treatment of post-partum hæmorrhage, I may state that I object most strongly to the present routine method of treating the complication. In obstetric works, we find a page or two given to the causes of flooding after labour, and two or three pages to its treatment. Although the causes are numerous, and various in their nature, the treatment is the same in all cases. We are advised to try a number of remedies one after another until we succeed in arresting the hæmorrhage, beginning with mild, and ending up, "as a last resource," with severe measures, without the slightest reference as to the cause or causes which have set up the hæmorrhage, or keep it going. Can anything be more unscientific or unsatisfactory than such a plan of treatment? To those whose only object is to stop the hæmorrhage, the routine method will be quite satisfactory. By trying one remedy after another we can generally manage to stop the hæmorrhage; but we ought not to be content with merely stopping the discharge: we should endeavour to arrest it quickly, and preserve as much of the blood flowing in the patient's body as we can. A pint of blood saved, and a pint of blood lost to the patient may make all the difference between a rapid and a tedious convalescence—may make all the difference between a successful and a fatal issue. The only way of arresting flooding quickly is by removing the cause or causes which keep it up. What would be the answer of a practical medical man if he were asked how he would treat a certain case of menorrhagia or metrorrhagia? "It would depend upon the cause or causes;" and that would be the answer I should give to any one who asked me how I would treat a case of post-partum hæmorrhage. The further discussion of this topic I shall leave until I come to consider the causes, their diagnosis, and treatment, and will now go on to describe the numerous remedies which have been found useful in the treatment of flooding after delivery. We should learn all of them thoroughly, for although, in some cases, by employing a right treatment, we may only require a single remedy; in other cases, such as in obstinate inertia, or where the causes are many in number, it may be necessary to use the majority of them.

Pressure on the Uterus.—There is nothing equal to the hand for compressing the uterus. We may find means with which we can apply the pressure with more force; but the hand alone can give us, at the same time, information as to the state of the uterus—as to whether it be getting larger or smaller; as to whether it be still flabby or now contracted; as to whether it be tender or not—all of them points of great importance. If one hand only is necessary, the left will be the most convenient; we want the right to lift the clothes up slightly, to enable us to see the amount of discharge coming away or to apply other remedies with. In some cases, pressure with both hands, from their grasping the uterus more completely, acts beneficially in stimulating the uterus to contract in a regular manner. Whether one or two hands be used, we should grasp as large a portion of the uterus as we can, and apply equal pressure. Kneading the uterus with the tips of the fingers is very useful in obstinate instances of inertia, where there is great difficulty in setting up contraction; but in ordinary cases I prefer the application of equal pressure over as large a surface of the uterus as one or two hands can command, as it produces a more regular contraction.

Cold.—I shall first consider the various ways of applying cold to the uterus externally. They are generally more effectual when combined with pressure. Pressure with a pair of cold hands will, in some cases, suffice to excite a firm contraction of the uterus. Another plan, which sometimes answers, is to place a number of small plates, one at a time, over the fundus of the uterus; as one plate gets warm, replace it by another. These two methods have the advantage of not wetting the patient, which cannot be avoided when cold water is used. The plan I usually adopt is to have a bucket of cold spring-water placed in a chair close to my side. I begin by placing both my hands in the water, and keeping them in until they feel very cold. I then take out one (say the left), and place it immediately on the bare abdomen, over the fundus of the uterus; the other remains in the water. When the left hand begins to regain its warmth it is removed and placed in the cold water again, and the right hand takes its place; and so on *vice versâ*. I have found this plan often effectual; it keeps up a continual application of cold, without wetting the patient much. Cold may be applied to the uterus with advantage by means of a large napkin dipped in cold water. A plan frequently put into force by students is, to take a jug of cold water and to pour it from a considerable height upon the bare abdomen. This rough procedure often answers admirably, but it makes the patient and the bed in a frightful mess. I must confess I am very chary of wetting the clothes of a flooding patient more than I can possibly help. I have seen two cases of pelvic cellulitis occurring in women after flooding which I firmly believe were in a great measure brought on by their having to lie for hours in clothes soaking wet. I do not say that the douching from a height should never be done, as cases do arise in which the uterus will respond to no other stimulation, but I think it is better first to try more gentle means of applying cold.

Besides cold externally to the uterus, cold may be also applied to the vulva. It is generally done by means of napkins frequently dipped in cold water. In some cases I have seen good done apparently by wiping, in addition, the buttocks and back of the thighs with the wet napkin. Placing the patient's hands in cold water has also been found useful.

In the majority of cases, the external application of cold,

with or without other measures, suffices to stimulate the uterus to contract. In a few instances we may have to use cold internally. We may inject cold water into the uterus, vagina, and rectum. The injection of cold water into the cavity of the uterus has been employed with excellent result after all other means had failed. The nozzle of an ordinary Higginson's syringe should be directed through the os by the left hand, and the water pumped in by the right. If a case of hæmorrhage has been treated properly from its commencement, the intra-uterine injection will rarely be required. I do not believe also that it is totally unattended with danger. A medical friend told me that he once used the cold water injection into the uterus, and that the patient never rallied after it was done. Whether that was due to the great loss of blood or the shock of the injection, or both combined, it is impossible to say. In cases which require the internal application of cold, it would be as well to try first injection into the vagina, or the throwing up of a pint of cold water into the rectum. The injection of strong astringents into the uterine cavity has been recommended ; bad, indeed, must the case be in which simple water is not sufficient. If any astringent should be required, I should suggest taking up into the uterus, enclosed in the hollow of the hand, a piece of sponge dipped in a saturated solution of perchloride of iron, and smearing all the fundal portion with it.

Another way in which cold can be applied internally is to let the patient drink a glass of water as cold as it can be obtained. It very often brings on a strong uterine contraction, and at the same time rallies the patient.

REMARKS ON PROSTITUTION,

WITH A

VIEW TO THE ADOPTION OF MEASURES

FOR THE

CHECKING OF VENEREAL DISEASES.

By GIDEON DOLMAGE,

Deputy Inspector-General of Army Hospitals, and Medical Attendant to the Small Arms Factory and Military Clothing Depôt, Pimlico.

(Continued from page 329.)

We shall give a brief illustration of the camp-life of the miserable :—Not admitted within the camp precincts, she takes shelter in the hedges and ditches adjoining ; shelter it can scarce be called. Here, however, she spends her time day and night, and yields herself up to every kind of reckless abandonment and licentious debauchery ; when sick she goes to the workhouse, and should she be recovered it is too frequently only to return to her life of infamy and crime.

And these are the women with whom our soldiers hold carnal converse ; these the sources of disease whence emanates the deadly poison which destroys our young men even in the flower of their age and decimates our camps and barracks when *they are, in every other sanitary point of view, as perfect as camps and barracks could be rendered ;* these are the plague-spots in the midst of health, living masses of deadliest corruption, whose very breath is destruction and pestilence ; these, these are they whom we allow to prowl around our soldiers, excite their worst passions, and to open their lascivious arms to embrace them ; and, as the Egyptian Queen clasped the Roman Triumvir to his destruction, or the Iron Figure of the Inquisition the unahppy victim, they embrace their lovers only to destroy them.

For the sake of these poor women themselves, for the sake of our young men and soldiers, and of society at large, legal measures must be taken ; *acts of Parliament* must be passed relative to the arresting of this disease ; and these acts must be enforced with the utmost stringency.

We would propose the following measures ; and first, as regards the men :—That they should be encouraged to marry early. This might be effected by removing all obstacles to marriage, and by seeking to make the wife and children as comfortable as possible.

The wife and children, when it is at all in the power of the authorities, should be allowed to accompany the soldier, and *should be conveyed along with him at the expense of the Government ;* that, when it is not practicable for the children to accompany him, the most strenuous efforts should be made to send his wife with him.

The wife should be encouraged to accompany her husband by being provided with comfortable accommodation, either in the barracks (the plan to be preferred), or outside them in Government houses set apart for this purpose.

That there should be regular and strict medical examinations made of every soldier twice in each week.

That the soldier be held responsible for being drunk *when off duty* as well as when on duty, and if seen to be drunk should be at once brought home by his comrades ; and that, should he prove refractory, and not allow himself to be led or carried home, it should be made obligatory upon his comrades to at once give intimation to the guard.

That amusements, physical and mental, should be provided for the soldier, and that it should enter into part of his training to be instructed in at least the simple elements of education.

That ablutions of the entire body should be more frequent, and the places for such ablutions be more private ; that non-commissioned officers be appointed as inspectors, and be responsible for the carrying out of this regulation.

That men, immediately on finding themselves diseased, or suspecting the existence of any such disease, should present themselves before the medical officers for inspection ; and if any such disease were present, should be required to give up the address where it was contracted, as well as to point out the name of the woman who was the source of the contagion.

That regimental orders should be issued prohibiting any soldier from entering the house where such disease was taken, and that a heavy punishment, to be rigidly carried out, should be attached to any violation of such regimental orders.

That if a comrade or comrades be known to any one soldier, or to any number of soldiers, to have violated such orders, said soldiers be held equally culpable with the actual violator, unless they give up his name to the proper military authorities, having first warned him of his breach of discipline ; and finally, that it be laid upon the honour of every soldier to strictly carry out these regulations, and assist the authorities in the discharge of their duties.

Concerning the women we would say :—That they should not be allowed to be free agents, inasmuch as being diseased, and likely to communicate disease, they are public nuisances ; or even when free from disease, being at any moment, from the nature of their occupation, likely to become diseased and originators of disease, they are to be viewed in the same light—that is, as public nuisances, detrimental to the weal of the community at large.

To this it will be objected, that ours being a free country, we cannot impose any such restraint upon a subject. Were this so, we can only say that it would be a false kind of freedom, and would not in the cases of other diseases, infectious or contagious, be tolerated by the masses, since it would be a protecting of one to the injury of many, and would be, therefore, monstrously unjust ; but we deny that such is the spirit of our laws, and our denial is substantiated by reference to analogical instances. Is the baker allowed with impunity to sell bread adulterated in such a manner as to prove prejudicial to the public health ? or the butcher to vend or even expose for sale, meat which, if received in exchange for money and partaken of, would gender disease, and tend to shorten life ? Is it not made incumbent upon householders, landlord or tenant, to remove any source of malaria, contagion, infection, or anything likely to cause deterioration of public health ? Are parents free agents in the matter of vaccinating their children ? Are they not punishable by law if they omit to have this duty performed —a duty they owe not to their children alone, but to the State at large ? Assuredly there is not that freedom of which some in their ignorance of the spirit of our constitution make a boast—namely, freedom of one subject to the detriment of all others ; such freedom, we again repeat,

is wholly foreign to our ideas of liberty, and incompatible with our legal enactments.

No permanent good, we fear, can arise from mere bye-laws or police regulations; it will require an act of Parliament to check the spread of this formidable disease; and this act, when passed, will need to be executed with the utmost rigour in order to effect any diminution in the numbers of the diseased, or unless it be meant that the act itself should be a mere form. Such an act might not be misappropriately termed the "Prostitution Act."

We shall give a few headings of clauses which such a Bill should contain:—

First, there must be a full control of the authorities appointed for the inspection of prostitutes and brothels: secondly, officers with special charges: thirdly, registration of all women—name, age, personal appearance, occupation (independent of prostitution), family, native country, residence—all being entered in registry books and also upon a ticket which should be given to each woman and which she should be compelled to produce when it may be required by the authorities: fourthly, that all women be examined at least once in the week; no excuse being taken for an examination not being allowed: fifthly, that each ticket of registration contain all the regulations regarding prostitution, and all the above entries concerning the women individually, with any further entries that may seem fit to the authorities to be made from time to time; also, the condition of the women on last medical examination be specially noted, with any comments the medical attendant may think fit to append: sixthly, an order against her changing her residence, or being absent for any longer period than three days without the written permission of the inspector, or of the medical superintendent: seventhly, no lounging about or congregating in the streets or the public-houses or in the theatres, nor any attempt at plying her trade in the streets or in any other public places: nor, eighthly, be permitted to stand at the windows or doors of houses for the purpose of attracting visitors; nor should any permission be granted her to be out after nightfall: ninthly, a heavy penalty for drunkenness; for indecency in language, dress, or in any other way: tenthly, severe punishment of women who are not registered, and who, when registered but diseased, continue to ply their trade: eleventhly, a sufficient number of hospitals for the reception of such diseased persons, and an immediate admission into hospital granted them: twelfth, inspectors, &c., to be paid *by the tax levied upon prostitutes and brothels.*

As regards the houses, we would say:—Every house should be registered; the ticket of registry to be shown whenever desired by the authorities; severe penalties for all non-registered houses; keepers of registered houses to be held responsible for the freedom from disease of their *employées* and to be heavily fined when it is proved that any woman in any such houses shall have communicated infection; keepers immediately to send to hospital any woman diseased, or, at least, to give notice of such disease, and prevent said woman from having connection; that each house of this character should bear upon it a particular mark betokening its character.

In the vicinity of each camp or barrack there should be a sufficient number of lock hospitals, and such hospitals should be under the charge of the *military* authorities; military surgeons and assistant surgeons being *permanently* attached to such institutions; the pay and allowance of said medical officers being higher than if they were attached to regiments, or enjoying any other staff appointments.

The advantages of having those medical appointments permanent cannot be too highly commended, nor is it in this paper necessary to point these out, since they are apparent to all medical officers, and must arrest the attention of even non-medical observers.

The working of a system somewhat similar to the above may be seen from the following figures gathered at the Sifilicomio of Naples:—The percentage of disease had in the course of three years come down from 50 to 30. In 1861, 75 per cent. of patients were affected with chancres; whereas now there were only 29 per cent. The number of registered prostitutes in the first quarter of 1861 was 413; whereas in the last quarter of 1863 it was 1,475.

We would commend all Lock Hospitals to the earnest support of Government, feeling assured that they are one of the great means for combating this terrible disease and for ameliorating the horrible conditions dependent upon it; we commend them, confident that money expended in supporting them and in every other effort for the arrestment of this pestilence is laid out to the best advantage of the State at large, as well as of many individually, and is put out to the highest possible interest, as the health returns of our soldiers and of our working classes would demonstrate at no very distant period.

69 Bessboro' street, South Belgravia,
May, 1864.

HOSPITAL REPORTS.

KING'S COLLEGE.

Case I.—Lithotrity for the Third Time in a Middle-aged Subject.
Operation by Mr. Fergusson.

The first patient placed upon the operating table was the subject of stone in the bladder, and had been operated on twice before, when the stone upon each occasion was crushed and the fragments removed; on the present occasion likewise, Mr. Fergusson crushed the calculus, which was very soft in its composition, and was, he considered, quite a new formation, all the particles of the previous calculi having, at each time of crushing, been completely removed.

Case II.—Tying the External Iliac in a Patient upon whom the same Operation had been performed on the opposite side some time previously, Operator upon both occasions being Mr. Henry Smith.

This man is of strong constitution, and of that peculiar slender, "wiry" build indicative of strength; he is a carpenter by occupation, is a hard worker at his trade, is very temperate in his habits; he is about the middle age.

His history is as follows:—Some time since, he noticed a swelling in each groin, that on the right side being the larger; and as it continued to increase in size, he consulted Mr. Smith, who found the tumour to be an aneurism of the common femoral artery.

Upon the true nature of the swelling being ascertained, the man was admitted into hospital under care of Mr. Smith, who, in accordance with the views of modern surgeons, applied pressure and maintained it for three or four weeks, without, however, effecting any cure of the aneurism, and only occasioning the man a great deal of pain, both by the actual pressure and by the sloughing of the integument, consequent upon the pressure, and that too when it was applied with the utmost possible caution and with the nicest delicacy.

The pressure having failed, and the patient being anxious to have something done which would radically cure the affection and take away the constant jeopardy to his life, Mr. Smith thought it advisable to perform the ultimate operation, and accordingly put it into practice on the 11th of last August, by tying the external iliac artery. The result of this procedure was the happiest that could be desired. At the time of the performance of this first operation, there was a tumour in the left groin, of the same nature as that on the right side, but of a much smaller size; to this, pressure was applied for two or three weeks, but as its only effect was pain and distress, it was discontinued, and the man was sent out to regain strength and general tone to the system, being kept, however, under constant surveillance, so as to watch the course of the tumour, and to be able to operate for its removal at the time most opportune.

As the swelling on the left side grew steadily larger, the patient was readmitted into the hospital, but preferred to have the operation of tying the vessel performed, rather than again be submitted to the torture of compression. Mr. Smith, therefore, in acquiescence with the patient's own

desires, because these were in accordance with what was proper, that is, with the laws of established surgery, proceeded to tie the external iliac vessel of the left side, in the same manner as he had done that of the right; the only difference being as to the length of the incision, which, on the present occasion, was not carried so far upwards and outwards. The reason for thus limiting the line of incision was to obviate protrusion and descent of the intestine through the weakened walls of the abdomen, a condition which had already existed on the right side at the seat of the former operation. By having, however, a shorter incision, Mr. Smith hoped to prevent a hernia.

The patient being brought completely under the influence of chloroform, Mr. Smith beginning his incision somewhat internal to the centre of Poupart's ligament, carried it upwards and outwards towards the crest of the ilium for a distance of about four inches; having cut through the integument, he then, layer after layer, divided most carefully each structure, affording protection from the knife by either his finger or the director. The lips of the wound were held apart by the fingers of assistants or by means of the retractor, Mr. Fergusson taking charge of the upper lip, so as to prevent any slipping down of the intestines upon the knife of the operator.

At length, after the most careful dissection and manipulation, the artery was reached; and, lest there should be any mistake in taking it up, it was compressed by the finger to ascertain that the flow of blood was arrested throughout the entire limb by this compressing force. This expedient having been adopted, after a little further delicate dissection, necessary for the passing of the aneurism needle easily between the vein and artery, these vessels were separated sufficiently to admit the needle between them, which was then done from the inner toward the outer side of the body—that is, from the mesial line outwards; and its point having been brought out on the outside of the external iliac vessel, the ligature, with which the eye of the instrument was traversed, being seized with the forceps and drawn out so as to have a single coil around the artery, this latter was tied.

Another ligature was thrown around the epigastric artery, such a procedure being considered prudent as a guard against secondary hæmorrhage, which might otherwise possibly occur, owing to the contiguity of origin of the epigastric artery to the site of the ligature upon the external iliac. The wound in the abdominal walls was then united by the ordinary thread-interrupted suture, over which strips of wetted lint were laid, these being in turn covered with a towel, and all being then secured by a calico bandage.

In his remarks after the completion of the operation, Mr. Smith adverted to the rarity of such a measure as that he had just put into force, namely, the tying of the external iliacs of both sides in the same patient.

Mr. Tate had also performed this operation beside Mr. Henry Smith himself. The name of this latter gentleman is well known in connection with this operation, since he has on various occasions ligatured the external iliac artery on one side, and the common femoral on the other, in the same patient.

In November, 1846, Mr. Partridge, in a patient of 23 years of age, and suffering from aneurism of the common femoral, ligatured the external iliac; in January, 1849, the same was performed by Mr. T. Nunn, and for the same affection as in the case of Mr. Partridge. In August, 1850, Mr. Smith, the present operator, also tied this vessel, and for aneurism of the superficial femoral implicating the artery high up. The present operation was a modification of Sir Astley Cooper's.

CASE III.—DISEASE OF THE ANKLE-JOINT. OPERATION BY MR. FERGUSSON.

The history attached to this case is as follows:—Up to about nine months since, the patient enjoyed most excellent health, was stout and robust; but at that time, from no assignable cause, idiopathic inflammation attacked the joint, and the result was a constant discharge and pain, no doubt from disease of the bones, and which had rapidly deteriorated the health and enfeebled the sufferer.

The patient was in a very weakly condition when he presented himself at the hospital, but after being in the house a few weeks he rallied somewhat, and growing a little stronger, Mr. Fergusson thought it expedient to remove the source of the constant discharge and exhaustion.

Chloroform being administered and the vessels of the leg being compressed by Mr. Wood, Mr. Fergusson performed that operation usually known under the name of Pirigoff's modification of Syme's.

The foot having been removed, the integuments of the ankle-joint dissected up off the extremities of the tibia and fibula, the ends of these bones sawn off, a thin slice having been taken away from the divided os calcis, the flap containing the posterior portion of this bone was turned up to meet the superior lip of the wound, and was retained thus *in situ* by means of the interrupted suture. Scarcely any blood was lost, so tightly were the vessels compressed. The stump was enveloped with pledgets of lint and then in the folds of a bandage.

Mr. Fergusson considers this mode of operation preferable to Symes, both in its performance and in its results, at the same time that he holds in every respect the plan of removal introduced by Mr. Syme, to whom also is due the praise for originality of design.

It is incumbent on the surgeon not to leave too large a portion of the os calcis. In the present instance there was not much appearance of disease externally, though it proved on examination of the parts after removal that there was extensive erosion of the cartilages; the disease had not, however, penetrated deeply into the bones, as, indeed, it does very rarely.

CASE IV.—AMPUTATION BELOW THE KNEE-JOINT BY MEANS OF THE CIRCULAR METHOD.

The history is as follows:—The patient, an elderly man, but in the enjoyment of excellent health, was admitted into the hospital for disease of the ankle-joint and for a deformity of the leg, immediately above it, which rendered the limb worse than useless, inasmuch as it was unwieldy and cumbersome. This condition had arisen from a compound fracture of the bones, sustained about sixteen months previously; this was the second fracture of these bones, the first having occurred about ten years before.

By the more recent injury he had been confined to hospital eight or nine weeks, after which the existing deformity had gradually resulted, owing, without doubt, to the too early use of the newly-developed bone material thrown out for the uniting of the broken bones, whereby it had been made to yield under the superimposed weight of the body, and had allowed an incurvation of the foot and a bending outwards of the leg at the site of fracture.

These evils were caused by the man's having left hospital before the callus had become solidified; and results quite as disastrous supervened when a patient, after resection of the knee-joint, was removed from hospital before anchylosis had been fully established.

An example of this latter kind we lately had an opportunity of witnessing in the theatre of this hospital, where it was shown by Mr. Fergusson. It was that of a little boy upon whom the operation for excision of the knee had been some time previously performed; he had remained in the house for a certain length of time, but his friends, wearying of his stay in the hospital, had removed him; and the patient, thus deprived of the care of a medical attendant, had used the limb, had allowed it to assume an improper position, so that ultimately it was rendered completely cumbersome. To correct this state the operation had to be repeated.

We saw the patient six weeks subsequent to the second operation; the limb had been given its proper position, and had been made serviceable.

In the present instance, beside the deformity above mentioned, there was likewise disease of the ankle-joint. Elevating the limb, the patient being under the influence of chloroform, and the artery compressed firmly, Mr. Fer-

gusson passed the knife from the inner side of the calf of the leg outwards towards the fibula. This done, it was then carried in front of the bones, the direction being also from within outwards, so that the two incisions, made to meet externally, circumscribed the leg. The integuments of the calf were then dissected up from the calf itself, which latter, adopting the plan introduced by Teale of Leeds, it was not the intention of the operator to comprehend in the flap for the covering of the face of the stump, the only parts used for such a purpose being the integument and the subjacent cellulo-adipose tissue.

The procedure, in amputation, of setting aside the muscles altogether, and using only the integument for a flap, has been attended with most excellent success, so as to warrant its adoption in preference to the old methods.

In theory, however, it seems best to have a quantity of muscle as a pad or cushion of support for the extremity of bone, and it appears awkward to have as a covering merely the skin and cellular fascia; but experience demonstrates, that though for the first twelve months the muscles seem of use, yet after the lapse of ten or twelve years they become completely atrophied—so much so, indeed, as to leave the rounded extremity of the bone covered only with the skin and some little fibrous tissue developed subsequently to the operation. The skin flap may be varied at the pleasure of the operator. The wound was brought together by the ordinary thread, interrupted suture, and then dressed with pledgets of lint, kept in their place by the fold of a calico bandage.

CASE V.—SECONDARY AMPUTATION FOR THE RE-FASHIONING OF A BAD STUMP.

This case was very appropriate to the present occasions, since it showed the ill result of leaving a quantity of muscle on the posterior flap.

The operation had been no doubt admirably performed, and there was no blame to be attached to the operator; but the fault lay in the operation itself, by which the bulky calf was preserved, turned up over the face of the bone in the hope that it could be kept there, but had, contrary to what was desired, slipped downwards and backwards away from the upper or anterior flap and from off the end of the divided bone.

Mr. Fergusson said that he recollected Mr. Liston, who was the great advocate for flap operation, often expressing his regret that he had left too large a flap of muscles.

Standing on the right side of the patient, Mr. Fergusson entered the point of the knife on the side of the stump farther away from him, and then drawing its edge across the entire face of the stump encircled by his line of incision a portion of the soft tissues of the limb, as well as the extremity of the bone, both of which were removed, in the former there being included the cicatrix of the wound of the first operation.

The posterior or inferior flap was then dressed by having dissected away the fibrous tissue which had been developed in it and whatever of muscle had remained; this done, it was brought over the freshly sawn bone, and united by the thread suture to the anterior flap; the usual mode of dressing being then put into practice.

This case presents a good illustration of the difficulty of arresting the hæmorrhage from the vessels divided in this situation, owing to their retraction within their fascial sheaths, as it was some time before they could be seized and drawn outward in order to have a ligature thrown around them for their deligation.

ABSINTHE.—M. Marcé recently sent in a paper to the Institute of France on the effects of the intoxicating fluid called absinthe, which he states to be different from those of any other spirit; brandy, for instance, does not give rise to the fearful hallucinations and utter prostration of the nervous system usually consequent on the excessive use of absinthe. Dr. Marcé's experiments on the essence of wormwood show that it is a stupefying poison, which produces a sense of terror even in animals.—'Journal of Practical Medicine and Surgery.'

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XV.

AMMONIÆ LIQUOR FORTIOR AND LIQUOR AMMONIÆ.—A slight alteration has been made in the strength of these solutions of ammonia. The difference, however, is so small as to be of little practical importance. The specific gravities of the old and new solutions are as follows:—

	Ph. Lond.		Ph. Brit.
Liquor ammoniæ	0·960	...	0·959
Liquor ammoniæ fortior ...	0·882	...	0·891

It would, of course, be inferred from the specific gravities given, that the liquor ammoniæ fortior of the British Pharmacopœia is weaker than that of the London College. Nevertheless, the descriptions given in the two cases represent just the contrary. The London Pharmacopœia describes its solution as containing nearly 30 per cent. of ammonia; the British Pharmacopœia specifies that its solution contains 32·5 per cent. All chemical authorities are agreed that the percentage of ammonia and the density of the solution bear a direct and constant relation to each other.

There can be no doubt of the fact, therefore, that a solution of ammonia having a specific gravity 0.891 will really contain less ammonia than a solution of a density 0·882.

One of the Pharmacopœias must consequently be in error in stating the percentage of ammonia; the probabilities, however, appear to be in favour of the British Pharmacopœia being right. The inconsistency has perhaps arisen from the compilers having in each case consulted the tables which are given in chemical works of the specific gravities of solutions of ammonia of various strengths. Tables of this kind have been constructed by Dalton, Sir Humphry Davy, Dr. Ure, Mr. Griffin, J. Otto, L. Carius, &c., but, unfortunately, they none of them exactly agree. The discrepancy between the older ones and those of more recent publication is especially great. Thus, the statement of the London Pharmacopœia agrees very well with the table given by Davy, but is quite inconsistent with the figures of Griffin or Carius. The specific gravity of a solution of ammonia containing 32·5 per cent. is variously represented by these different authors as follows:—

		Sp. Gr.
Sol. of Ammonia, 32·5 per cent.	Dalton.....	0·86.
	Davy	0·875.
	Griffin.....	0·8839.
	Carius.....	0·8918.

It will be seen that the British Pharmacopœia agrees perfectly with the figures given by Carius; and as the latter is, we believe, the most recent authority, he is probably the most worthy of reliance. According to his table, the liquor ammoniæ fortior of the London Pharmacopœia must contain about 36 or 37 per cent. of real ammonia; but the British Pharmacopœia avoids all uncertainty regarding strength, by indicating the amount of oxalic acid necessary to neutralise a given volume of the solution.

Liquor ammoniæ fortior is prepared by passing ammoniacal gas into water. The ammonia is liberated by making a mixture of sal-ammoniac, lime, and water, and applying heat. A reaction occurs, in which chloride of calcium, water, and ammonia are formed—

$$NH_4\,Cl + Ca\,O = Ca\,Cl + HO + NH_3.$$

The ammonia volatilises and is then passed through a series of Woulf's bottles. The first bottle contains a very little water, and is reserved for purifying the gas from impurities mechanically carried over. The remaining bottles contain the water to be saturated.

The impurities of liq. ammoniæ are chiefly carbonic acid and empyreumatic matter. The former may be absorbed by the exposure of the liquid to the air; it may also be present when the lime used in the process contains a great deal of carbonate. It may be readily detected by the addition of a little lime-water or solution of chloride of calcium. The empyreumatic matter is derived from the impure ammoniacal salt which is sometimes used. Its presence may be recognised by the tinge of colour it communicates to the liquid, and also by the peculiar odour it imparts.

Lastly, if common water has been used in the preparation of the liquid, it will contain sulphate and chloride as well as lime. The lime is known by a solution of oxalic acid; and the other impurities, by first adding an excess of nitric acid, and then testing with chloride of barium and nitrate of silver. Metallic impurities, as lead and copper, are discovered by the action of sulphuretted hydrogen.

AMMONIÆ PHOSPHAS.—Some amount of uncertainty appears to exist as to the salt really intended by the compilers of the Pharmacopœia to be used as phosphate of ammonia. It has been even suggested that there is an error in the descriptions given, and that a different compound is really meant. The principal reason for this supposition is the fact that the salt actually described is so liable to change, that it can scarcely be got at all in a definite condition, and certainly cannot be kept for more than a few hours.

There are three compounds of phosphoric acid and ammonia known to chemists; they have the following composition:—

Triphosphate . .	3 NH_4O, PO_5
Diphosphate . .	2 NH_4O, HO, PO_5
Monophosphate .	$NH_4O, 2\,HO, PO_5$

The first of these is produced when phosphoric acid is treated with a considerable excess of ammonia. The salt at once separates as a crystalline magma. The combination, however, is described as being so feeble, that one atom of ammonia passes off with almost the same facility as the adhering moisture; consequently, by simply drying the salt, it is mainly converted into the diphosphate.

The diphosphate is the salt commonly met with and employed; it is, indeed, the most stable and definite of the compounds of phosphoric acid and ammonia. It is generally prepared by mixing a solution of superphosphate of lime with carbonate of ammonia; a precipitate is thrown down and the phosphate of ammonia remains in solution. It may be readily obtained in large and distinct crystals. By exposure to air this salt effloresces and at the same time loses a little ammonia. When exposed to a red heat, it slowly parts with the whole of its ammonia, and glacial phosphoric acid is ultimately obtained.

There is one objection which may be urged against the use of this salt in medicine: it is stated that it is frequently contaminated with arsenic. Phosphate of ammonia is made commercially, as we have said, from superphosphate of lime. The latter substance is manufactured very largely by treating burnt bones with sulphuric acid, cheap oil of vitriol, which contains abundance of arsenic, being employed for the purpose. The subsequent parts of the process for the preparation of phosphate of ammonia are not capable of removing this impurity, and its presence may consequently be detected in the salt. Such phosphate of ammonia, of course, should not be used in pharmacy; it is sufficiently easy to prepare the salt in a state of purity.

The monophosphate has no application, and is not of any importance. It is only interesting in a purely chemical sense.

The phosphate of ammonia of the British Pharmacopœia is not the salt now generally known by that name, but is the triphosphate just described. This is clearly indicated by the formula which is given—$3\,NH_4O, PO_5 + 5\,HO$—and also by the test appended in the materia medica. The test directs that twenty grains of the salt shall yield 11·44 grains of calcined phosphate of magnesia, a quantity exactly corresponding to the formula given. The other characters described do not, however, specially belong to this salt. On the contrary, in one respect, they are rather suggestive of the diphosphate; for the salt is stated to occur in colourless transparent prisms.

The process given for its preparation is very simple. It consists in adding eight ounces of strong solution of ammonia to twenty ounces of the diluted phosphoric acid. A crystalline precipitate forms, which is to be dissolved by a gentle heat, and the solution then allowed to crystallize. The proportion of ammonia ordered is greatly in excess of the quantity theoretically required; this, in fact, is not only necessary for the formation of the salt, but it is also beneficial in causing it to separate out at once as a crystalline precipitate.

It is strange that the authors of the Pharmacopœia should have thus ordered a salt to be used in medicine which can hardly be separated from the liquid in which it forms without decomposition, and which certainly cannot be kept many hours. Practically, indeed, it is the diphosphate which must be used; and there is no reason why it should not have been made the officinal salt, especially as its properties are well known, and the process here given is equally applicable to its preparation.

REVIEW OF BOOKS.

The Science and Art of Surgery. By John E. Erichsen, Professor of Surgery and of Clinical Surgery in University College, and Surgeon to University College Hospital. Fourth edition, pp. 1277. London: Walton and Maberly. 1864.

The work before us has had a large share of success, especially when it is taken into consideration that since the first edition was published, nearly eleven years ago, a number of surgical treatises have been sent forth either in the form of new editions of old and well-known books, or as entirely new works. The smaller text-books have not lost any of their popularity, and the bulky tomes of Cooper and Holmes, issued in parts, have deservedly attracted the attention of all surgical students; but, nevertheless, we now find Mr. Erichsen's treatise sent out for a fourth time, and in a more voluminous form than before, the author telling us that "every page has been carefully revised. Some chapters have been, in a great measure, re-written; new woodcuts have been introduced; and the text has been considerably enlarged."

Even since the last edition was written there have been many improvements in the practice of surgery, and the author has not lost sight of them. The method of performing amputations according to the plan proposed by Mr. Teale, of Leeds, receives full consideration at his hands, and the important subject of aneurism and its treatment is discussed at length. The use of compression still finds as much favour as ever in the hands of Mr. Erichsen, and the merits of flexion and digital compression are brought under notice—the latter plan, perhaps, not quite so prominently as it might be. We believe, however, that it has not been extensively tried in this country; and probably the unsuccessful results following its employment in the recent case of a well-known member of our profession, may retard its further use for a period at least. Mr. Fergusson's method of *manipulation* has also its share of consideration.

The recently-revived method of arresting hæmorrhage by acupressure is considered fully and fairly by the author, who, like every other surgeon of experience, recommends it as safe when small vessels are dealt with, but is too prudent to depend upon it when the large arteries are concerned.

The question of operation for malignant disease is one which has been much discussed of late years, and Mr. Erichsen devotes considerable space to it. His summing-up is decidedly in favour of operating for malignant disease in suitable cases, and he very properly states that the use of chloroform materially affects the question, and that as all the pain of the operation can be removed, we are justified in operating in instances where otherwise we should perhaps hesitate in doing so.

With reference to the question of excision of the hip and knee joints—so warmly discussed, and we may say so bitterly opposed, a few years since, though not by Mr. Erichsen—the author is evidently strongly in favour of operating in certain instances. For the treatment of club-foot, tenotomy is still recommended; and Mr. Barwell's novel practices, in connection with his "cure without cutting of tendons," are not so much as noticed.

With regard to the performance of tracheotomy in croup and diphtheria, the author, perhaps, is not so favourably disposed to it as many other surgeons are, especially among our brethren on the other side of the Channel, and he states that "the general experience of British surgeons is unfavourable to it." Doubtless this was the case some years ago, but of late years there has been such success attending tracheotomy, especially when performed in croup, that opinions are very much changed with regard to it. As to diphtheria, Mr. Erichsen himself says, that if we can only save one life in a hundred, we should be justified in performing the operation.

With reference to another important subject which has lately been discussed—viz., the formation of an artificial anus in instances of insuperable obstruction of the large intestine—Mr. Erichsen is in favour of operating; and he prefers the method of Amussat to that of Littré, for reasons which he has given at length at pages 1030 and 1031. Some observations are directed in this work to the diseases of the breast and axillary glands in the male, and two striking illustrations of large tumours are inserted. The radical cure for hernia has a proper share of attention devoted to it, and the modern proceeding of Mr. Wood, of King's College Hospital, is described at length.

The only novelty of late years in connection with stone in the bladder is the re-introduction of the median operation, which is considered at some length. Mr. Erichsen seems to be favourable to its performance in the adult, when the stone is not large, but very judiciously puts his veto upon its introduction in the case of children, because the lateral operation of lithotomy under the age of puberty is a very successful proceeding.

We have now simply pointed out those subjects which are novel or are more fully discussed in this present edition. For those who already possess the book, little more is required at our hands, but to those to whom it is new, we strongly recommend it as one of the best treatises on Surgery in our language. Its appreciation in foreign countries may be surmised, from the circumstance that it has passed through two editions in America, that it has been translated into German by Dr. Thamhayn, of Halle, and that it is now in the hands of a French editor.

Mr. Erichsen possesses the advantage of teaching and practising surgery in the school where he himself was educated, and thus he has had the opportunity of inculcating upon the present generation of students and practitioners, the precepts which he derived from the distinguished teachers who occupied the same position which he now so worthily fills. The fame of Liston, cut off in the prime of life, of Samuel Cooper, dying at a ripe old age, and of Morton, disappearing almost in youth, still lingers in the lecture-rooms, the wards of the hospital, and the operating theatre, of University College: and their rules of practice, some the fruits of matured experience, and others the results of quick and inventive genius, are still impressed upon the minds and illustrated before the eyes of the existing race of students of that institution. Mr. Erichsen has had the good fortune to combine in his own person the dexterity of a felicitous operator, with the pen of a ready writer and the ability of a successful teacher, and in him, therefore, the school of University College loses nothing of its former renown. His 'Science and Art of Surgery' is an admirable compendium of the existing state of Surgery in the civilized world, and his industry in collecting information from all available sources is as conspicuous as the fairness with which he treats the labours of his contemporaries. The great strides made in the operative and conservative branches of the art have all been recorded in his pages, while the modern department of pathology in its relation to surgery is fully elucidated. On the principle of presenting to the eye a series of images which may more fully impress the understanding than mere verbal descriptions, the text is accompanied by no less than five hundred and seventeen engravings on wood, all executed with great fidelity, and illustrating every department of surgery, from the microscopic structure of tumours to the mechanism of instruments, the appearance of diseased or distorted limbs, or the successive steps of surgical operations.

We cordially recommend Mr. Erichsen's work in its present enlarged and improved state to the notice of the Profession.

OBITUARY.

GEORGE FRANCIS COOPER, M.D.

This gentleman, after less than three weeks' illness, has just been hurried away from amongst us. He was the eldest son of one of those noble, hospitable, and distinguished practitioners of the olden time now fast disappearing; but Mr. Cooper, who still remains to lament the loss of a son and partner, is active, energetic, and the worthy representative of the Society of Apothecaries at the Medical Council.

The subject of this memoir was born at Brentford in 1827, was educated at Guy's Hospital, and, after passing through the usual ordeal of Hall and College, in the year following (1849) took his degree at St. Andrews. There was an excellent practice waiting for him, upon which he quickly entered, and obtained the confidence of the patients which had already been so justly accorded to the father. He was of a peculiar disposition, and, unless well-known, a natural shyness of obtruding himself might have been mistaken for sullenness; but the writer of this (an old friend) can state, that under that brusque exterior there always existed a deep feeling of sympathy for those in affliction, and a heart full of kindness for all who needed consolation. His talents were of no mean order. He had performed several operations successfully, which might have been sent to the London hospitals from so short a distance as Brentford; but he looked upon his patient's welfare as the first desideratum, and he considered that the circumstances attending removal were frequently coupled with risk to the patient's life.

Dr. Cooper was a most extraordinary muscular man, of fine proportions, and well made, with all his senses in their fullest vigour. He was a captain in the local volunteer corps, and had held a challenge cup two years in succession. His feats of agility were most remarkable; indeed, it is feared that his unwonted activity was probably the cause of his untimely end. On the 18th of April he was attacked at the lower angle of the the popliteal space of the right leg with pain, for which it was difficult to account. He was confined to his bed at once, and in a few days it was evident that there was phlebitis of the popliteal and femoral veins. The inflammation gradually crept up the course of the circulation, until œdema and other symptoms showed unmistakably that as far as the vena cava there was an impediment to the passage of the blood. He was seen several times by his former teachers, and most carefully tended by his old and valued friend, Dr. Willett. There was every reason to hope that by quiet and time he might be restored to health; but on last Sunday week, owing to some excitement, a portion of the plug in the vessels became detached, and in less than an hour he ceased to breathe.

A post-mortem examination revealed a large loose clot in the right ventricle of the heart, and broken clots of the same character in the pulmonary arteries; the veins of the right lower extremity were filled with coagula adherent to the vessels, and inflammatory deposit around them. It is a circumstance worthy of note that Dr Cooper, in the last half-hour of his existence, stated that something had broken off from a vein, and that he felt it pass upwards to the heart, thus perfectly diagnosing the cause of his own death.—'Lancet.'

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 25, 1864.

AMENDMENT OF THE MEDICAL ACT.

Although the recent discussion in the Medical Council on the Amendment of the Medical Act has not been attended with any immediate result, yet the opinions elicited have been of sufficient public importance to demand the careful attention of the Profession. It is notorious that the act of 1858 is a most imperfect one, and even some of the highest legal authorities have declared their inability to understand its provisions; and it is therefore essential that some steps should be taken to render it intelligible in its language, and efficacious in its operations, with the double view of protecting the legitimate practitioner in his just rights, and of protecting the public from the incompetence of empirics. The whole subject of the proposed amendments to the present measure has been under the consideration of the three branch councils respectively, representing England, Scotland, and Ireland; and while the Scotch and Irish branches have both recommended some alterations in the existing law, the English branch has come to the conclusion that it is inexpedient at present to move in the matter.

The Irish branch are desirous of amending the Act in such a manner as to abolish the status of the unqualified practitioner, who is distinctly recognised in the present Act, the preamble of which sets forth that "it is expedient that persons requiring medical aid should be able to distinguish qualified *from unqualified practitioners*;" whereas, the better plan would be to alter the preamble by stating that it is necessary, for the safety and protection of the public, to secure adequately-educated practitioners in medicine, surgery, and pharmacy, thus ignoring altogether the ignorant pretender. Another strong point in the Irish scheme was the proposed introduction of pharmacy into the Bill, and an enactment for the compulsory examination of chemists and druggists throughout the kingdom. This change is speciously supported by the arguments that Ireland already possesses some powers of this kind, although, from want of funds, they are in abeyance; and that while stokers, engineers, and pilots are all obliged to undergo examination, persons who are engaged in the sale of drugs, many of them of a poisonous nature, are subjected to no examination at all. A third feature in the Irish prospectus, warmly insisted upon by Dr. Corrigan, was the necessity of enforcing an adequate preliminary examination on the aspirants to medical licences, and of fixing a minimum in this respect, which shall be binding on all the examining bodies. It was also urged that all quack medicines should have their composition stated, which is done in the case of ordinary patents, the proprietors of which are protected by the law.

The Scotch branch appear not to care much about the chemists and druggists, the condition of pharmacy in Scotland being in a somewhat undefined position. The fact is, we believe, that the great mass of practitioners in Scotland make up and supply their own medicines, the exceptions being in the large cities, where chemists and druggists dispense the prescriptions of the physicians. Thus, what is called general practice is pretty much the same in Scotland as in England, though it is probably less remunerative in the former country. Nor are our Scotch councillors very particular about the preliminary education of the future medical practitioner. In fact, the medical student may, or at least might, enter at a Scotch University for the study of medicine without having undergone any preliminary examination whatever; and it is a well-known joke in bygone years, that some graduates have been unable to translate the Latin of their diplomas. Such times are, however, it is hoped, long passed; but still, the Scotch schools of medicine are by no means so particular as they might be in this respect, and even in the universities, preliminary education is not sufficiently encouraged. Indeed, we believe that we are stating only the truth in affirming that even now the Scotch Universities do not require their classical and mathematical examinations to be passed until the student has half completed his medical studies. But on some points the Scotch branch were sufficiently emphatic, and they asked from the Legislature an interpretation of the language of the Act as it now stood; and assuming that its object was to enable persons to distinguish qualified from unqualified practitioners, they maintained that it was impossible, or very difficult, for the public at present to make the distinction. If any person was justified in calling himself a doctor, and placing his title over his door, whether qualified or unqualified, how were the public to know the false from the true? It was, therefore, necessary that all qualified practitioners should be registered, and that no person whatever should be allowed to take or use any medical title without registration.

Such, generally speaking, were the views put forth by the Irish and Scotch branches of the Medical Council upon the amendments to the Medical Act, though we do not profess to state that all the members of each branch entertain the same views as their colleagues and compatriots. The English branch, however, seeing nothing but difficulties in the way of fresh legislation, has come to the resolution of doing nothing at all. This branch, whose views, by the way, are expounded, and very ably, by some of our Scotch brethren located in England, insists that it would be useless to apply to the Legislature for increased powers at the present moment, especially when the members of the Council are not agreed among themselves as to what alterations are desirable. No amended act would have any chance of success if intrusted to the hands of a private member of Parliament; and if the Home Secretary were consulted on the subject, his first question would be, whether the Council were unanimous in their demands, and whether the Profession generally supported their views: and unless these questions were satisfactorily answered, no Government would take charge of the Bill. Again, it might happen that if the question of amendment of the Medical Act were agitated in Parliament, the Profession might lose what it had

already obtained, and its condition rendered worse than before. Already the power of striking off from the Register the names of persons who had acted in an infamous manner was fully conceded to the Medical Council by the law, and this privilege might perhaps be withdrawn. As to the question of Pharmacy, it was a very difficult one; and any attempt to settle it would give dissatisfaction both to the Profession and to the chemists and druggists. With regard to the suppression or the discouragement of illegal practice, it would be utterly useless to ask for any powers for this end; because many members of both Houses of Parliament, and some of the highest people in the land, were the direct and avowed supporters of quackery of various kinds. In reference to the questions of education and examination, the English branch probably thought that there was not much to be desired in the way of alteration, especially in a country where the distinction of Medical ranks is not held to be an evil, but an advantage. At the Universities of Oxford, Cambridge, and London, the *alumni* may get, and *do* get, an excellent education, both general and medical, and the degrees of all these bodies are held in just and general esteem. The Colleges of Physicians and Surgeons educate men sufficiently in all grades of the Profession, those who wish to attain to the higher degrees being enabled to do so if they please; while the two Colleges just named and the London Society of Apothecaries grant very respectable licences to the great body of what are called General Practitioners. In England the different grades of the Profession have been conventionally agreed upon, and the system of a division of labour thus effected seems to work well in practice. Such are, or seem to be, the views entertained by the English branch; and they are not without weight.

The conclusion of the whole discussion, however, is, that the matters in question are all postponed; and we can only add the resolutions themselves, applying to the subjects of Pharmacy and amendment of the Medical Act. On the question of legislating for Pharmacy, it was moved by Dr. Corrigan, seconded by Dr. Quain, and agreed to:—

"That a communication be addressed to the Secretary of State for the Home Department, drawing his attention to the present defective state of the law regarding the practice of Pharmacy, under which any person, however ignorant, may undertake it; and expressing the opinion of the General Medical Council, that some legislative enactment is urgently called for to insure competency in persons keeping open shops for dispensing medicines and for the compounding of physicians' and surgeons' prescriptions."

On the amendment of the Medical Act, it was moved by Dr. Alexander Wood, seconded by Dr. Sharpey, and agreed to:—

"That the Council, while appreciating the labour and care bestowed by the Medical Acts Amendment Committee on the heads of a Medical Bill proposed in their report, regret that it is impossible, at this late period of the session, to enter on the full consideration of so wide and important a subject. That the Council request the Branch Councils, in the interval between this session and the succeding one, to consider how Clauses 20, 31, and 40 of the Medical Act could be best amended. That the Council resolve to appoint an early day, at their meeting next session, for the consideration of the whole subject."

SUMMARY OF THE WEEK.

THE BRITISH PHARMACOPŒIA.

As we have received numerous inquiries as to the 'British Pharmacopœia,' more particularly with reference to the probability of a new edition and the disposal of the present one, we think it right to state, for the information of the Profession and the public, that there is no intention whatever of recalling the present edition, which has been extensively sold and distributed over the globe, wherever British commerce or the British arms extend. The new edition, which may be expected to appear in about a year, will merely supply the want caused by the exhaustion of the present issue, and it will, of course, be revised and corrected in accordance with the advance of science, as any other scientific work would be. The new editor has been nominated, but as his appointment is not yet officially confirmed, we withhold his name for the present. He is a gentleman who is thoroughly acquainted with theoretical and practical chemistry and with all the details of pharmacy; and under the supervision and direction of the gentlemen appointed as the Pharmacopœia Committee, namely, Dr. Burrows, Dr. Sharpey, Dr. Quain, Dr. Christison, and Dr. Apjohn, he will no doubt exercise his responsible functions to the satisfaction of the Profession. We may here take occasion to state that the defects of the 'British Pharmacopœia' have been enormously exaggerated, and that, considering the great difficulties incident to its preparation and publication, it is a very able work. That it should have excited criticism is only what might have been anticipated: that it should be pronounced faultless is more than can be expected of any human work. That the action of medicines will always be strictly canvassed is a matter of certainty, and it is equally certain that opinions will differ as to the efficacy of particular drugs; and in a necessarily shifting science like chemistry, it is obvious that the most learned authorities will differ as to the atomic constitution of many chemical compounds. The acute criticisms contained in the pages of some of our contemporaries will no doubt advance the interests of science, and assist the new Editor of the Pharmacopœia in the revision of the work; and the able and elaborate articles which we ourselves are publishing, while they fully expose the defects of the present edition, are making known a multitude of facts with which all medical practitioners would do well to make themselves familiar.

THE 'BRITISH MEDICAL JOURNAL,' THE 'MEDICAL CIRCULAR,' AND THE MEDICAL COUNCIL.

We have been called upon to apologise to the 'British Medical Journal' for transgressing the rules of propriety in accusing that Journal of having made a positive misstatement in reference to the proceedings of the General Medical Council. We should be most happy to apologise if we were in the wrong, but such is not the case. The exact words in the 'British Medical Journal,' to which we took exception, were the following, and we quoted them

at the time :—"The College of Surgeons of England and the London Society of Apothecaries offer a continual opposition to the carrying into effect of the recommendations which a majority of the Medical Council has deliberately approved. This opposition is the more painful, when contrasted with the readiness with which other corporations have brought their regulations into the strictest conformity with the recommendations of the Council." Our own remarks were : "We have received and perused the whole of the minutes of the meeting of the Medical Council, and we have failed to ascertain that the Society of Apothecaries has ever placed itself in opposition to the Medical Council, on the subject of Medical Education, whatever the College of Surgeons may have done. So much for positive misstatement." We repeat, that the 'British Medical Journal,' on this point, made a positive misstatement, though, on the assurance of the Editor to the contrary, we are willing to allow that it was not a wilful one. We took the pains, at the time, to inquire into the subject, and we found that the Society of Apothecaries had throughout strictly complied with the recommendations of the Council: they had required of the candidates for their licence four years' attendance on lectures and hospital practice, and their published Regulations for 1862 distinctly insist upon such attendance.

But it so happened that the other corporations, so far from conforming to the recommendations of the Medical Council, had positively disregarded them, and headed by the College of Surgeons, *and sanctioned by the Council itself*, had returned to or maintained their previous regulations; and the Society of Apothecaries, therefore, had no choice in the matter but to rescind their regulations published in 1861 and 1862, and to require only three years' attendance on lectures and hospital practice; and in so doing, they *followed* the College of Physicians of London, the College of Surgeons of England, and nearly the whole of the Medical Corporations in the United Kingdom, the exceptions being one or two of the Scotch Universities, which, from the peculiarity of their constitution and the short period of the year which they devoted to lectures and hospital practice, had always required four *half-years* of attendance, equivalent to *two years*. The following letter, addressed by Mr. Upton, the Clerk to the Society of Apothecaries, to the General Medical Council, and published in the Minutes of the Council, explains in brief, but explicit language, the truth of the case :—

Apothecaries' Hall, London, E.C.
3rd March, 1864.

SIR,—I beg to hand you enclosed, a copy of the regulations of the Court of Examiners, which will be found, I understand, to be in exact accordance with the recommendations and resolutions of the General Medical Council, with the exception of the five years' pupilage, which is rendered compulsory by the Apothecaries' Act of 1815.

I have the honour to be, &c.,

Dr. Hawkins, Registrar of the General Medical Council.

ROB. B. UPTON, Clerk to the Society.

How the inability of a corporate body to repeal an Act of Parliament can be construed into a continual opposition to the carrying out of the recommendations of the Council, we are quite at a loss to conceive.

Having thus laid the real facts before the Profession, we can only repeat that we made ourselves fully acquainted with them before we wrote; and if our contemporary had done the same, the present controversy would have been unnecessary. As to the other charges we made against the 'British Medical Journal,' such as wilful exaggeration, we think they were quite justifiable when we found that a writer in that Journal had set forth, as the necessary courses of lectures to be attended by the medical student, a host of specialities and subdivisions of subjects, which, if a medical man, he must have known were not distinct from one another, except for the purpose of arrangement in a text-book.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

DR. G. JOHNSON commences a lecture "On the Laryngoscope," delivered lately at the College of Physicians. The object of his lecture he states to be his desire of showing that the difficulties of laryngoscopy are few, and may be overcome by a little practice and perseverance, and that there is no reason why the art of inspecting the larynx should be practised only by a select few, and converted into a specialty. Dr. Johnson refers to the invention of the instrument by Dr. Babington, who described it in the year 1829; the discovery of autolaryngoscopy by M. Garcia, during his physiological researches on the human voice; and the application of the laryngoscope to the diagnosis and treatment of disease by Czermak, to whose labours in this field warm commendation is ascribed. The rest of Dr. Johnson's lecture is devoted to the description of the apparatus for laryngoscopy, the difficulties sometimes attendant on its application, and the best methods of overcoming them.——MR. T. HOLMES continues his "Contributions to the Practical Surgery of Diseases of Childhood," his present subject being "Congenital Innocent Tumours: their Diagnosis and Treatment." It has happened to Mr. Holmes to meet with this kind of tumour six times in the course of four years, and he therefore considers that the disease cannot be a very rare one. The tumour in question is developed before birth; sometimes grows very rapidly in the early days of life, so as to threaten to prove fatal either by exhaustion or by the pressure of surrounding organs; but as it wants the essential characters of cancer, it cannot be classed with that disease, and, indeed, its constituents appear to be only some fibrous tissue, a few free nuclei, and a large quantity of fat. Mr. Holmes describes three cases of this affection, in two of which the children died without any operative means having been resorted to, and in the third the tumour was removed and the child recovered.——Dr. EDWARD SMITH continues his papers on "Dietary in Disease," his subject being obesity. He shows that it is not always safe to reduce the size of the body, as a certain amount of deposited fat is natural to man and to all animals living on a mixed diet. The rules laid down

for diminishing obesity are drawn from chemical considerations, exercise being enjoined, fats, sugar, and starch being restricted in quantity, beer and spirits forbidden, and meat taken three times a day.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. GEORGE HARLEY continues his lectures "On the Urine and Diseases of the Urinary Organs," his present subject being uric acid, which he describes in its chemical and physiological relations. The quantity of uric acid excreted is greatly influenced by the nature of the food, and even by the time of the year, more being excreted in winter than in summer. The urine of human infants at the breast is devoid of uric acid, while that of sucking calves contains it. Uric acid in healthy urine is combined with the alkaline bases—soda, potash, and ammonia—and all the salts so formed are in a state of solution; but if they should happen to be in excess, or the water of the urine should be diminished, they are deposited in an amorphous state.——DR. J. W. OGLE continues to describe his series of "Cases of Softening of the Brain and Spinal Cord," the cases being of a very miscellaneous character, and the symptoms during life being often anomalous, but the post-mortem examination revealing softening of the cerebral matter.——DR. EDWARD DEWES relates a "Successful Case of Ovariotomy in a Person Sixty-seven Years of Age." The operation was performed by Mr. Clay, of Birmingham. This patient is said to be the oldest on whom ovariotomy has been performed in England, although a similar case, followed by recovery, is said to have occurred in America.

GENERAL CORRESPONDENCE.

IS MERCURY A THERAPEUTIC AGENT?

To the Editor of the Medical Circular.

SIR,—Will you do me the favour to permit me to reply to the interesting criticisms of my opinions, made by two of your correspondents, in recent numbers of your most impartial journal.

First, allow me to thank Dr. Griffith for his letter contained in the MEDICAL CIRCULAR of April 6th, and to attempt to reply to some of his questions. He says, "I would ask Dr. Drysdale if he has never heard of mercury being prescribed in the morbus coxæ even of scrofulous subjects, and prescribed with most beneficial results;" and he adds, that a patient of Dr. Walshe's, in Dublin, had recovered from tabes mesenterica under doses of hydrargyrum cum cretâ.

In reply to this question of Dr. Griffith, I have to say that I have very often heard and read of mercury producing cures in every disease, scrofulous, inflammatory, &c. Indeed, when in Dublin, I remember that it was thought by some to be beneficial in cases of acute albuminuria. But I believe I am only speaking the general opinion of London physicians at the present moment, when I state that mercurials are considered as quite counter-indicated in all states of the constitution coming under the category of scrofulous, whether hip-joint or other disease. I believe, indeed, that this is one of the points on which there is considerable unanimity of opinion. As to the case of tabes mesenterica said to have recovered *propter* doses of hydrargyrum cum cretâ, I believe it must have done so *post*, or in spite of the remedy.

I now come to a much more vexed question. Dr. Griffith says, "Is the bichloride of mercury wholly inert in thickened and indurated condition of the cervix uteri?" Now, if there is any one point on which mercurialists insist more than another, it is upon the solvent power of the bichloride of mercury upon indurations, whether of the cervix uteri or other part. I can only reply to Dr. Griffith's question by stating, that everyone who has watched cases of induration of the cervix uteri must recognise how unamenable they often are to any *constitutional* treatment; and I have seen that condition subsist under doses of mercury continued for a lengthened period, and which, in my opinion, had greatly deteriorated the patient's general health. As to indurations on the penis, we all know that they may be seen years after a mercurial course. It therefore appears to me to be a most ill-judged practice to ingest a destructive drug for weeks or months into the system, in order to try experiments upon the solution of an indurated mass. Why not use it in the induration of cancer? Simply because that practice has gone out of belief, since the pathology of the disease has been studied.

Dr. Adams, in his translation of Hippocrates, justly observes, with regard to the treatment of inflammation by calomel and opium: "The experience of some thirty years would seem to decide in its favour; but how often have certain methods of treatment in other cases obtained the sanction of professional favour for a much longer period, and yet, in the long run, been abandoned as positively injurious. In my young days, I knew physicians of the very highest reputations, who administered these medicines in scrofula, in cancer, in every case. We cannot think of the change of professional opinions on the mercurial treatment of syphilis, since the days of Hunter, without the most painful feelings of mistrust in all modes of treatment; where we cannot recognise some reasonable bond of connection between the remedy applied and the effects produced; or where long experience and analogy are in favour of them; and where the judgment runs no risk of being imposed upon by fallacious appearances and collateral circumstances."

Dr. Sisson, in the MEDICAL CIRCULAR of April 27, has also honoured me by some most useful criticisms upon the evidence I have adduced to prove that mercury causes disease, instead of being a remedy. He says: "I maintain that Dr. Drysdale's own authorities negative the idea that mercury can be dispensed with in the treatment of syphilis. To elicit truth is the object aimed at; and therefore it is not allowable to support a theory by an exaggeration of facts, or a *suppressio veri*. I must, therefore, complain that Dr. Drysdale is free from neither of these faults. Authorities, where denunciations are levelled against the abuse of mercury, have been cited in a manner to lead to an inference wholly opposed to their practice. Mr. Syme has been quoted in this way; but Mr. Syme gives mercury in syphilis, and calls mercury the grand remedy for iritis, given so as to affect the system. See 'Principles of Surgery.'"

When the body of the profession shall consent to treat syphilis in the manner recommended by Mr. Syme, I, for one, shall have nothing further to say. My attacks are levelled against those who treat syphilis by the ingestion, for several months, of a daily dose of this most dangerous drug. M. Ricord and his school, at present a dominant one both in Paris and London, recommend six months of a daily dose of iodide of mercury, followed by three of iodide of potassium. Let us hear what Mr. Syme says of this practice: "A fearful system of scientific quackery has, in recent times, been founded on the ruins of the old mercurial delusion; and although the so-called modified use of mercury, which is, at present, so much the fashion at Paris and elsewhere, may not be so speedy in its effects, I can testify, from what has frequently fallen under my observation, that it empties the pocket and injures the health no less effectually than the process of poisoning which it professes so advantageously to have replaced."

With the *mild mercurial school* it is difficult to come to terms. They do not assert anything categorically, but merely state, in general terms, that mercury does good in syphilis. To which all I can reply is, that I do not think it

ever does any good; but I also do not think that a few mercurial pills, given for a week or so, are worth speaking about, either for or against. As to Mr. Syme's recommending salivation in iritis, I believe that Dr. Sisson will find that I have never mentioned that gentleman in connection with that affection, but have referred to the evidence of Dr. Williams of Boston, Hugh Carmichael of Dublin, Dr. Hughes Bennett, and Mr. J. L. Laurence, to prove that mercury does harm, not good, in iritis.

Dr. Sisson goes on to say: "Dr. Drysdale has quoted from Dr. Grave's ClinicalMedicine, the—so-called—simple treatment of syphilis by Dr. Fricke in the Hamburg Hospital; and from the same work I extract the following passage. Fricke says: "Corrosive sublimate baths (℥j. to each bath) were often employed, and were of great service, &c., and seemed to remove the eruptions more speedily than even the nitric acid baths."

Dr. Sisson must surely recognise the distinction between the mere topical application of lotions, or baths of nitric acid, sulphate of zinc, or corrosive sublimate, which act as topical irritants and astringents, and the constitutional effects of the drug, when rubbed in, inhaled, or swallowed. As he has quoted from Fricke, however, allow me, Sir, to do the same from his 'Annalen,' a work which all should read, if possible, in the original German, or if not, in Grave's 'Clin. Med.' vol. ii. "The treatment of syphilis," says Fricke, "in the Hamburg Hospital was divided into two epochs, the mercurial and the non-mercurial. The former period was, for males, 18½ months—from January 1824 to July 1825; and for females, 21 months—from January 1824 to October 1825. The non-mercurial period lasted, with males, 2 years and 5½ months; and with females, 2 years and 2 months."

"1st Period, with Mercury."

"On looking over the tables (contained in the work) a considerable difference will be seen between them and those of the second period, syphilis having exhibited itself in a much more malignant form in the first period. Nocturnal pains, caries of the nasal, palatine, and other bones, obstinate and extensive cutaneous eruptions, general lues, syphilitic cachexia, were among the most ordinary phenomena; while, in the second period, they were of rare occurrence, and only observed in those who had been subjected to long and injurious courses of mercury. . . . . No undue predilection for any particular form of mercury was shown. . . . With regard to the duration of treatment, a difference in favour of the non-mercurial plan is readily perceived. . . . With regard to the certainty of cure we are convinced by bitter experience that syphilis very often returned in the secondary form, after the most careful use of mercury, the most careful selection of the preparations, the strictest attention to diet, and all proper precautions. Of 573 patients treated during the first period, one-third were attacked with secondary symptoms; all of them were treated with mercury for the primaries.

"Second Period, without Mercury.

"Having discovered, contrary to expectation, that the disease was cured more rapidly in this way, and relapses much fewer and slighter, it was extended to all cases, with such modifications as experience suggested. At this time, February, 1828, after a trial of two years and a half, and the successful treatment of more than one thousand patients, the results of this treatment have proved so favourable, that there appears no reason for lightly abandoning it, or returning to the former plan of treatment. As already stated, patients are cured in a much shorter period than before, and leave the hospital with much healthier looks. . . . Syphilis seems, too, gradually to become more simple; at least, it never appears in the same malignant forms as before, when little or no mercury has been used."

Fricke continued this treatment, and we are informed that, up to the year 1841, he had treated in the same way 15,000 cases. The above quotation from Dr. Fricke will show clearly, I believe, that he has completely put to rout the believers in the absolute necessity of treating syphilis with mercury.

In conclusion, I beg to thank Dr. Griffith and Dr. Sisson for their determination to discover flaws in my evidence as to the injurious effects of the internal use of mercury in all diseases. Were all the members of our Profession as single-minded and candid as these gentlemen, we should ere long have the experiment (?) made in our lock hospitals which has been so carefully made in the Hamburg Hospital, and recently by Professor Boeck in Christiania, and Mr. Weeden Cooke in London, of treating ulcers and eruptions without mercury, on the principles which guide us in other diseases. I am, &c.,

39 Southampton row, W.C., CHARLES DRYSDALE.
May 4, 1864.

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged for space to inform the Poor-law medical officers that in 'Knight's Advertiser' of the 16th inst. is the following:—"It is understood that the Committee (Select Committee on Poor Relief, England) have agreed to resolutions on several subjects on which they have taken evidence, viz., the distress in the metropolis in 1861; the continuance of the central authority; the power possessed by the Poor-law Board of issuing general orders; *Medical relief;* pauper education; religious rights of workhouse inmates; district auditors; power of Poor-law Board to dismiss officers; equalisation of rating; casual and houseless poor; classification in workhouses, and *superannuation of paid officers.* It now only remains for the Committee to settle the terms of their report to the House. Mr. Villiers, the chairman of the Committee, stated on the 5th inst., in reply to a question of Mr. Göschen, that he was led to believe that the report would be presented before long, and in time for legislation this session."

Since April 14th I have received the following subscriptions towards the funds of the Association:—E. Hall, Ulverstone, 10s.; C. Heaton, Leek, 3s. 6d.; R. Cooper, Leek, 3s. 6d.; R. Purnock, Leek, 3s. 6d.; F. Robinson, Cheadle, 5s.; E. C. Buckoll, Radford, 5s.; J. Westell, Cookham, 10s.; S. A. Plumb, Cookham, 10s.; T. Hewlett, Hendon, 1*l.* 1s.; H. Horsfall, Wakefield, 10s.; B. Kemp, Wakefield, 10s.; E. Walker, Wakefield, 10s.; G. Walker, Wakefield, 10s.; G. F. Wills, Chard, 5s.; R. Ransome, Cambridge, 10s.; R. F. Thompson, South Shields, 7s. 6d.; J. D. Hulme, Blaby, 5s.; R. W. P. Kerswill, St. Germains, 5s.; E. J. Worth, St. Germains, 5s.; J. Yeoman, Whitby, 10s.; W. N. Clarkson, Whitby, 5s. I am, &c.,

12 Royal Terrace, Weymouth, RICHARD GRIFFIN.
17th May, 1864.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, APRIL 5 AND 19.

Mr. PRESCOTT HEWETT, PRESIDENT.

(Continued from page 331.)

Dr. OGLE showed a

FIBRINOUS PLUG OBLITERATING A PART OF THE MIDDLE CEREBRAL ARTERY, AND CAUSING A SOFTENING OF THE BRAIN IN THE NEIGHBOURHOOD.

The fibrinous plug was adherent to the arterial walls, and decolourised, and the softened brain below the surface was of a very soft consistence, extending as far inwards as the right corpus striatum. The heart and its valves were healthy, but adherent to the inner surface of the ascending aorta, at about one inch above the aortic valve, very large fibrinous deposits, the so-called "vegetation," were met with. Masses or wedges of fibrinous deposit were also found in the spleen and one kidney. The patient (an intemperate man, aged 34), who had been subject to epileptic seizures, was admitted into St. George's Hospital with pain in the right side of the head and right temple, and having a peculiar "heaviness" of manner; the left arm was very cold, and weaker than the right one; the muscles of the left side of the face were wanting in power and expression;

the left pupil was dilated; and shortly after admission he had an epileptic attack, in which the muscles of the left side of the body were much convulsed, and the mouth drawn to the right. Eventually, gangrene of the great toe, and afterwards of the dorsum of one foot, came on; and he sank and died one month after admission.

SECONDARY ABSCESS OF THE BRAIN FOLLOWING AMPUTATION.

The purulent accumulation was of about the size of a filbert, and situated on the lowest part of the middle lobe of the left cerebral hemisphere. The other parts of the brain were healthy. The patient, a man aged 35, had left the Hospital after an amputation of the forearm. Having been frequently drunk, he was again admitted, owing to shivering, sweating, and vomiting. The rigors recurred daily, at almost the same hour, reminding one of ague. An abscess formed in one of the buttocks, the general surface became very yellow, and he sank and died twenty-seven days after admission. After death, in addition to the cerebral abscess, a small part of the ulna was found necrosed, and a large abscess was found within one of the deltoid muscles.

EXTRAVASATION OF BLOOD INTO THE PONS VAROLII, AND ALSO, BUT TO A SLIGHTER DEGREE, INTO THE LEFT OPTIC THALAMUS AND RIGHT CORPUS STRIATUM.

The pons Varolii was much broken down, and the extravasation extended into the right crus cerebelli, and had broken into the fourth ventricle. Much bloody fluid existed in the lateral ventricles, whose septum was broken down. The patient, a man, aged 49, was admitted into St. George's Hospital quite sensible and coherent in conversation. He had staggered on walking home after having drank two glasses of beer, and complained of being unable to see properly. When examined, there was loss of power to move the legs, the skin of which was without sensation, and there was incontinence of urine. He vomited a quantity of stuff smelling strongly of beer. He became comatose, and died on the day after admission.

EXTRAVASATION OF BLOOD INTO THE CENTRAL PART OF THE PONS VAROLII, EXTENDING INTO BOTH CRUSA CEREBELLI.

The patient was a drunken woman, aged 33, who for some time had suffered from headaches and giddiness. She had been "hemiplegic" on the left side since a fit which occurred two weeks previously, and had never regained consciousness. When admitted the speech was inarticulate, and there was no sensation or power of moving the muscles on the left side of the body. Difficulty in breathing and swallowing came on; she became comatose, and died three days after admission. The heart, lungs, kidneys, &c., were found healthy after death.

PARAPLEGIA FROM SOFTENING OF THE SPINAL CORD ASSOCIATED WITH A LARGE CALCULUS IN THE BLADDER; PROBABLY, IN THE ONSET, AN INSTANCE OF "REFLEX PARAPLEGIA."

The case was that of a gentleman, about 58 years old, who had in early life suffered much from gravel and irritation of the kidneys. Twelve years before death he had begun to pass blood in the urine after a slight fall or slip down a bank. Subsequently, pus was passed by the bladder, with and without blood, in large quantities. About five years after the first symptoms, difficulty in walking and numbness of the legs came on, and gradually almost complete loss of power in the legs was established. A calculus was detected in the bladder by Mr. Adams, of Harrington square, but as it was surmised that disease of the kidneys existed also, any operation with a view to remove the calculus was not considered advisable. Eventually, and a few days before death, loss of sensibility of the skin of the legs and face was experienced, and hyperæsthesia of the arms came on. The patient died, owing to accumulation of mucus in the bronchial tubes. After death, the bladder, containing the calculus, weighing 2¾ oz. and 40 grains, was found very inflamed, and a large abscess in the left kidney was met with; there were also indications in the left ureter that a calculus had at some time been impacted therein. There was extensive softening of the lower part of the *lumbar* region of the spinal cord, and also of the lower part of the *cervical* region. Dr. Ogle thought that, in connexion with this case, the question as to the interference which the existence of paraplegia might be supposed to produce with operative measures for the relief of stone in the bladder, might fairly be raised, and it was mainly with a view to that general question that he had exhibited the specimen. In reference to this subject Dr. Brown Sequard had told Dr. Ogle that, judging from his experiments upon certain of the lower animals he should consider the presence of paraplegia rather an advantage than detrimental, in case that lithotomy had to be performed.

The PRESIDENT said that if, in a case of paraplegia with stone in the bladder, there was kidney disease, he should not operate; but that the fact that there was paraplegia would not deter him.

RUPTURE OF THE HEART.

This was presented to the Society for Mr. Roper, of Shoreditch; and the principal point of interest was, how far the surgeon and the public were justified in attributing the patient's death to starvation. The latter was a woman about 60 years of age, and was endeavouring to subsist on a few pence a-week in a lodging containing no fire, and having no clothes to cover her. She died suddenly and there was found a laceration through the left ventricle. The coronary artery was diseased, and the muscular tissue was pale and soft. There were sufficient morbid conditions found in the organ to account for the rupture; but at the same time Dr. Wilks thought that an impoverished condition of the blood might have aggravated the tendency to muscular degeneration, and that the remarks of Mr. Roper before the coroner were quite reasonable—"That the deceased died immediately from rupture of the heart; but that privations, want of nourishment, proper clothing, and of warmth, would undoubtedly have accelerated the rupture of the heart. There was no trace of fat in the interior of the body."

LARDACEOUS DISEASE OF THE VISCERA.

The liver, spleen, and kidneys of a young man were shown who had long suffered from this form of disease. The point of interest was in the fact that, on the surface of the liver, where it was adherent to the diaphragm, there was a layer of pnre lardaceous material almost an inch thick. In this no trace of hepatic structure was visible; and it thus seemed as if a free deposition of the adventitious material had taken place on the outside of the organ.

Mr. SPENCER WELLS exhibited three specimens of

CANCER OF THE OVARIES.

In the first case both ovaries were affected. The patient was married, forty-four years old, childless, and the disease had been of three years' duration, but had only caused much inconvenience during the last year of life. Six months before her death ten pints of fluid were removed by tapping. Mr. Wells only saw her six weeks before her death, and made the diagnosis of two ovarian tumours surrounded by ascitic fluid, and from the cadaverous aspect suspected malignancy. Fifteen pints of ascitic fluid were removed by tapping, and hard masses were then felt more distinctly in the abdomen and pelvis. She lived about five weeks after the tapping, and died exhausted. The tumours were distinctly cancerons, and the peritoneum was studded with cancerous tubercles. The second patient was also childless, though she had been married twice; she was fifty-nine years old. Only the left ovary was affected. The tumour had been surrounded by ascitic fluid, which had been removed several times by tapping. The disease was only about twelve months from its commencement to its termination. After death the tumour was found to be inseparable from the bladder, uterus, and rectum. Portions of it were distinctly cancerous. The third was a case of encephaloid in a girl between thirteen and fourteen years old. The growth had been extremely rapid, only having been noticed about two months before death. Microscopic sections, prepared by Dr. Wilson Fox, were exhibited to show that the stroma of the right ovary was infiltrated with cancer. But whether the mass of soft cancer which had filled the pelvis had originated in the ovary or had extended to it, Mr. Wells was doubtful. The question of ovariotomy had been considered in all these cases, but had been negatived by the visible cachexia indicative of malignant disease.

Mr. SPENCER WELLS also exhibited a specimen of

TUBERCLE OF THE OVARY.

The deposit was observed beneath the peritoneal coat of a large cyst which Mr. Wells had removed from a single lady, twenty-three years of age, who died five days after the operation from diffuse peritonitis of a low form, probably tubercular.

Dr. WILSON FOX described this cyst as single, with the exception of a few scattered thin-walled cysts on the inner surface. On the outer surface, beneath the peritoneal coat, and firmly blended with the surrounding stroma of the cyst-wall, there were numerous nodules about the size of peppercorns, of a cartilaginous hardness, appearing on section glistening and semi-transparent at the circumference, and opaque and cheesy at the centre, which was slightly softened. The nodules themselves were without any trace of vessels, but the tissue around each nodule was very highly injected, and in the injected area there were delicate false membranes studded with the finest granulations of miliary tubercle. False membranes were also seen on other parts of the tumour containing fine granulations of miliary tubercle; and similar grey granulations, not larger than a pin-point or a poppy-seed, were seen on other parts of the outer wall of the cyst. Under the microscope, the outer part of the larger masses and small grey granulations were seen to have the same structure, and to consist of slightly elongated cells containing large, round, very clear, highly-refracting nuclei, each nucleus containing a nucleolus. The nuclei were in some parts free. In some parts of the field, cells with two nuclei could be seen; these were embedded in a clear, separating, finely striated, and very firm intercellular substance. The cells averaged 1-25000th in diameter, the nuclei 1-45000th. The cheesy yellow matter in the centre of the nodules consisted of oil globules, granular *débris*, and shrivelled cells. From these characters Dr. Fox had no doubt that the nodules and grey granulations were of tubercular nature.

In reply to Dr. BRISTOW, Mr. WELLS said that no post-mortem examination had been allowed, so that he could give no information as to the state of other organs; but the lungs had been examined during life, and were believed to be healthy.

Mr SPENCER WELLS then exhibited the uterus, left ovary, and pedicle left after removal of a tumour of the right ovary, the patient having died three days after.

RETURN OF THE LIGATURE INTO THE ABDOMEN.

About two pints of dark red serum had been effused into the peritoneal cavity, which contained neither blood nor ovarian fluid. The recent lymph was confined entirely to the lower and back part of the abdomen and pelvis, the peritonitis radiating from the pedicle, not from the wound in the abdominal wall, which was completely united, nor from a surface where the cyst had been adherent. There was no such attempt to capsulate the pedicle and ligature as there probably would have been had the patient been in better health. She was a married, childless woman, fifty years of age. Mr. Wells thought her chances of recovery would have been greater had it been possible to keep the end of the pedicle outside the abdomen, and he stated that the trials which he had made of returning the pedicle seemed to teach that in young or healthy subjects where circumscribed peritonitis and effusion of plastic lymph might be expected the practice was a good one; but in debilitated or cachectic patients, in whom diffuse peritonitis and effusion of serum, or of aplastic lymph might be feared, it would be safer (when the clamp could not be used) to leave the ends of the ligatures hanging out through the wound, and thus secure an opening for the escape of effused serum, and for the ligature itself with the tissues enclosed in it after their separation.

WHITE SWELLINGS.—Dr. Pécholier speaks highly of the good effects of Scott's apparatus in white swellings. He relates a case in which articular disease of two years' standing was entirely cured in the space of eight months.—'Journal of Practical Medicine and Surgery.'

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the College of Examiners on the 10th inst.:—Henri Victor Bertin, L.R.C.P.Lond., St. John's wood; Charles Claridge Brewer, Newport, Monmouthshire; Henry Todd Broughton, Bradford, Yorkshire; Edwin Burrell, Westley, near Bury St. Edmunds; George Alex. A. Coates, Sirhowy, Monmouthshire; J. Saltus Conyers, Demerara, West Indies; John Drust, Gainsborough; Robt. Charles Earle, Totnes, Devon; William Richard Goodfellow, Commercial road; George Grewcock, Folkingham, Lincolnshire; Charles St. Aubyn Hawken, Redruth; T. Edward Darley Hayes, Liverpool; Frederick Henry Hume, Angel terrace, Islington; Henry Gilbert Jackson, Leeds; Charles Frederick Knight, L.S.A., Brill, Bucks; William Slingsby Mann, Birmingham; Herbert Charles Pickard Masser, Langford, near Coventry; Joseph Morris, L.R.C.P. Lond., and L.S.A., Stupley, Warwickshire; George Paddon, Hitchen, Herts; Henry Richard Smith, Newark, Notts; Herbert Branwhite Spurgin, Thrapston, Northamptonshire; Jesse Wheelock Thibou, Antigua, West Indies; Martindale Cowslade Ward, Markham square, Chelsea.

The following were admitted Members on the 11th inst.:—Robert Francis Allen, Cloughjordan, Co. Tipperary; Joseph William Barrett, Eton; Ralph Alexander Busby, Leamington; John Thomas Caldwell, L.S.A., Knutsford, Cheshire; James Bunter Colthurst, Bristol; Eugene Fran. Cronin, M.D., St. Andrew's, Clapham; William Astly Sherratt Dykes, L.S.A., Hull; John A. Eatock, Rivington, near Bolton; William Henry Flint, Buxton, Derbyshire; Charles William Ellis Foster, Aldershot; Peter Harding, Shrewsbury; James Hamilton Martin, Tregony, Cornwall; Frederick Le Fevre Milburn, Leiston, Saxmundham; A. Miller, Highbury; Charles Fox Oxley, Pontefract, Yorkshire; Albert Louis Peacock, L.S.A., Huntingdon; Wm. A. Rudd, Hull; Walter Smith, Bognor, Sussex; William A. Sparling, Norwich; John Williams, Anglesey; Samuel Henry Woodgates, M.D., University Glasgow, Hereford.

At the same meeting of the Court, Mr. William Anderson, of the Royal Marine Artillery, passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the Edinburgh College of Surgeons, his diploma bearing date July 17th, 1855.

In our Pass List last week, under the above head, for "C. L. Ridant," read "Charles Lyon Ridout."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 12th inst.:—John Henry Ashton, 10 Upper Barnsbury street; Robert Chapman Gibson, Fyfield, Ongar, Essex; William Jones, Trewalter, Brecon; William Coleridge Kiernander, 2 Brunswick square; William Norris Marshall, Upper Northgate street, Chester.

The following gentlemen also on the same day passed their first examination:—Henry Hargreaves Birtwell, St. Thomas's Hospital; Edward Monroe Spooner, London Hospital.

UNIVERSITY OF CAMBRIDGE.—The examination for the degree of Master in Surgery was to take place on the 24th of this month, instead of on the 30th as before announced.

ST. BARTHOLOMEW'S HOSPITAL.—The Bentley Prize for the best report of medical cases occurring in the wards during the previous year has been awarded to Mr. William Vawdrey Lush, M.R.C.S.E. A Scholarship in Medicine, Surgery, and Midwifery has also been awarded to the same gentleman.

DR. ROWE.—We are glad to learn that this gentleman had sufficiently recovered to appear at the police-court, Liverpool, to give evidence against Brice and Scott for the assault committed by them on the 2nd of April. The prisoners were fully committed for trial, bail being refused.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—DISTRIBUTION OF PRIZES.—On Thursday, the 12th inst., the prizes

in the several classes of the Westminster Hospital Medical School were distributed to the successful competitors by the Very Rev. the Dean of Westminster, who was supported on the occasion by the Rev. Canon Nepean, Mr. Anderdon, one of the Vice-Presidents of the Hospital, Mr. Bedford, Mr. Furnivall, and the Medical Staff and Lecturers, besides numerous friends of the pupils. Mr. Power, the Dean of the School, opened the proceedings by reading his annual report of the Medical School, in which he gave a most favourable account of its condition and of the diligence and conduct of the students, and particularly adverted to the success with which all the pupils had passed their several examinations during the past season. The following prizes were then distributed by the Very Rev. the Dean of Westminster:—*Summer Session*, 1863.—Practical Chemistry, Mr. G. P. Bate—prize, surgical instruments; Materia Medica, Mr. G. P. Bate—prize, surgical instruments, and Mr. R. Bugden—certificate; Botany, Mr. R. Bugden—certificate; Forensic Medicine, Mr. George E. L. Pearse—certificate; Midwifery, Mr. G. P. Bate—prize, surgical instruments, Mr. George E. L. Pearse—certificate, and Mr. Ralph Burnham—certificate. *Winter Session*, 1863-64.—Anatomy, Mr. G. P. Bate—prize, surgical instruments, Mr. R. Bugden—certificate, Mr. Brooks—deserving of honourable mention, and Mr. W. Moore, ditto; Chemistry, Mr. J. C. F. McDonald—prize, Scott's Poems and Tennyson's Poems, Mr. W. Moore—certificate, and Mr. Wm. C. Watson—certificate; Physiology, Mr. G. P. Bate—prize, surgical instruments, and Mr. J. C. F. McDonald—certificate; Medicine, Mr. Wm. Yates—prize, Bible, and Mr. G. E. L. Pearse—prize, Scott's Poems (*æq.*); Surgery, Mr. Ralph Burnham—prize, Staunton's Shakespeare and Longfellow's Poems, Mr. G. E. L. Pearse—certificate, and Mr. C. St. Aubyn Hawken—hon. mention; Clinical Medicine, Mr. G. E. L. Pearse—certificate; Clinical Surgery, Mr. C. St. Aubyn Hawken—certificate; Dental Surgery, Mr. G. P. Bate—prize, dental instruments, and Mr. Oakman—certificate; Chadwick Prize, Mr. G. E. L. Pearse—Lowe's Ferns, Tennyson's Poems, and surgical instruments; Prosector's Prizes, Mr. C. St. Aubyn Hawken and Mr. Ralph Burnham. Dr. Basham made some remarks upon the Chadwick Prize, which he said had been founded in perpetuity by a lady who had been a most munificent benefactor to the Westminster Hospital in memory of her husband. He also spoke in the highest terms of the gentleman who had gained the prize this year (Mr. Pearse), who, he said, might be considered in all senses a Westminster student, since he was the son of an old Westminster Hospital pupil, and had received his general education at the Westminster School, which preliminary education Dr. Basham thought had had considerable influence upon his subsequent success. Mr. Barnard Holt proposed a vote of thanks to the Dean of Westminster for his kindness in presiding on the occasion. The Dean, in returning thanks, said that it had given him great pleasure to preside, and that there were only two drawbacks to his efficiency on such an occasion—namely, that he did not profess either a knowledge of science or great readiness of speech. He had always taken great interest in education and in the rising generation, and it was, therefore a sincere pleasure to him to see so many gentlemen making such satisfactory progress in their studies. He had lately been speaking respecting hospitals to a distinguished man of letters, who had said that what struck him most with regard to modern hospitals was, that a hospital for the sick and a school of instruction for students could be satisfactorily united, seeing the great difficulty there always was in uniting any two interests. He thought that the Medical Profession was the only one in which it was impossible to rise but by hard work and personal qualities, for in diplomacy, in the law, and even in the Church, a man might be pushed on by interest and personal connection. Hippocrates had said, "Art is long and life short;" life was still short, but art, and medical art particularly, had become enormously extended by the discovery and addition of new sciences; and he therefore exhorted the student not to cease in his efforts to obtain knowledge when his actual days of studentship were passed.

VICHY WATER.—'La Semaine,' of Vichy, states that 1,460,000 bottles of the mineral water were exported in the course of the year 1863.—'Journal of Practical Medicine and Surgery.'

THE VENOM OF REPTILES.—In a paper on the Venom of Reptiles, Dr. Desmartis, of Bordeaux, remarks that the action of venoms is very far from being the same. Thus, Cleopatra's aspic causes apoplexy; the poison of the horned viper, spasms; that of the dipsas, sore-throat, with excessive thirst; that of the viper, jaundice; the bite of the lætaen of Arabia, general tumefaction of the body; and those of other kinds of serpents, lockjaw or mortification. The author observes that these various effects might be taken advantage of in medicine; and he inquires whether, by judicious inoculation in given cases, good effects might not possibly be obtained from the peculiar action of each poison.—*Ibid.*

NEW WORK BY M. FLOURENS.—M. Flourens has just added one more volume to the numerous publications in which he has brought the light of philosophical inquiry to bear on the most obscure questions of natural history. His present work is an extremely lucid critical essay, on Mr. Darwin's celebrated treatise on the 'Origin of Man.' M. Flourens cannot agree with Lamarck, Geoffroy, Saint Hilaire, or Mr. Darwin, and ascribes the popularity of their opinions to their very strangeness. Lamarck, for instance, traces back to the polypus the origin of man, and Mr. Darwin assumes that all the different animal genera are constantly undergoing a process of successive transmutations.—*Ibid.*

An interesting discussion, which took place two years since, on the subject of hospital hygiene, at the Académie de Médecine, originated in a visit made by M. Le Fort to the hospitals in England. This gentleman established a comparison which proved most unfavourable to French Nosocomial Institutions, and although his remarks awakened impatient contradiction at the time, their correctness is now so fully admitted on all hands, that M. Lé Fort has been entrusted with the mission of visiting the principal hospitals in Europe, more especially those of Germany and Russia. This choice is doubtless most flattering to M. Le Fort, but also speaks highly in favour of the sense of equity of the Director of Public Assistance.—*Ibid.*

DEATHS.

BROWNE.—On the 9th inst., at Kiltigan, Baltinglass, R. Browne, L.R.C.S.I., Surg.-Major 25th Regiment.

HOWELL.—On the 8th inst., T. Howell, M.R.C.S.E., of the New Kent road, aged 49.

JOCE.—On the 4th inst., John Joce, M.R.C.S.E., o Colchester, Essex, aged 58.

JOHNS.—On the 11th inst., at Lower Fitzwilliam st eet, D lin, Robert Johns, M.B., F.R.C.S.I., aged 49.

RIACH.—On the 14th inst., at Allanbank, near Perth, Riach, M.D., formerly Surgeon 67th Foot, aged 73.

SKINNER.—On the 13th inst., at Sandyford place, Glasgow, H. T. Skinner, M.D.

TAYLOR.—On the 13th inst., at the New Passage, Gloucestershire, J. Taylor, Surgeon R.N., aged 75.

WELLS.—On the 15th inst., A. Wells, M.R.C.S.E., of Basingstoke, Hants.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 25.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, MAY 26.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Hullah "On Music (1600—1750)."

FRIDAY, MAY 27.—*Operations* at Westminster Ophtha Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Mr. Re S. Poole, "On Greek Art."

SATURDAY, MAY 28.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital,

1½ p.m.; King's College Hospital, 1¼ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Alexander Herschel, "On Falling Stars and Meteorolites."

MONDAY, MAY 30.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 31.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Handbook of Uterine Therapeutics. By Edward John Tilt, Esq., M.D. Second edition. London: John Churchill and Sons.

Lectures on Epilepsy, Pain, and Paralysis. By C. B. Radcliffe, M.D. London: John Churchill and Sons.

Lectures on Diseases of Women. By C. West, M.D. Third edition. London: John Churchill and Sons.

Practical and Pathological Researches on the Various Forms of Paralysis. By E. Meryon, M.D. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

QUÆSO.—In answer to a correspondent who addressed us under the above title, a notice appeared in our last number on page 341, which notice, having been inadvertently inserted without being submitted to the supervision of the Editor, contains one or two errors which altogether alter its meaning. The notice should read as follows:

QUÆSO.—In paralysis death from congestive pneumonia is not infrequent. In partial paralysis at the junction of the healthy and diseased parts the sensibility is most exquisite, owing to the fact that, while compression by means of the depressed bone exists in one part and occasions want of motion and feeling, another part of the cord or a nerve running from it is not compressed but irritated, and the pain is usually referred, not to the part directly acted upon, but to the extremity of the nerve or nerves communicating with that part. Fractures in the lumbar region running into the sacral will be attended with paralysis from the knee downwards; occurring, however, in the dorsal, the paralysis will involve the whole of the lower extremity.

MR. F. J. WILSON.—The report has been received and is inserted.

DR. GASON, *Rome*.—The paper has been received, and will be published next week.

MR. RICHARD GRIFFIN.—The letter is inserted.

DR. SISSON'S paper has been received.

MR. J. L.—The card arrived too late to be available for the purpose specified.

MESSRS. W., *Chelsea*.—The letter reached us, but not the diagrams which are described as accompanying it.

A RURAL SURGEON.—The best work on the subject of Embolism is a voluminous one by a German author named Cohn. It may be obtained of any of the foreign booksellers.

DR. H.—The announcement will be too late for our next number.

YOUNG CHEMIST.—There is no relationship except an etymological one between lithia and lithic acid. It would be better to call the latter always by its synonym "uric acid."

To the Editor of the Medical Circular.

SIR,—Would you kindly inform me when the preliminary examination of the Royal College of Surgeons in England is held, and whether, by passing that, I should be exempted from the examination in arts of the Society of Apothecaries? If you would insert an answer in your paper, you would greatly oblige, Yours truly, A CANDIDATE.

Belper, May 21, 1864.

[1. The time may be learned by application to the Secretary of the College. 2. Yes.—EDITOR OF MED. CIRCULAR.]

Royal College of Physicians of LONDON.

FIRST Part of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, June 7th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, June 14th.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

H. A. PITMAN, M.D., Registrar, Pallmall East.

Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland Place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

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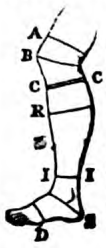
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ACCOUNT OF A SHORT TOUR IN SWITZERLAND, MADE DURING THE MONTHS OF AUGUST AND SEPTEMBER, 1863; TOGETHER WITH A SKETCH OF SOME OF THE HOSPITALS, &c., VISITED IN THAT EXCURSION.

By JOHN GASON, M.D., Fell. Coll. Phys. Ireland, &c.

A medical man's holiday may be not only of great benefit to his physical system, but also a source of practical instruction to his own mind, and by the communication of the information which he may have gathered be also a benefit to others. Though the amount of instruction gathered at such times is frequently so slight as not to be considered worth the trouble of transcribing it, yet, if done in every instance, a large amount of useful information might be collected, and a general and practical benefit be conferred.

During the last summer, I availed myself of two months' tour in Switzerland to visit, in every town which I passed through, most of the hospitals and public institutions. A short sketch of these institutions it is my intention now to give, hoping on some other occasion to make myself more intimately acquainted with those from the inspection of which I derived much pleasure. On passing through Milan, where I spent three days, I visited the hospital named "Ospidale Maggiore." To give much information from two visits to such a large building would be quite impossible, but what I do state may be depended on for its accuracy. This hospital is richly endowed. It contains about 3,000 beds; 2,900 were occupied on my two visits. On entering there is a fine open quadrangle. To the front are the various offices connected with the institution. Medical and surgical cases of both sexes are admitted. There are wards for diseases of children, as well as separate wards for diseases of the eyes. There are also wards for lunatics of both sexes. The female lunatic wards communicate with the children's wards—a curious arrangement! Lunatics, if violent, are strapped by the hands and feet to the bed. Religious madness of a violent nature is very common. Typhus and typhoid fevers prevailed at the time I visited it, to a great extent. These cases are allowed to remain in the same wards with persons labouring under other diseases.

A decided differencc is recognised between typhus and typhoid fevers, but the same treatment is adopted in both —namely, lemonade and cream of tartar drinks. Medicine is considered of but little avail in these fevers. When constant raving takes places, leeches are applied to the temples or behind the ears, which is said to relieve the symptoms. The treatment consists in watching the symptoms and treating them. Miliary eruptions often take place in these fevers. In one case of typhus fever which I saw, this eruption had appeared the day previously; the whole anterior surface of the chest was covered with small, clear, transparent vesicles. The patient was dying; nothing was done more than giving him drinks of imperial. Great attention was paid to his cleanliness, and he was kept dry, as his secretions were passed involuntarily. In another case of typhus fever, in which the patient lay in a comatose state, leeches had been applied to the temples; the blood was flowing freely from the leech-bites. The disease which he was labouring under when admitted was marked over his bed as intermittent fever. On the first day, he had shivering, heat, and perspiration, but from that time the fever was continuous. As this patient had attempted to get out of his bed, he was strapped to it by the hands and feet. The treatment, in addition to the leeching, was imperial drink.

There were a great many cases of gastric fever in the hospital, the usual symptoms of which consisted in quick pulse, hot skin, red lips and gums, white tongue, a deranged state of the bowels, and loss of appetite. These cases were generally cured in a week, by means of a dose of castor-oil, imperial drink, and light diet. The deaths in the hospital varied from ten to fifteen daily. After death the body is left in the bed for three hours, then removed to a small dead-room, adjoining the general dead-room. A bell-rope is attached to the wrist of each body, in order that, in the event of only apparent death, the least movement might ring the bell.

It is left in the small dead-room for three hours, from which it is removed to the general dead-room, where it is left for thirty-six hours previous to being removed for burial. Coffins are only used when paid for by the friends of the deceased; the other bodies are removed at the expense of the institution, and buried naked. My first visit to the hospital was in the afternoon: though the air of the wards was close, still there was nothing worse than what is generally perceived in Italian hospitals where the ventilation is not good; but when I returned the next morning, at eight o'clock, the stench was overpowering. Sufficient time had not elapsed to clear off the collected exhalations from 400 patients shut up in one ward. They were crowded together, barely thirty inches between the beds. Those adjoining the doors and windows (which were on a level with them) complained of the cold and wind, while those towards the end of the ward had the benefit of the concentrated mixture of bad odours driven in on them. A large proportion of the occupants of the beds were old people, suffering under chronic bronchitis. In fact, the hospital appeared more like a huge poor-house than an institution for the cure of disease. The kitchen was the only clean part of the house. The meat and broths appeared of the best quality, and in this respect the money was laid out with no niggardly hand. It would not require any prophetic vision to foresee the ravages that any severe epidemic would make in such an establishment, and still to those living in the hospital everything appeared perfect. It is said that great reforms were made in it by the French during the late war of independence in Italy. If so, *misericordia*. The most prevalent diseases in Milan during the winter are inflammatory affections of the chest, in which the lancet is considered the sheet-anchor. The city of Milan is very healthy; the majority of the cases which fill the hospitals come in from the country.

On crossing the Splügen into Switzerland, I observed a great quantity of the lichen called "Lichen Islandicus" was collected on the summit of that pass. The gathering of it forms a considerable source of gain to the poor in those parts. Twelve large sacks were ready for exportation to Italy.

The next hospital which I visited was that of Coire, the capital of the Canton of the Grisons. This town is about twenty-five miles from the Splügen; it lies in a plain, surrounded by mountains. The river Plessure runs through it, and empties itself into the Rhine, which flows at a short distance from the town. The soil is gravelly and the drainage good. The town is lighted with gas. The population is about six thousand. The air is dry and bracing. The diseases which prevail most in this locality are rheumatic affections, pleuropneumonia, affections of the heart, and of the mucous membrane of the chest and bowels. Typhus fever occurs frequently; typhoid fevers occasionally, in spring and autumn. Cancer is very common. Goitre is often met with, but not so frequently as in other parts of Switzerland. In the town of Coire, tubercular phthisis is seldom met with; in the country it occurs frequently. Hæmorrhage from the lungs is very seldom witnessed. Few persons pass ninety years of age. The climate is cold. The principal hospital belongs to the Capuchin monks; it is attended by Sisters of Charity. Persons of all religions, applying for admission, are received gratis. There are, however, paid beds, which any patient that will pay for can have. The hospital is under the sole direction of Dr.

Hammi, who attends both the medical and surgical cases. It contains forty beds. There are several small wards, with one bed in each. The wards are very close, and have no means of ventilation, except the windows, which are made in the same manner as those of any other house. It appears to me to have been built in such a manner, that, if it does not succeed in its object, it may be converted into a dwelling house. When the wards are closed at night, there must be a great want of pure air. In a small room, containing a single bed, was a case of typhus fever, complicated with congestion of the mucous membrane of both lungs. The treatment consisted in the internal exhibition of Kermes mineral, with camphor and decoction of senega. The symptoms did not appear of a serious nature. The windows and doors of this ward were kept closely shut. Typhus and typhoid fevers were not considered infectious by the medical men. This hospital was built in 1853 ; it is kept very clean and neat. About fifty yards from the hospital is a small house, containing a room for post-mortem examinations, and, attached to it, one for a pathological museum, which contains, however, but a few preparations. There is also another hospital in the town ; it is a dirty, wretched building. Too little cannot be said about it.

The next place that I visited was Ragaz, and the Baths of Pfafers, about one hour's drive by rail from Coire. These baths have acquired a certain amount of reputation for the supposed efficacy of the waters. The Baths of Pfafers are three miles distant from the town of Ragaz, and are connected with the latter place by an excellent carriage road cut through a wild gorge through which the river Tamina wildly dashes. Perpendicular rocks rise to an immense height on one side, and high wooded hills enclose this romantic ravine on the other. The bathing establishment consists of a large hotel, in which baths are fitted up for the accommodation of the visitors.

The source of the waters is close at hand; the temperature about 100 deg. Fah. The waters are clear as crystal and have no taste or smell. They leave no deposit. They are used for bathing purposes as well as for drinking, and are conveyed by means of wooden pipes to the town of Rauz, a distance of three miles, losing but 4½ deg. Fah. of their heat in their passage. These waters are found useful in affections of the stomach and bowels, as well as in diseases of the nervous system, rheumatism, scrofulous affections, diseases of the kidneys, arising from irritation or inflammation of these organs, and in diseases of the bladder, &c.

Numbers of females of a certain age, and others with scorbutic affections of the skin, were devoutly engaged in paying their devotions to the Water God. Amongst the male sex there were but few who had not passed the meridian of life, and to whom relaxation from business, freedom from anxiety, early rising, temperate habits, regular exercise, and plain, substantial food, with the absorption of a large quantity of warm water, thereby lessening their voracious appetites, must be beneficial. It is the practice to commence by drinking one tumbler of this water at a time before breakfast, and gradually increasing the number until eight or ten tumblers are taken in the course of the day. I witnessed one person drinking five tumblers of this hot water. The baths are used with much benefit, the time for remaining in them being gradually increased from fifteen minutes to one hour. The course consists of about twenty baths. The grounds connected with the establishment at Ragaz are laid out with taste for visitors, who flock here in great numbers; walks shaded by trees and lovely vistas meet you at every turn.

The hospital at Zurich, built about thirty years, possesses advantages like those of few hospitals that I have seen. It is built on the high grounds over the city, and is close to the Polytechnic. It is surrounded by an extensive enclosure, and is quite separated from any other building. The Typhus Fever Hospital is about 100 yards to the rear. The hospital contains about 300 beds. Both male and female patients are admitted. There are eye wards for both sexes. It is two stories in height. All the wards, with the exception of three or four, are to the front, from which there is an enlivening view—no slight advantage to patients recovering from illness. The wards open on a wide, well-flagged corridor, which is kept beautifully clean. The windows open down to within three feet of the floor. Each ward contains from ten to twelve beds. In the doors are openings both above and below, for the purpose of ventilation. There are water-closets out of each ward ; they are so contrived that no smell penetrates into the rooms. The means adopted for heating the hospital is steam, which is conveyed through all the rooms by means of leaden pipes. It appears ample for each ward. The ventilation, however, I believe, could have been effected in a better manner by means of large pipes carried above the roof from the ceiling of each ward, as is done and found so effectual in some of the cotton manufactories in England.

As a new hospital is likely to be soon erected in London, it would be well to take into consideration the plan of this excellent institution before any design is finally decided on.

Having visited the principal hospitals in England, Ireland, France, and Italy, I have no hesitation in saying that the new hospital at Zurich far exceeds in design, accommodation, and suitableness for such a purpose, all the others that I have seen. The lighting of the operation-room is particularly good. An operation for extirpation of the eye for malignant disease of that organ was ably performed by Professor Horner, the patient being under the influence of chloroform. Dr. Griesinger, one of the physicians, visited some of the wards; his manner of questioning the students on the diagnosis and treatment of the diseases of the patient was good ; and to any student anxious to learn, the opportunities afforded in that hospital are excellent. My recollections of the few hours which I passed there on two successive days are most pleasing.

The hospital at Lucerne possesses so few objects of interest that it does not merit a visit. It is clean, but the wards are small and close.

On my return on foot across the St. Gothard Pass, I visited the place where lay the bones of the French and Russian soldiers who fell on that pass, where 600 French resisted all the efforts of 3,000 Russians for twelve hours. Both parties deserved at least to be laid in a grave where nothing would disturb them until the last trump will sound their resurrection. The remains of the French and Russians were laid together, and a small chapel built over them. The chapel has been completely emptied of everything ; a hole was made in the roof by a sacrilegious attempt to erect a pole to support a telegraphic wire, and beneath, in a cleft between two rocks, lay heaps of whitened bones, washed by every shower of rain and exposed to public gaze as a lasting monument to the disgrace of those who, having used these heroes as instruments to their ambition, left their bones unburied to whiten amidst the snows—

> "A bony heap, through ages to remain ;
> Themselves their monument."

Judging from the length of the bones, which appeared of a larger size than is usually met with, I should say that those engaged in that fight must have been men of more than the usual stature.

I could not discover any appearance which indicated that the bones had been struck by balls, though many of them were fractured.

12 Via della Mercede, Rome,
May 5, 1864.

GRANT MEDICAL COLLEGE.—The annual exhibition for the distribution of prizes and scholarships to the successful students at the Grant Medical College, Bombay, was held on the 13th April. His Excellency Sir Bartle Frere presided on the occasion.

HONORARY DEGREES AT CAMBRIDGE.—Amongst the list of distinguished persons upon whom the honorary degree of Doctor of Laws by special grace will be conferred during the Royal visit, are the following names : Dr. Watson, President of the Royal College of Physicians ; Dr. A. W. Hofmann, and Professor Wheatstone.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Some little time since, in our walk through the hospital, we saw a very interesting case under the care of Mr. Barnard Holt :—It was that of a little child (a male) who had recently suffered from rheumatic fever, and subsequently from abscesses in different parts of the body, the result, no doubt, of the generally deteriorated condition of the health, which in turn they tended to keep up and increase.

But the peculiarity of the case was this :—An abscess had formed in the lower extremity of the fore-arm and, pointing toward the ulnar side, had burst at a point corresponding to and a little above the styloid process of the ulna; the abscess discharged freely, making for itself a sufficiently large aperture of exit, and laying bare the bone for some distance. Through this opening the lower extremity of the bone worked its way as the child had used the fore-arm ; and upon the occasion of our visit some inches of the bone, which was dry and apparently deprived of all its vitality, were protruding through the aperture the abscess had created. As the condition of the child was very weakly, and it was not at all improbable that the entire ulna was diseased or already dead, Mr. Holt considered it advisable to leave altogether to Nature the processes which would ensue. The patient was very much worn and emaciated, and certainly possessed very little, if any, reparative power ; it was not, therefore, unlikely, if any interference were made with the bone, that inflammation of an unhealthy kind would be lighted up, destructive, perhaps, to the entire limb, should it not even prove fatal to life.

All these considerations being reviewed, Mr. Holt adopted the simple plan of treatment, that is, of giving the patient as much nutriment as could be digested, at the same time that the tone of the system was raised by the administration of cod-liver oil and of the iodide of iron, and the wound either poulticed (when such was indicated) or dressed with lint and simple ointment.

Another case of especial interest, because bearing upon a point contested strongly by some anti-mercurialists, presented itself in the wards :—The patient was a young girl who, some time previously, had contracted syphilis ; she stated that she had never taken any mercury, and on her admission into the hospital there was not any appearance of the drug having been administered. Certainly, her system had not been poisoned by the mineral, as some contend is the case when results occur similar to those which at present are observed. On the patient's speaking it was quite evident that there was something radically wrong with the palate, and we think that the cachectic appearance peculiar to syphilis could be detected : on opening the mouth the soft palate was found to be perforated just about its attachment to the palatal bones, in which there was likewise destructive disease ; the back of the pharynx presented the cicatrices of old specific ulcerations, and what was remaining of the uvula had become involved in these cicatrices, and was adherent to the pharynx posteriorly.

The patient most positively asserted she had been treated only on the simple plan, and there were no evidences of mercury having been administered, unless the conditions we have above mentioned be regarded as such, as they are by the opponents of this mineral.

Mr. Holt, in some remarks he made relative to the case under consideration, alluded to the different experience of different practitioners : one finding mercury his sheet-anchor in syphilis; another finding it wholly unnecessary to use this medicine in the particular disease—nay, more, viewing it as a poison rather than as a remedial agent. Such differences he considered it impossible to reconcile, unless each practitioner furnished the most accurate notes of his several cases, relative not only to the habit, circumstances, &c., of the patients, but also of the treatment pursued for the cure. Then, perhaps, a series of tabulated forms would show that much depended upon a difference in the phase of the disease, or in the character of the disease itself, in the condition or idiosyncrasy of the patient, in the preparation of the mineral, the time or mode of its administration, or in all these circumstances combined.

He mentioned a case in which the simple plan of treatment had been tried, and for some time, until it was unmistakable that the patient was growing worse ; the so-called specific method was then tried, to the immediate improvement of the sufferer and before the gums were touched.

Under the care of Mr. Holthouse, we saw a strong-looking, woman, suffering from granular lids of both eyes. From her general aspect it was apparent that the strumous diathesis was the latent source of the disease. The right eye was completely deprived of its power even of appreciating light: the conjunctiva covering it was thickened ; its vessels raised prominently above their wonted level, and ramifying over the cornea, which was opaque, and entirely hid from view by its thickened and chronically-inflamed conjunctival coat. The eye seemed to be nothing more than a disorganised mass, its only use being to maintain the lids in their usual situation, and to prevent foreign bodies entering the cavity of the orbit were it not occupied by the eyeball.

The treatment pursued was the employment of strengthening and anti-strumous remedies generally, and the touching of both upper and lower lids with the sulphate of copper—a plan of treatment that had of late years fallen into disuse in England, but, having been revived by the Vienna school of ophthalmists, has again been adopted in practice.

We would mention here, that in the Irish hospitals the sulphate of copper has maintained its reputation, and was not abandoned for any other local application, so much benefit had resulted from its use. Irish surgeons, therefore, deserve credit for *continuing* to use a remedial agent they knew from actual experience to be most valuable, and for persevering in its use when it was abandoned by the sister island.

The plan we have seen practised in the Dublin schools was first to scarify the lids with the lancet, dry them, and then rub them over several times with the sulphate. Under this treatment many were cured, and still very many more relieved. This form of ophthalmia is not by any means infrequent in Ireland ; it also prevails very largely in Egypt, China, India, and certain parts of Africa. In these countries it is originated by a combination of excessive and glaring light, produced partly by the direct rays of the sun and partly by those reflected from the sand ; also by particles of the fine sand being caught up into the air by the hot winds and blown into the eyes, by the hot winds themselves, and by the dirty habits of the natives. There is yet another cause, and which we do not know is mentioned by authors who have written upon this subject, but which is certainly, perhaps, the most frequent of any that could be cited : it is, the immense number of flies that fills the air in these tropical regions. Of this number, each fly becomes a centre of contagion by alighting upon the lids of the diseased persons, getting itself besmeared with the matter, and then again pitching upon the lids of another person, who may have been quite free from the disease till the virus was thus transmitted.

We have watched this process ourselves amongst the natives of the countries to which we have made reference: owing to the indolent, lazy, sluggish habits of the people, the flies, thus allowed to remain undisturbed upon the lids, may be seen sometimes depositing their ova in the gummy secretion which glues the lids together. In this manner, perhaps more than in any other way, is the disease propagated, till it spreads itself over an entire district, or becomes endemic.

Another case which we saw was one of extensive necrosis of the bones of the head, in a female patient. Mr. Holthouse had applied the trephine to one part of the calvarium, where he suspected the presence of some dead bone, but not finding any, though he had penetrated somewhat deeply, he discontinued the use of the instrument before the inner table was perforated. The cavity so made was afterwards stuffed with lint and cotton wool.

There was a profuse and fetid discharge from this and all the other openings, and which, no doubt, proceeded from the existence of dead bone, no matter how small it might be.

Near this last patient was a little child who had suffered from lupus or lupoid disease of the nose, but who had apparently become cured of the affection under the use of the liquor arsenicalis, cod-liver oil, and iodide of potassium.

In the Medical Ward, under the care of Dr. Fincham, we saw an interesting case of adherent pericardium, in which the diagnostic symptoms of the lesion were well marked: the sounds of the heart were propagated over a larger area than natural, and instead of the healthy beat or impulse, there was a peculiar irregular jogging motion; the heart, at times, striking forcibly against the walls of the chest, while at other times it would fail to do so, and seem suddenly to fall backwards. On the patient taking a deep inspiration, the lungs did not seem to be allowed to occupy the space which in health they should, on the performance of this act. No actual space ever exists, but as the lungs are filled with air, the walls of the thorax are expanded, and the lung, being extended in surface, passes in between the heart and the ribs; when it thus intervenes, the respiratory murmur is distinctly audible at the site of the heart, and the cardiac sounds are heard at a distance, that is, behind the intervening pneumonic murmur;—again, on altering the position of the patient, the heart did not change its situation, and this was at once conclusive evidence of its being bound down by firm adhesions.

The last case to which we shall advert is that of a woman who, very soon after her confinement, had become affected with ascites and an anasarcous condition of the lower extremeties, dependent, most probably, upon general debility; there was no renal disease, nor cardiac affection, nor had there been any difficulty attending her labour, nor any flooding subsequent to it: her labour had been in every respect good, and had been quick.

It occurred to our mind that this very quickness might have occasioned the present condition, owing to the too sudden removal of the pressure exercised by the impregnated womb upon the great vessels. The abdomen was enormously distended with flatus; this was accounted for by the fact of its having been so recently occupied by the enlarged uterus, which had relaxed its walls, and deprived them of the power of exercising control over the intestines, so that these latter, so lately pressed on from within by the gravid uterus, and from without by the abdominal walls, now left lying in the abdominal cavity, and ungoverned by any pressure, became distended with flatus, until they engaged the whole of that part of the abdomen unoccupied by the dropsical fluid.

The treatment consisted in the administration of the compound powder of jalap, so as to produce liquid evacuations, and of the tincture of the sesquichloride of iron.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.—Erasmus Wilson, Esq., F.R.S., has been elected Senior Surgeon. Dr. Frodsham and Dr. Tilbury Fox have been elected Physicians.

ACTION OF FIRE ON A CORPSE.—When fire is applied to a living body a blister filled with liquid is soon raised, and if the heat be continued the epidermis is destroyed. But when the same heat is applied to a dead body the epidermis rises in the form of a blister, which is filled with vapour, and which presently bursts. This test has been proposed by M. Martin de Cordoux, to ascertain whether a person is really dead before the body is interred. In performing the test, the author recommends a small flame, such as the flame of a match, to be applied for a short time at about half a centimetre from the skin.

PATHOLOGICAL SPECIMENS FOR OXFORD.—In a convocation recently held at Oxford a grace was passed for the purchase of the pathological collection of 300 specimens formed by Professor Schroeder Van der Kolk at Utrecht. The cost will be 200*l*.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XVI.

PREPARED SULPHURET OF ANTIMONY.—This substance is described in Appendix A of the British Pharmacopœia. As it is the body from which all the officinal compounds of antimony are prepared, it will be convenient to notice it first.

Tersulphide of antimony is an abundant mineral, found in various parts of the world, but especially in Hungary, Borneo, and France. It occurs in the form of black crystalline masses, interspersed through a siliceous matrix, from which it is separated by simple fusion. The ore is either heated in a large pot provided with holes at the bottom for the fused sulphide to run out, or it is placed on the bed of a reverberatory furnace in which there is a passage for the fluid to flow off to the receiving vessel. Sulphide of antimony is met with in commerce in round cakes, which, when broken, present a highly crystalline fracture and almost metallic lustre. This crystalline sulphide, when reduced to fine powder, constitutes the prepared sulphuret of antimony of the British Pharmacopœia.

The black sulphide of antimony of commerce is never pure; it always contains iron, and frequently also arsenic, lead, copper, and siliceous matter. It it important, therefore, in preparing the compounds of antimony from this source, to adopt such processes as shall exclude these impurities. The Pharmacopœia directs that the sulphide shall be "almost entirely soluble in boiling hydrochloric acid." Sulphide of arsenic would to a great extent remain undissolved when thus treated, as would also the siliceous matter.

ANTIMONII TERCHLORIDI LIQUOR.—This preparation has been taken from the Dublin Pharmacopœia. Its principal use is in the production of oxide of antimony. This chloride is obtained by heating the prepared sulphuret with commercial hydrochloric acid. In the cold these bodies do not act on each other, but when warmed, abundance of sulphuretted hydrogen is liberated, and chloride of antimony is formed. The reaction which occurs may be thus expressed:—

$$Sb\,S_3 + 3\,H\,Cl = Sb\,Cl_3 + 3\,H\,S.$$

To get rid of the sulphuretted hydrogen, the Pharmacopœia directs the operation to be conducted beneath a flue with a good draught. When the evolution of gas has ceased, the liquid is to be boiled for fifteen minutes, the object of which is to expel all the sulphuretted hydrogen remaining dissolved in the liquid. The solution is then to be filtered through calico, and the clear liquid concentrated by boiling, so as to have the specific gravity of 1·47.

Several of the impurities of the sulphide of antimony remain undissolved by the hydrochloric acid, and are thus separated. The iron, however, which is always present, passes into solution and communicates a yellow or reddish colour to the liquid. Commercial butter of antimony is principally used in agricultural districts by the shepherds, who have a prejudice in favour of a very dark-coloured liquid; consequently, oxide of iron and a little nitric acid are frequently added by the manufacturer to the solution, in order still further to deepen its colour.

The liquor of the British Pharmacopœia consists of a concentrated solution of terchloride of antimony in hydrochloric acid, coloured by the presence of a little iron.

When this solution is submitted to distillation, the hydrochloric acid first passes over, and afterwards the chloride of antimony itself distils, and condenses into a solid mass of crystals. The solid terchloride, however, is most conveniently obtained by distilling a mixture of sulphide of antimony and bichloride of mercury; chloride of

antimony passes over, and bisulphide of mercury or "cinnabar of antimony") remains in the retort.

ANTIMONII OXIDUM.—The process given by the Pharmacopœia for the preparation of oxide of antimony is the one most generally employed, and is the best suited for the purpose. It consists in pouring the chloride of antimony into water, washing the precipitate so produced, then treating it with a solution of carbonate of soda, again washing and then drying. When the solution of terchloride of antimony, already described, is poured into water, a precipitate is formed consisting of oxychloride of antimony. When first formed, the precipitate is perfectly white and amorphous, but by standing for a little time in contact with the water it becomes crystalline, and in the latter condition has a definite composition. The change which occurs may be thus represented:—

$$6\,Sb\,Cl_3 + 15\,HO = (Sb\,Cl_3, 5\,Sb\,O_3) + 15\,H\,Cl$$

Oxychloride.

The impurities present in the chloride of antimony remain dissolved in the water and are removed in the washing; consequently, very pure oxychloride can be obtained from the crude liquid chloride. Nevertheless, it has been shown that if a very large quantity of iron is present, a portion of its oxide is invariably carried down with the antimony. After the oxychloride has been several times washed with water, the Pharmocopœia directs it to be placed in contact with a solution of carbonate of soda for half an hour and then again washed. By this process the whole of the chlorine is removed and pure oxide of antimony obtained. By the long-continued action of water the same result may be effected; but the operation would be very tedious.

Oxide of antimony is described in the Materia Medica as a white powder, fusible at a low, red heat; insoluble in water, but readily dissolved by hydrochloric acid. This solution dropped into distilled water gives a white deposit, which is at once changed to orange by sulphuretted hydrogen. The ready solubility in hydrochloric acid serves to distinguish this, the teroxide, from the higher oxides of antimony, which are much more difficult of solution. Its easy fusibility also serves the same purpose.

PULVIS ANTIMONIALIS.—This is perhaps the proper place to speak of the mixture now introduced to replace the pulvis antimonii compositus of the last, and the pulvis antimonalis of former London Pharmacopœias. Our readers will remember that the latter preparation was an imitation of James' powder, made by calcining together in an open crucible horn shavings and the tersulphuret of antimony. The result of this process was a mixture of phosphate of lime and antimonious acid ($Sb\,O_4$), with a variable but small proportion of the teroxide of antimony and a little antimonite of lime. Antimonious acid is considered inert, and whatever good may have been done by former antimonial powders has been ascribed to the teroxide. The British Pharmacopœia now, however, orders, under the name of pulvis antimonialis, a definite mixture of one part of teroxide of antimony with two parts of precipitated phosphate of lime.

ANTIMONIUM SULPHURATUM is the new name for the antimonii oxysulphuretum of the London College. The directions for the preparation of this compound are the same as before. Tersulphuret of antimony is boiled with caustic soda, and, while the filtered liquor is still hot, dilute sulphuric acid is added in slight excess. The oxysulphuret is thus precipitated and must be washed free from sulphuric acid and sulphate of soda, and then dried. The reactions which take place during the operation are a little complicated, and the results are somewhat uncertain. When tersulphide of antimony is boiled with soda, teroxide of antimony and sulphide of sodium are formed. The latter dissolves some unchanged sulphide of antimony and forms with it a double sulphide. On the other part, the free soda dissolves some teroxide of antimony. Sulphuric acid decomposes both these compounds, and a precipitate is produced which consists of the tersulphide mixed with a variable quantity of teroxide of antimony, and which has, therefore, been called oxysulphuret of antimony. It is of the well-known orange-red colour; it dissolves in hydrochloric acid, evolving sulphuretted hydrogen, and leaving a residue of sulphur. Caustic alkalies completely dissolve it. The teroxide may be separated by boiling with a little acid tartrate of potash (cream of tartar).

ANTIMONIUM TARTARATUM is the new name given to the tartrate of potash and antimony known as tartar emetic. This salt is now directed to be prepared by the simple process ordered in the Edinburgh and Dublin Pharmacopœias. Five ounces of oxide of antimony and six ounces of cream of tartar are mixed with sufficient water to form a paste, which is left alone for twenty-four hours: more distilled water is then added, and the mixture is boiled for a quarter of an hour. The solution is then filtered and set aside for the salt to crystallise.

Tartaric acid, as we have already mentioned, is a bibasic acid, and in this compound one equivalent of the acid is combined with one equivalent of teroxide of antimony and one equivalent of potash, the change which takes place in the above process being simply the replacement of the atom of basic water in the acid tartrate of potash by the equivalent of the oxide of antimony. The formula of the salt as written in the Pharmacopœia is $Sb\,O_3, K\,O, C_8 H_4 O_{10} + 2\,HO$.

There has been some discrepancy among chemical authors as to the proportion of water in potassio tartrate of antimony, and the crystals have been represented as containing one, two, and three atoms respectively. All the most recent writers, however, assign to the salt only one atom.

Tartar emetic crystallises in rhombic tetra- or octahedrons. The Pharmacopœia describes them simply as colourless, transparent crystals which exhibit triangular facets. This description will only apply to fresh crystals, since they readily part with water, and soon become opaque. The powdered salt is said to be sometimes adulterated with cream of tartar. The test of purity given in the Pharmacopœia is a quantitative determination of the antimony in the form of tersulphuret—9·91 grains of which should be precipitated by sulphuretted hydrogen from twenty grains of the tartar emetic. Cream of tartar may be readily detected by adding a very little solution of acetate of lead, acidulated with acetic acid, to a solution of the suspected salt. It is only necessary to add that pure tartar emetic is soluble in water, and slightly also in proof spirit.

In the description of the preparations of antimony, there can be no doubt that the British Pharmacopœia is far superior to the London Pharmacopœia, and the processes for preparing the salts and other compounds of this metal are more simple and intelligible.

REVIEW OF BOOKS.

Treatment of Diseases of the Skin. By Dr. William Frazer, Lecturer on Materia Medica to the Carmichael Medical School. Pp. 174. Dublin: Fannin and Co. 1864.

Many of the works on skin diseases which have lately appeared have been devoted to the difficult and perplexing subject of the classification of these maladies; but Dr. Frazer's work is entirely occupied with their general therapeutical management. After a short introduction, he describes *seriatim* the different classes of remedies employed in the treatment of skin diseases under the heads of alteratives, alkaline preparations, chalybeates, tonics, anodynes, emollients, caustics, irritants, &c. Among the first of the alteratives he places mercury, both as an internal medicine and as an external application, and also highly extols arsenic used for its alterative properties. In other chapters he describes the use of cod-liver oil, of baths and mineral waters, and of poultices, in skin affections, and he concludes his work with a formulary, written in English, containing the proportions of the ingredients of each of the medicines described, and the therapeutical use of each formula. Dr. Frazer is apparently unused to writing and is inexperienced in the art of composition; his sentences are very awkwardly put together and are often of enormous length, and the punctuation is so imperfect that it is sometimes difficult to find out the meaning intended to be conveyed. Still, he seems to have laboured fairly at the

subject and to have consulted the best authorities; and if he had taken a little more time to correct the proof-sheets, or had commissioned some friend to perform this task for him, he would have produced a better work.

Glaucoma, and its Cure by Iridectomy: being Four Lectures delivered at the Middlesex Hospital. By J. Soelberg Wells, Ophthalmic Surgeon to, and Lecturer on Ophthalmic Surgery at, the Hospital. Pp. 86. London: Churchill and Sons. 1864.

At the present moment a very general question among the members of the Medical Profession is as to the practical value of Iridectomy, an operation which is extolled by some surgeons and condemned as useless or injurious by others. The answer generally given to these inquiries is that iridectomy is a cure for glaucoma, and then another question arises, What is glaucoma? The older race of practitioners looked upon glaucoma as a variety of amaurosis, and one of the worst forms of that disease; but since the invention of the ophthalmoscope by Helmholtz, in 1851, and the investigation of the physical conditions of the optic nerve in disease by Jäger and Von Gräfe, the true pathology of glaucoma is said to be discovered. The appearances described are an excavated or cupped appearance of the entrance of the optic nerve, and a peculiar displacement of the vessels at the edge of the optic disc, these phenomena being supposed to be due to an augmented tension of the globe of the eye; and this tension, it is said, can be relieved only by iridectomy, or, in other words, by cutting out a portion of the iris and making an artificial pupil. It is evident that the subject is a very difficult one, and deserves the attention that has lately been bestowed upon it; and notwithstanding the eminent position of those who advocate and practise the operation, its efficacy is not yet by any means universally acknowledged. In the present little work, Mr. Soelberg Wells, who is a strenuous advocate of the operation, describes carefully the symptoms and pathology of glaucoma, and also the different steps of iridectomy and the instruments used in its performance, and we have no hesitation in recommending his lectures as a very useful and opportune contribution to ophthalmic surgery.

A Handbook of Uterine Therapeutics. By Edward John Tilt, M.D., Member of the Royal College of Physicians. Second Edition, pp. 318. London: Churchill and Sons. 1864.

It is little more than a year since we noticed the first edition of Dr. Tilt's work, and the necessity for a new issue proves that it has been acceptable to the Profession. We are now informed that it has been translated into German. It contains a very ample description of the *armamentarium* employed by the Medical practitioner in the diseases of the uterus, some of his weapons being of a moral and a dietetic character, some being in the shape of mechanical appliances, and many in the form of drugs, of which there is no lack in Dr. Tilt's catalogue. A very useful feature in the work is a formulary containing a list of medicinal preparations, with the proportions of the ingredients and the doses to be administered. Since the publication of his first edition, Dr. Tilt has not made many additions to his pages, nor has he introduced any particular novelty in his views. In reference to a late shameful action against a medical man in the country, he still adheres to his opinion that it is unnecessary, when examining a female patient with the speculum, to request the presence of a third party; but in this respect we cannot agree with him, as we think that the practitioner would always be on the safe side in requiring such protection for himself. We cannot, even at this distance of time, forget the monstrous absurdity as well as the infamous audacity of the accusation to which we allude; but it could never have been made if a third party had been present at the examinations with the speculum. Such investigations are by no means frequently necessary, and while to a modest woman they must always be in some measure objectionable, to a female of an opposite character they afford ample opportunities for exaggeration, misrepresentation, and very probably subsequent extortion; so that we still warn our brother-practitioners to beware of using the speculum except in rare cases, and when they do, to secure, if possible, the presence of a third party.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. G. JOHNSON continues his lectures "On the Laryngoscope," his present subjects being autolaryngoscopy, or the examination of one's own larynx, and rhinoscopy, or the examination of the nasal cavities, by means of reflectors. Dr. Johnson relates some interesting cases in which tumours and other affections of the nose were detected by means of rhinoscopy. In reference to the construction of the laryngoscope, Dr. Johnson considers that a *perforated* reflector is unnecessary, although in ophthalmoscopy it is essential; and the difference in the principle involved in the two instruments is explained on the laws of optics and the properties of lenses, which are concerned in the latter case but not in the former.——Mr. T. HOLMES continues his "Contributions to the Practical Surgery of Diseases of Childhood," his subject still being the diagnosis and treatment of congenital innocent tumours. He relates three more cases of this affection, two of which have been previously published, and were both successfully treated by operation; in the third case the tumour was deep-seated in the throat, and was fatal. The child died from inanition, from inability to swallow. As a general rule in the treatment of such cases, Mr. Holmes recommends the early removal of the tumour when it is not in a dangerous position; but, when it is cystic, the cyst may be injected with tincture of iodine, and the walls removed by setons or by dissection.——Mr. H. BEHREND contributes a paper "On the Action of the Bromide of Potassium in inducing Sleep." He relates two cases in which this salt was prescribed: both persons were gentlemen of nervous temperament who had suffered from sleeplessness, but who recovered their rest by the administration of the bromide in doses of twenty-five grains three times a day before meals. Mr. Behrend states that this drug is in all cases easily tolerated, and produces neither disagreeable nor toxical effects.——Mr. A. FLEISCHMANN, in a short paper "On Impregnation," relates a case which militates against a theory advanced to the effect that, in the human female, conception in the first half of the time between menstrual periods produces female offspring, and male in the latter. Mr. Fleischmann's case proves that a male may be conceived in the first half of the period.——Mr. E. H. VINEN relates a "Case of Tape-Worm (*Tænia medio-canellata*) successfully treated with Oil of Male Fern." The case, so far as it goes, contradicts the view of Küchenmeister as to the inefficacy of the oil of male fern in the expulsion of tape-worm.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. J. S. RAMSKILL communicates a clinical lecture "On Epilepsy," in which he recommends the use of belladonna in the treatment of that disease. He considers that this drug exerts a special tonic action on the sympathetic nerves,

many of which are distributed to the intestines and the viscera of the abdomen, and are concerned in the pathology of epilepsy. Dr. Ramskill relates a case in which belladonna was successfully employed, although other measures probably contributed to the favourable result. The dose of the extract of belladonna was ¼ of a grain, afterwards raised to ⅓ of a grain; and cod-liver oil and the phosphorised oil of the Prussian Pharmacopœia was also administered. A hot pediluvium was ordered every night, and a hot shower-bath, followed immediately by a free sprinkling of cold water every morning. A strong liniment of turpentine was applied to the epigastric region at the time of the fits. The patient was a youth of nineteen years old.——Dr. G. HARLEY continues his Lectures "On the Urine and Diseases of the Urinary Organs," his present subject being the pathological conditions in which uric acid is secreted in undue quantity. The presence of a deposit of the urates is always an indication of some importance, although it does not necessarily imply the existence of serious disease. Dr. Harley describes and illustrates the different forms in which uric acid presents itself under the microscope, some of the forms being very rare, others very common.——Dr. H. OSBORN communicates a paper "On the Action of Water on Lead," and he describes the detection of free hydrochloric acid in a well of spring water. Dr. Osborn considers that the presence of this acid is a very important fact bearing upon the solution of lead by drinking water, and that a safer material than lead should be chosen for the transmission of water. Enamelled iron and gutta-percha are perhaps the safest, but the latter is not very durable, and it imparts besides a disagreeable taste to the water.——Mr. F. BROUGHTON relates a case of "Paralysis relieved by Ice." The patient was a bed-ridden girl, aged twenty-one, and the ice was applied in the method recommended by Dr. Chapman, along the spine, followed by hand-friction. The treatment was very successful, and, indeed, so much so, that in the course of less than three months the patient was able to walk about, and in two months more she was performing the ordinary duties connected with a cottage household.

'THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE:' No. lxxiv., May, 1864.

The present number opens with a paper "On Treatment of Acute Rheumatism" by Dr. ROBERT LAW, who strongly recommends moderate bleeding, with the use of *colchicum*, as the most valuable remedies which he has employed.——Dr. WILLIAM MOORE contributes a paper "On the diagnosis and Treatment of Thoracic Aneurism," relating four cases of this disease, but recommending nothing new in the treatment.——Dr. P. C. SMYLY gives a short paper of "Notes in Medicine and Surgery," his present subjects being the condition of the larynx in some forms of phthisis, and the treatment of anthrax by pressure.——Dr. T. W. BELCHER communicates a very learned paper "On the Hebrew, Mediæval, and Modern Leprosies," tracing the history of this disease, or of the diseases which have gone under this name, in the different ages of the world.——Dr. ALFRED H. M'CLINTOCK offers some further observations on "Missed Labour," having received from practitioners in different parts a number of communications bearing upon this subject, which, it will be recollected, Dr. M'Clintock very ably treated in the preceding number of the 'Dublin Quarterly Journal.'——Dr. HARDY relates a case of "Large Polypoid Growth of the Uterus in a Young Girl," the tumour being removed, but the case eventually terminating fatally.——Dr. CHARLES KIDD contributes a paper on "Chloroform in Midwifery Practice," in which he defends the use of this agent against the attacks of those who deprecate its employment.——Mr. EDWARD HAMILTON offers some contributions to the "Surgery of the Rectum and Anus," his present subject being the treatment of hæmorrhoids by the *écraseur*.——Dr. HERMANN WEBER writes some "Notes on the Climate of the Swiss Alps, and on some of their Health-Resorts and Spas," the present paper being devoted especially to the cantons of the Grisons, St. Gall, and Appenzell. The paper is a very elaborate one, and is written, in a great measure, from the author's personal observations in the localities described.——Dr. GEORGE H. KIDD has a paper "On the Use of the Drainage Tube for the Removal of Fluids effused into the Cavity of the Pleura," and he relates an illustrative case which occurred in his own practice, showing the utility of the instrument.——Mr. MAURICE COLLIS makes some practical observations "On the Treatment of Organic Stricture of the Urethra," by means of sea-weed bougies, the *laminaria digitata* being the material employed. It seems probable that this sea-weed will become extensively used in obstetric and surgical practice.

THE 'SOCIAL SCIENCE REVIEW.' EDITED BY B. W. RICHARDSON, M.A., M.D. MAY, 1864.

The present number of this journal contains a number of interesting original articles, on subjects which may appropriately be said to belong to the department of social science. DR. RICHARDSON continues his papers "On the Diseases of Overworked Men," treating particularly the instances of speculators, medical men, clergymen, lawyers, and actors. He attributes much of the petulancy and irritability of barristers to the confined air they breathe, the great amount of their mental labour, and the inconvenience of the forensic costume; he condemns the use of the brougham by the medical man as detrimental to his health, by depriving him of air and exercise. In an article "On the Cure of Habitual Drunkenness," some suggestions of a very useful character are thrown out as to the treatment of this failing, which may truly be considered a mental disease; and the "Relation of Crime and Insanity" treats a very difficult subject in a most philosophical manner, adducing many cases, obtained from prison records, in support of the views advanced by the writer. The view taken is, that many persons are shut up in prison for offences which are really attributable to the aberrations of a disordered intellect, and that such cases are not improved by such repressive means. A paper "On Ozone," gives a brief but interesting sketch of this important form of oxygen, detailing the history of its discovery, its properties, its mode of preparation, and the important uses to which it will probably before long be applied, as a disinfecting, deodorising, and purifying agent.

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 1, 1864.

MEDICAL NATIONALITIES.

A philosophic student of the History of England might perhaps suppose that, as the different sections of the British Isles have been brought together under the control of a single monarchy, their religious, legal, and medical institutions ought to be substantially the same; but such is far from being the case. The Reformation effected in the reign of Henry the Eighth has been inoperative in converting the great majority of Irishmen to Protestantism, or in preventing Presbyterianism from becoming the established religion of the Scotch. In matters of law, the same discrepancy prevails; and although Englishmen, Irishmen, and Scotchmen are all common subjects of one crown, yet a debt contracted in one part of our islands cannot be recovered in another; a marriage-custom which is binding in one is valueless in another; and a difference, or alleged difference, in religious opinions of the marrying parties is still thought a sufficient cause for dissolving the matrimonial bond.

In the domain of Medicine, all artificial distinctions have been for some years practically abolished, except such as arose from the operation of certain charters or Acts of Parliament conferred upon some of the Medical Corporations, and which seemed to endow those bodies with special privileges. But it cannot be said that any of those guilds abused or overstrained the powers entrusted to them. The College of Physicians of London, which, by the charter granted to it by Henry the Eighth, possessed an absolute authority over the physicians of former days, and could fine and imprison illegal practitioners of medicine, had long allowed its powers to sink into abeyance; and it lately fell into a position of quiet, though dignified respectability, trusting rather to the prestige of its character than to the exercise of its legal rights. The Society of Apothecaries of London, entrusted with the execution of the Act of 1815, possessed, indeed, the power of instituting prosecutions of illegal practitioners; but, as no funds were supplied for the purpose, and as the decision in such cases was left to a jury, the results were almost always unsuccessful, and the expenses enormous. The institution of the County Courts, however, partially remedied the evil, and made the prosecution of illegal practitioners comparatively easy. The Dublin Apothecaries' Hall possessed, by Act of Parliament, the control of shops for the compounding and dispensing of medicines in Ireland, and the power of granting certificates to practise pharmacy in that country; but, from want of funds, it is now unable to exercise its powers. Some Scotch and Irish Colleges also held some local, though unimportant, privileges, and all the Universities possessed the power of granting degrees in medicine; and some of them had the additional right of conferring licences to practise it, under certain restrictions. But notwithstanding all these diversities and anomalies, no practical or substantial harm was done to the honourable practitioners in medicine; if a man wished to practise as a physician he was quite at liberty to do so, and the College of Physicians of London, whatever moral influence they might exert against those who were not within their own pale, never interfered, of late years, to punish those who infringed on their privileges. The surgeons might or might not belong to a College of Surgeons, as none of the Surgical Colleges had a right to interfere with their practice; and if a man chose to act as an apothecary in England and Wales—that is to say, to prescribe medicines and to supply them in a medical case—he was very seldom interfered with, whether qualified or not, except perhaps by the practitioners in his own neighbourhood, who might, perhaps, call out for fair play. With regard to national reciprocity in medical privileges, there was not much, in reality, to complain of. The British metropolis, being necessarily the seat of government and the focus to which all the wealth and power of the empire were attracted, naturally invited many Scotch and Irish practitioners of medicine, who, by an easy conformity to certain collegiate conditions, were welcomed into English practice; and, *vice versâ*, the English practitioners might, if it so pleased them, migrate to, and practise in, Scotland or Ireland; and the whole of our military, naval, and colonial medical appointments were thrown open indiscriminately to English, Irish, and Scotch.

But still it was thought that too many restrictions existed, and that there was not yet a sufficient fusion of the national medical elements to satisfy all parties. The constant theme of the medical reformers was the diversity of conditions under which medical degrees, diplomas, and licences could be obtained, and the necessity of breaking down corporate monopolies in all parts of the kingdom. This latter object was certainly effected by the Act of 1858, which melted down all the Medical Corporations—good, bad, and indifferent—in one common crucible; and recognising the licences of all of them as exactly alike in the eye of the law, left the heads of each of them to fight their own battles with one another and with the public. Assuredly, the measure of 1858 was a liberal one in every sense of the word; for while it ignored all exclusive privileges hitherto possessed or claimed by the Medical Corporations, it proclaimed free trade in medicine and quackery, prohibited the colleges from suppressing or discouraging empirical theories or practices within their own bodies, and directly legalised quackery, by placing it on a legal level with, though in opposition to, legitimate medicine.

However, we have obtained the Act of 1858, and we must make the best of it. It might, perhaps, be thought that, although we have succeeded in getting nothing in the way of suppressing quackery, yet that we might promote and encourage uniformity of practice among ourselves, and bring the requisitions of the Educational and Examining Medical Bodies into harmony with one another. But this is an object which, though it legitimately falls within the scope of the Act, we have hitherto entirely failed to accom-

plish, in consequence of the Medical Nationalities, which we have chosen as the title of the present article. The Universities of London, Dublin, Oxford, and Cambridge refuse, and we think with reason, to abrogate their rights to demand of their *alumni* sufficient evidence of preliminary education; and the Scotch Universities, on the contrary, refuse to make preliminary education compulsory before the commencement of medical study. Some of the corporations claim the exercise of privileges to which they are clearly not entitled; some, by elevating their standard, are outbidden by others less scrupulous than themselves; some, while demanding a *minimum* of education, claim for their candidates a maximum of honour and esteem. If we ourselves offered any opinions upon these and other matters, or if we specified more distinctly the conflicting practices of the English, Scotch, and Irish corporations, we might also lay ourselves open to the charge of undue national prejudice, which charge we are anxious to avoid incurring.

On one other subject in connexion with our theme we are induced to make a few remarks, namely, on the British Pharmacopœia, which illustrates the above views as to the difficulty of overcoming national prejudices; and we the more readily comment on this subject as we believe the English section of the empire to be in fault in their reception and treatment of the book. The great anomaly so often exposed, and so loudly complained of in reference to our Pharmacopœias, was the difference in the drugs themselves, in the mode of their preparation, and in their strength, in the books published respectively by the London, the Edinburgh, and the Dublin Colleges; and it was a matter of universal desire to harmonize the contents of these three books into one consistent whole, which should be alike available to medical practitioners in all parts of the British Islands, and in all the colleges and dependencies of the British Empire. Many of the formulæ in the London Pharmacopœia might appear objectionable to the compilers of the Dublin or Edinburgh Pharmacopœia, and, *vice versâ*, the contents of the latter might not be generally acceptable to London practitioners. But nobody ever supposed that the discrepancies in any of the books indicated either ignorance or bad faith; they merely amounted, at the worst, to differences of opinion, which might be reconciled by mutual concessions.

It is, therefore, not without sorrow that we have heard of an opposition to the British Pharmacopœia in many influential quarters in England. If this opposition had been instituted against the errors of the book, it would have been in some respects justifiable; but as we understand the case, its opponents object to it because they do not choose to study, or are not able to understand the changes which the book presents in comparison with the last London Pharmacopœia. Such an objection would, of course, be equally valid in the case of *any* new Pharmacopœia, but especially of *any* which sought to harmonize three already in existence. But the reconciliation of the three was the problem to be accomplished; and unless we return to the use of the three separate Pharmacopœias, we are, as we conceive, bound to make the best of that which is now presented for our acceptance.

SUMMARY OF THE WEEK.

VACCINATION AND THE PREVENTION OF SMALL-POX.

A deputation of the Epidemiological Society lately had an interview with the Lord President of the Council and the Vice-President, in order to represent to them the necessity which exists for an amendment of the present Vaccination Laws. We have frequently called attention to the flagrant defects of the present system, and we are glad to find that the deputation urged amendments of the law in respect to the registration of vaccination, the form of proceeding against negligent parents, the supervision of vaccination, and the arrangements for public vaccination. The last of the points referred to by the deputation was the most important of all—namely, the inexpediency of entrusting the control of public vaccination to two distinct Government Boards, and the propriety of transferring the powers at present exercised by the Poor-law Board to the Privy Council. Nothing, in fact, can be more absurd than to confer upon the Poor-law Board the control of public vaccination; that Board knows nothing at all about the subject, nor does it comprise among its number any medical or other competent authority who does know. The consequence is, that vaccination is left to be regulated by the Poor-law Guardians throughout the country, who are utterly incompetent to the task imposed upon them, being necessarily ignorant of the precautions essential for securing efficient vaccination, and quite unable to know whether the vaccinators perform their duty or not; added to which, by the traditional policy of Poor-law Boards, they pay the vaccinators so badly as to make the discharge of their office quite unremunerative. It should also be stated that the connexion of vaccination in any shape with the Poor-law Boards is calculated in itself to make the operation unpopular, as implying that those who avail themselves of the advantages of gratuitous vaccination are in some way receiving parochial relief. We are aware that such is not the fact, but it is difficult to persuade the common people that a gratuitous medical service in one case is considered to pauperise the recipient of the favour, and not in another case, especially when the guardians who confer the boon are exactly the same persons. This circumstance, and the known and proved incompetence of the guardians to regulate vaccination in an efficient manner, ought to induce the Government at once to take the duty from them and to place it in other hands.

THE FORTHCOMING ELECTIONS AT THE COLLEGE OF SURGEONS.

At the approaching anniversary meeting of the Fellows of the College of Surgeons, three vacancies will be declared in the Council—one by the death of Mr. Green, and the other two by the retirement, in rotation, of Mr. Gulliver and Mr. Hancock. It should be stated, however, in justice to Mr.

Hancock, that his retirement is technically caused by the circumstance that the gentleman whose place he supplied would have gone out of office at the next election, and therefore there is no doubt that Mr. Hancock, who was elected only last year, will be re-elected. For the vacancy caused by the death of Mr. Green, Mr. Curling will offer himself for election; and Mr. Le Gros Clark is also a candidate for a vacant seat in the Council. Both these gentlemen are estimable men, and their election would give general satisfaction; and the only question against the election of both of them is the chance of success possessed by Mr. Gulliver, who, we understand, offers himself for re-election, and who, it will be recollected, was somewhat unhandsomely treated last year in being passed over as an examiner, on no other ground than that he was not an hospital surgeon.

THE DIFFICULTIES OF THE ARMY MEDICAL DEPARTMENT.

We publish in another part of our Journal the document addressed by the Royal College of Physicians of Edinburgh to Lord Palmerston, on the subject of the grievances complained of by the Army Medical Officers. In this very temperate statement the whole state of the question is fully explained, and the Government cannot now assert that they do not understand the nature of the complaints made against the Medical Department of the Army. We do not hesitate to confess that we fail to perceive so clearly as some of our contemporaries do, the hardships endured by the Medical Officers of the Army, and we attribute to other causes than those which are alleged the falling-off of candidates for the service. It is, however, a hopeful sign of the times that Medical men are in such request that a large public department has to go begging for candidates; and we wish that the same were the case with the Poor-law Medical Service, which, if subjected to the same wholesome pressure, would treat the Poor-law surgeons with more respect than they now do. But still, we have no desire to ignore the complaints made by the Army Medical Officers, or to defend the Government against what certainly seems to be a gross breach of faith in rescinding the Royal warrant procured by Lord Herbert; and we hope that the heads of the department, now that the facts and grievances are fairly laid before them, will set themselves at once to consider the subject in a fair and liberal spirit, instead of pretending to shut their own eyes, and endeavouring to blind the eyes of the Legislature and the public.

THE SUPERVISION OF EXAMINING BOARDS BY THE MEDICAL COUNCIL.

The Medical Council has been apparently very unwilling to exercise a power, which it undoubtedly possesses, of personally superintending the mode of examination pursued at the different Examining Bodies. There cannot be a doubt that some of these Boards are exceedingly lax in their mode of granting diplomas and licences—some of them from the very restricted nature of the subjects required to be "got up" by the candidates, and some from the loose way in which the examinations are conducted. The presence of an inspector sent from the Medical Council, or the mere probability of his coming, would have the effect of stimulating the energies of the Examining Boards, and those of them which were conscious of doing their duty would have nothing to fear from the visitation. As to the objections to this supervision, they appear to us to be very feeble. One is, we believe, the expense which such a proceeding would entail; but, really, the Council has been spending money with such a liberal hand of late, that it might afford a little more for this very necessary and salutary duty, which need not be performed very often. As to another objection which we have heard urged—namely, that no one person would be competent to criticise the examinations in all the subjects proposed for examination at a given Board—we answer, that he would not be required to act as a critic or a judge of the examinations, but merely as an observer or spectator of what was done, with a view of reporting to the Council. It would be also very easy to furnish copies of the written questions and answers given at the Examining Bodies, so that they might be inspected by the General Council. No Examining Boards would object to such supervision, except such as were conscious of falling short of the requirements essential to the efficient scrutiny of the attainments possessed by candidates for medical and surgical licences.

THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH ON THE STATE OF THE ARMY MEDICAL DEPARTMENT.

The following memorial on the subject of the present condition of the Army Medical Department has been addressed by the Royal College of Physicians of Edinburgh to Lord Palmerston. It represents in very clear and moderate language the grievances complained of by the Army Surgeons:

"To the Right Honourable Viscount Palmerston, First Lord of Her Majesty's Treasury,

"The Memorial of the Royal College of Physicians of Edinburgh, Humbly sheweth,—

"That the Royal College of Physicians are charged with the licensing of medical practitioners, and are therefore bound to watch over the interests of the Medical Profession and of the public.

"That the attention of the College has been frequently drawn to the very unsatisfactory condition of the Medical Department of the Army; and that the evils often complained of have now become so aggravated that they consider themselves called upon, in the public interest, to bring the subject directly under your lordship's notice. Your memorialists would, therefore, beg respectfully to lay before your lordship the following statement of facts:—

"Previous to 1854 public attention had not been specially directed to the Medical Department of the Army; and though the officers of that Department considered that they laboured under various hardships, a sufficient supply of medical men for the wants of the service could always be obtained. On the outbreak of the Crimean war, it was soon discovered that there was a great deficiency of medical officers; and this deficiency was subsequently the cause of a great amount of suffering among the troops. As it was found impossible to obtain a sufficient supply of regular assistant-surgeons, passed according to the requirements of the Army Medical Board, a number of civilians were engaged as acting asssistant-surgeons, to perform the duties of commissioned assistant-surgeons. Notwithstanding, the Medical Department of the Army confessedly broke down, in consequence, not of the inefficiency of the officers, but of the smallness of their number.

"In 1856 a Select Committee of the House of Commons considered the whole subject, and recommended in their report that the pay of assistant-surgeons should be in-

creased, and that means should be taken to make it unnecessary in future to have recourse to civil assistants.

"In 1857 a Royal Warrant was issued, which raised the pay of assistant-surgeons to ten shillings per day.

"In 1858 a new Royal Warrant for the Medical Department of the Army appeared, which was justly regarded as a great boon by the officers of that service. Among other important concessions, it was ordered that medical officers should have a certain rank relative to combatant officers, and that this rank should carry with it all precedence and advantages, with the single exception that the presidency of courts-martial should always be held by combatant officers. The result of these concessions was, that an abundant supply of eligible candidates presented themselves, so that the authorities were enabled to raise the standard of examination and of qualification.

"Complaints, however, were soon made that the Warrant of 1858 was not fully carried out, and especially that the regulation with regard to relative rank was systematically violated.

"On the 28th of March, 1861, a new Warrant was issued, ordering that assistant-surgeons, promoted after that date, should rank with majors, but junior of that rank; this order being in direct contravention of the Warrant of 1858, which directed that medical and combatant officers should rank according to the date of their commissions. At the same time, a reduction in the number of assistant-surgeons was made, whereby additional duties were thrown upon the rest, and it became very difficult for them to obtain leave of absence.

"In 1862, an order was issued, that staff and regimental surgeons should, in their annual reports, answer a variety of questions with respect to the assistant-surgeons who had served under them during any part of the preceding year. Some of these questions were of such a nature that one gentleman should not be called upon to answer them in regard to another. Thus, the surgeon was required to state the character of his assistant-surgeon as to sobriety, correctness of general conduct, temper, and similar points. This was felt degrading to the character of staff and regimental surgeons, as constituting them spies upon their juniors, whereby suspicion and distrust were necessarily engendered.

"In March, 1863, a new Warrant was issued, which restored, though not in its full integrity, the relative rank conceded by the Warrant of 1858.

"The effect of the changes which have been introduced since 1858 has been deplorable. Many medical officers have resigned, and it has been found impossible to supply their place. For some time past the number of candidates at the competitive examinations has been much below the number of vacancies; and of these candidates a large proportion have been found grossly ignorant, and have been rejected, which clearly indicates that the army is unpopular among that class of medical men whose services it would be for the interest of the department to secure. So difficult has it been to procure candidates, that the limit of age of entrance has been raised from twenty-five to thirty; and that lately the Director-General has advertised for acting assistant-surgeons, who are eligible up to the age of forty years, and who are to take the place on home service of commissioned assistant-surgeons.

"Your memorialists, viewing with great anxiety this very unsatisfactory state of an important branch of her Majesty's service, would beg respectfully to urge upon your lordship the necessity for a reform of the following grievances, to which military medical officers are subject:—

"First, in consequence of vacancies not having been filled up, promotion has become so slow that no assistant-surgeon now entering the service can expect to become a surgeon in less than fifteen years.

"Second, in consequence of the deficient number of medical officers in the army, it is with great difficulty that leave of absence can be obtained.

"Third, in consequence of the appointment for home service of acting assistant-surgeons, the commissioned assistant-surgeons will be almost exclusively employed on foreign service, and will be deprived of their proper turn of serving in this country.

"Fourth, the system of confidential reports, of an inquisitorial character, is felt as a degradation, both by those who are required to draw them up, and by those to whose conduct they refer.

"Fifth, medical officers are required to superintend the branding of deserters, and are thereby placed in a position which no professional gentleman should be called upon to occupy.

"In name and by authority of
"The Royal College of Physicians,
"JOHN GRAHAM MACDONALD BURT,
"President.

"Edinburgh, 12th May, 1864."

GENERAL CORRESPONDENCE.

THE BRITISH PHARMACOPŒIA.

To the Editor of the Medical Circular.

SIR,—I am sorry I cannot agree with you as to the excellence and utility of the new Pharmacopœia. It reminds me forcibly of the truth of the old saying, "The more cooks the worse kail;" and I cannot doubt but, if its compilation had been left to one single individual, such as the pre-eminent Professor of Materia Medica at Edinburgh, the Profession would have procured such a work as would have been useful to them and honourable to the compiler.

Without previously perusing the work, I had it sent to me, and now find, in return for my outlay, that I am possessed of a book almost useless for any practical purposes. I find no means of distinguishing betwixt new and old formulæ; I find nothing said as to the action of the several preparations; nothing as to their uses in the several and many forms of diseased action; and nothing to guide even the druggist, or tyro in medicine, as to *the doses* which can safely be administered—such being a few only among its many defects. I must say that the purchasers of the work are placed in a very hard position, in having bought a very expensive book, of which they can make but little use. And further, I would suggest, in common fairness and justice, either that the work already issued and paid for be recalled, and the purchasers recouped, or that they have presented to them an appendix, remedying the present palpable deficiencies. We gain our money too laboriously to have it thrown away on what is useless to us.

I am, Sir, yours, &c.
A YOUNG PRACTITIONER.

Banks of the Thames, 25th May, 1864.

THE LICENCE OF THE COLLEGE OF PHYSICIANS.

To the Editor of the Medical Circular.

SIR,—I am desired by the President of the Royal College of Physicians of London to request that you will be good enough to insert the following statement in reference to an inaccuracy in the subjoined passage of a leading article in your Journal of May 25th:—

"But it so happened that the other corporations, so far from conforming to the recommendations of the Medical Council, had positively disregarded them, and headed by the College of Surgeons, *and sanctioned by the Council itself*, had returned to or maintained their previous regulations; and the Society of Apothecaries, therefore, had no choice in the matter but to rescind their regulations published in 1861 and 1862, and to require only three years' attendance on lectures and hospital practice; and in so doing they *followed* the College of Physicians of London, the College of Surgeons of England, and nearly the whole of the Medical Corporations in the United Kingdom."

Every candidate for the College licence (except in cases specially exempted) is required to produce satisfactory evidence of having been engaged in professional studies *during four years*, and the time of commencing professional

studies is understood to be the time of commencing studies at a Medical School, in accordance with the recommendations of the Medical Council.

Three of the four years of professional study required by the College regulations must have been passed at a recognised medical school or schools, and the other year, *completing four years of professional study*, must have been passed at a medical school, hospital, infirmary, or dispensary recognised by the College.

The College, since its regulations were issued in 1860, has never required less than four years of professional study, and these four years must be passed either at a recognised medical school, hospital, infirmary, or dispensary; it cannot, therefore, with truth be said of any corporations requiring only three years' attendance on lectures and hospital practice, that, "in so doing, they *followed* the College of Physicians of London."

I am, &c., HENRY A. PITMAN,
Royal College of Physicians, London, Registrar.
May 28th, 1864.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, May 10.

Mr. FERGUSSON, Vice-President, in the Chair.

Mr. CHARLES HAWKINS communicated a paper, by Dr. George B. Brodie, on

STATISTICS OF QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

The author commenced his paper by observing that in consequence of a notice having appeared in one of the Medical Journals for 1862 relative to the mortality observed in the lying-in hospitals of London, and in Queen Charlotte's Hospital in particular, the present paper was commenced to give the desired information, and to show that all the deaths which took place in the Hospital were not from puerperal causes. For the last thirty-six years, from 1828 to 1863 inclusive, the registers have been carefully kept, but no detailed accounts published; during this period 7,736 patients (producing 7,824 children) were delivered in the Hospital; of this number 3,611 were single women, who are admitted if it is their first pregnancy, and of these 126 died, the remaining 4,125 were married women, of whom 72 died. The great mortality existing amongst unmarried women on their passage through the puerperal state was then touched upon, and some reasons were given to account for this fact, of which the separation from friends, their living in seclusion for some months previous to their admission into the Hospital, exposure to atmospheric changes and semi-starvation, all tending to depress the mental and bodily powers, were the principal. Some reference was also made to the married patients, who are often admitted into the Hospital in labour very shortly after they are married, and a case in illustration of this which fell under the author's notice was given, in which the patient walked from the church to the Hospital, registered her letter as a married women, and was admitted in labour within three days from that date; the mortality amongst the married patients would, therefore, be considerably diminished if it were not for the fact that so many are exposed during the period of gestation to the same depressing causes as the single patients. The first table (Table I.) showed the numbers of deliveries, and number of deaths, with the death-rate for every year since 1828. The number of women delivered at their own homes annually was also given, but of these, there being no trustworthy records, no further notice was taken.* A detailed investigation into the cause of death in each year was then entered into, the results of which were given in Table II.; for four years the Hospital presented a clean bill of health. Puerperal fever (under which denomination its many varieties were necessarily included) was found to have been present in 123 cases, no less than 99 of which were in primaparæ; seventy-five out of the 123 cases were among the single women; the death-rate from this cause was 1·57. The various periods of the year in which these cases of puerperal fever occurred was given in Table III., the result of which went to show that the healthiest months—or the months in which the least number of deaths happened—were October and August; after these the following order was observed:—November, April; January, July, September, December; May, June; February and March. For eight years the wards were free from puerperal fever. Mania was found to have been present in sixteen instances, fifteen of these were in primaparæ, and no fewer than eleven were single women; in twelve out of the sixteen cases the age of the patient was between twenty and twenty-four. The remaining cases referable to puerperal causes, as post-partum hæmorrhage, ruptured uterus, coma, exhaustion, &c., were 22, making, with the puerperal fever and mania, a total of 161. Of the non-puerperal causes, phthisis and diarrhœa were the principal; pneumonia and some of the eruptive fevers being also present; making altogether a total of forty-one, which, with the 161 deaths from puerperal causes, gives the original number of 202. Another table gave the total number of cases admitted in each month during the thirty-six years, with the corresponding number of deaths from all causes during the same period, with a result very similar to that obtained when puerperal fever alone was observed. The death-rate of the Hospital was then entered into, which was shown to be, for the married patients, 1·84; for the single patients, 3·48; for both together, 2·6. The death-rate has varied considerably at different times; it was at its highest in 1849—the year of the cholera—and has varied from that to *nil*. In all cases but one, in which the death-rate was unusually high, the cause was found in the fact that the deaths were principally amongst the single women; for instance, in the most fatal year, 1849, the deaths of the single patients were just double the married; in 1850, there were eight single and no married; in 1860, whereas fourteen single women died, there were but four deaths amongst the married patients; in this lies the cause of the comparatively high mortality of Queen Charlotte's Hospital. In another table was given the death-rate observed at the Rotunda Hospital, Dublin; it was obtained by comparing the deaths with the number of admissions during the last thirty-six years, and was found to be 1·45 per cent. At the British Lying-in Hospital, the death-rate from 1849 to 1861 inclusive was ·69; the number of admissions was very small, hardly exceeding 1,550 patients. Both of these hospitals, however, profess only to admit married women. The author went on to remark that, in his opinion, the high death-rate of the Queen Charlotte Hospital was, in a great measure, due to the fact mentioned at the commencement of the paper, that so many of the married women are exposed during the period of gestation to many of the depressing moral agencies of a single life. A comparison was then drawn between the mortality of a lying-in hospital with patients delivered at their own homes; the out-door midwifery department of St. George's Hospital (restricted to married women) was taken as an example; the number of patients delivered was 2,800; the number of deaths eleven (one of these was a case of abortion, and happened in the hospital); the death-rate, therefore, was ·38, very favourable when compared with 1·84 or 1·45, and this notwithstanding the filth and poverty in which they live. The author concluded this portion of the paper with a brief account of the foundation of the Hospital, and the following sketch of the ventilation and plan:—The Hospital contains two floors for the reception of patients, one for married and one for single women. On each floor are six wards, containing three beds each, in which the patients are delivered, with an average of 1,000 cubic feet space to each patient; but as each ward has not always its complement of three patients, the actual quantity of of cubic space to each bed is sometimes increased. On each floor also is one conva-

* The total number of patients delivered at their own habitations from 1828 to 1863 inclusive was 10,858. The number of patients, therefore, delivered in and out of the Hospital during this period was 18,594.

lescent ward, containing six beds; the walls of the wards are made of Parian cement, painted and varnished so as to enable them to be thoroughly well washed; throughout the building runs a corridor 84 feet long by 7 feet wide, having a window at each end, and a large staircase opening at its centre, in the roof of which is a ventilating opening, protected by a cowl; the whole of the Hospital is thus completely ventilated. Each individual ward is ventilated by means of an opening in a shaft that is carried to the top of the building, an Arnott's ventilator in the chimney, and an opening (that can be closed) over the door, communicating with the corridor; the windows are on the plan adopted at St. George's and the Middlesex Hospitals, which form ventilators of themselves. In each ward there is a constant supply of hot water, and the corridors are heated by means of pipes containing hot water. The water-closets, one on each floor, are external to the building, and approached through an ante-room, so as to be entirely cut off from the rest of the building. The soil is for many feet of the best gravel, and every attention has been paid to the drainage. As soon as a patient is able to be moved from the ward in which she has been delivered, she is placed in the convalescent ward, where she remains until she leaves the Hospital. As soon as three patients have been delivered in a ward, it is not again used until it has been well cleaned, as well as the beds and bedding; by this plan each ward remains vacant for ten days or a fortnight before patients are again received into it. When a case of puerperal fever occurs, the ward is freshly whitewashed, and the walls thoroughly washed down (in some cases repainted), the bedding purified and remade, and the ward not occupied again for at least a month. Everything has been done, both in the construction of the building and in the arrangements for the management of the patient, with a view to render them as little liable to disease as possible. In Section II., facts having more direct reference to the fœtus were investigated. Of the total number of labours—7,736—there were 2 cases of triplets and 84 twin births. Out of the 7,650 single births, there were 235 abnormal presentations, or 1 in every $32\frac{1}{2}$ cases, with a fatal result to the mother in 5 cases, or 1 in 47 cases: the head of the child, therefore, presented in 7,415 instances; but of these the face presented in 15 cases, or 1 in $494\frac{1}{3}$ cases, and in 103 instances the child's head passed with its face looking towards the pubis of the mother. The funis was prolapsed in 22 cases, being met with once in every 348 cases; of the 22 cases 14 of the children were stillborn; in 12 cases it was prolapsed before the head, and of the children 9 were stillborn; in 6 before the feet, and of the children 3 were stillborn; 2 were cross births, and both stillborn. The upper extremity presented in 21 cases, or 1 in 364 cases, the breech in 139 instances, being 1 in 55 labours; of the children in these 139 cases, 88, or 1 in $3\frac{7}{10}$ were still born. The lower extremity presented 49 times, or 1 in 156 labours; eighteen of the children, being 1 in $2\frac{7}{10}$, were stillborn. Placental presentations occurred 4 times, or 1 in $1,912\frac{1}{2}$ cases. Twin labours were then gone into, and a table given to show the presentation in each case; in by far the greater number of instances—namely, in 39 out of the 84 cases—both children presented naturally; next to this, cases in which the head of the first child, and the nates or inferior extremities of the second child presented, were most frequently met with—namely, in 22 cases. The first child presented with the nates in but 11 cases, and the lower extremity was similarly met with in but 6 cases. This section concluded with a notice of the operations. Craniotomy was employed in 21 cases, being 1 in $361\frac{1}{2}$ cases, and was followed by the death of the mother in 6 instances. Forceps were applied in 49 cases, or 1 in 158 instances, and their application was followed by the death of the mother in 10 cases, or 1 in $15\frac{3}{4}$ cases.

Dr. WEBSTER, after a few remarks on the value of the paper, said that, having paid considerable attention to statistics of disease ge nerally, he would make a few remarks on several points in the paper. The author had found that the mortality of the single women was double that of the married. Admitting the influence of distress of mind and privation to which the author had alluded, he thought it ought to be taken into consideration that the single women were always admitted for their first child, and he believed that it was admitted that there was greater danger on a first than on a future delivery. The paper was of great importance, too, as regards the question whether it is desirable or not to have lying-in hospitals. It was a question which had been discussed throughout Europe. At one institution with which he (Dr. Webster) was connected—the St. George's and St. James's Dispensary—there had been during the last seven years 1,515 deliveries and not one death. All these women had been delivered at home. In the British Lying-in Hospital there had been 1,500 deliveries in that institution, and again no deaths. It was singular, the speaker continued, that there should be no difference when the great difference of the position of the patient was taken into consideration:—in one every possible comfort, in the other great poverty and distress. He (Dr. Webster) had found that during the last seven years 175 women had died in the lying-in hospitals of London generally, and, as stated, during a like period, there had not been one death in the St. George's and St. James's Dispensary out of 1,515 cases. This, he thought, told against the lying-in hospitals. In Vienna the mortality had been thirty per cent. Then as to puerperal mania. There were seventeen deaths from this cause, eleven single women and six married, but there was no statement as to the number of patients who had had the disease and had recovered. At Bethlehem Hospital the mortality from puerperal mania was only four and a-half per cent. Dr. Webster, after again remarking on the great interest of the paper, asked for information as to the deaths of the out-patients.

Mr. CHARLES HAWKINS said that, having introduced Dr. Brodie to the Society, he could not let the paper pass without some observations. He felt sure that the Society would be glad to find one of the name of Brodie again working in the Profession. It was to be hoped that the author of the paper would keep his uncle's career in view. Mr. Hawkins then said that when he first began to pay attention to the mortality of Queen Charlotte's Lying-in Hospital he was much startled by the great mortality, and he felt that it was a very serious question whether lying-in hospitals should be supported or not. For the construction of the present Queen Charlotte's Hospital he alone was responsible, and he was prepared to defend it. The difference in the mortality in the out-patients and the in-patients was very striking, and at one time it might have depended on the building. He wished to know from Mr. Fergusson if there was a great difference in the mortality at the King's College since rebuilding the hospital. He believed he was right in saying that at the old hospital everything as regards hygiene was as it ought not to have been, and the new hospital had, no doubt, been constructed upon the most approved principles. It would now be interesting to know what difference there was in the course of disease since the new hospital had been occupied. The answer to this question would be important, as some people put great stress on the construction of hospitals, and seemed to think that if the hospital was built in a proper manner death would vanish. He had understood that the patients did as well in the old as in the new hospital. Then as to the mortality in Queen Charlotte's Hospital, he could not speak as an authority with regard to the particular disease, but he was satisfied that it was brought in, and not contracted in the Hospital. He belived that the author had stated the real causes of a great part of the mortality. It was because this Hospital admitted single women. He (Mr. Hawkins) had paid much attention to this point, and believed that nothing could be more wretched than the condition of many of these patients. Wherever they had been delivered, the result would have been the same. It might be a question whether it was wise, in a social point of view, to take married women from their homes during their confinements, but he had no doubt the mortality in single women would be greater if they were not admitted. It was often their only hope, and in a vast number of instances he felt satisfied that it prevented child-murder, if not self-destruction. At Vienna, at one time, the mortality was 30 per cent. The beds were then divided equally between the midwives and the medical men. The result was that on the side of the

midwives the mortality fell. The reason doubtless was this, that on the medical side the students who delivered the women made post-mortem examinations, and were engaged in attending patients in the general hospitals. Mr. Hawkins then remarked on the admission of women for delivery, into general hospitals. He did not consider it advisable, and in lying-in hospitals he thought it much better that there should be several small wards than one or two large rooms, as is the case usually in the foreign hospitals, and that lying-in hospitals should never be large. He concluded by saying that he considered that when the author's paper was analysed the Society would give its verdict in favour of Queen Charlotte's Lying-in Hospital.

Mr. FERGUSSON said that, not being prepared for Mr. Hawkins' question, he must not be taken as pledging himself when he stated that he was under the impression that he had found no difference in the mortality nor in the course of diseases at King's College Hospital since the new building was erected. There was, he said, still a great difference of opinion as to the mode of carrying out the arrangements for ventilation. He could not speak exactly as to the deaths from parturition, but he believed that there had been one death a few months ago, and a short time afterwards another. Dr. Priestley had since limited the number of admissions.

Mr. CHARLES HAWKINS thought Mr. Fergusson's answer to his inquiries of the utmost importance. It went to show that in the old and new King's College Hospital there was no difference in the rate of mortality, nor had the diseases supposed to depend on badly-constructed hospitals diminished in number in the new hospital; indeed, Mr. Hawkins had understood that fever had been more prevalent in the new hospital last year than it had ever been in the old one. In his opinion the new hospital was not constructed on the best principles. At the present moment it appeared to him that the Profession as well as the public were running a little too far on the question of statistics of mortality in, as well as on the construction of, hospitals: not that he for one moment meant it to be understood that it was not of the utmost importance that all attention should be paid to the construction and ventilation of hospitals, but it must still be borne in mind that the rate of mortality was not simply a "*brick-and-mortar*" question.

Mr. FERGUSSON said that he thought there was yet much difference of opinion as to the best plan of constructing hospitals. He would be glad, however, to take Mr. Hawkins' word that Queen Charlotte's Hospital was one of the best.

Dr. HICKS, after thanking Dr. Brodie for his valuable paper, said that the mortality of the out-dooor maternity patients, chiefly married, in number 15,000, was 3½ per thousand. Dr. Hicks had not seen a genuine case of puerperal fever. All the cases of what might be included under the name of puerperal fever turned out to be either one of the zymotic diseases, erysipelas or pyæmia. But altogether there had been only twenty-five cases, and of these half died. Students, Dr. Hicks said, who were dissecting, were not allowed to attend women in labour. One student had a case of surgical pyæmia amongst his midwifery patients, and though he attended twenty cases he did not carry infection to the others. There had been no deaths from puerperal mania. Dr. Hicks concluded by asking Mr. Hawkins if, when a patient at the Queen Charlotte's Hospital became ill, a single nurse was kept for that individual patient.

Dr. GRAILY HEWITT believed that in the numerous discussions which had occurred on this general question as to the utility of lying-in hospitals, certain important circumstances had been overlooked. The great mortality occasionally witnessed in lying-in hospitals arose from puerperal fever, disease concerning the nature and prevention of which our knowledge has been, up to within a recent period, comparatively limited; and it was, he believed, to be expected that with the aid of more extended information on the subject the disease in question might be prevented to a very much greater extent than was formerly the case. In the institution with which he was himself connected—the British Lying-in Hospital—the mortality during the thirteen years ending 1861 had been only 0·69 per cent., and during the last two years the number of deaths had been even lower than this. It must be recollected further that a certain number of cases treated in lying-in hospitals were cases of unusual difficulty, and this was to be taken into account in estimating the rate of mortality. He attached the greatest possible importance to isolation of cases one from the other in the prevention of puerperal fever; the atmosphere of one ward should not be allowed to communicate with that of another. So, again, it was essential that the nurses exercise great care, in performing the daily ablutions, not to use sponges or flannels indiscriminately. With reference to puerperal fever, he entirely agreed with the previous speaker in considering that it was not a distinct and separate disease; it was to all intents and purposes pyæmia, and we could only hope for a successful result in its treatment by adopting measures of a sustaining and stimulating character. The mortality in lying-in hospitals from puerperal fever would, he believed, be diminished as the knowledge which has of late years been acquired respecting the nature and treatment of this disease came to be applied.

Dr. F. W. MACKENZIE thought the opinion of the Profession would change as to the advantages of lying-in hospitals. He held that the number of fever cases had nothing to do with the hospital, but with the individuals admitted. If any one, he continued, would study the arrangements of Queen Charlotte's Hospital, comparing it with others, and would consider the nature of the cases admitted, the conclusion arrived at would be that the real cause of the fever case was not in the hospital, but in the patients who were admitted. Patients were admitted who were in a state of starvation, without friends, and with no home. Cases of this kind would die anywhere. Last week, Dr. Mackenzie said, a ballet-dancer was admitted, who died after confinement of a dead and putrid child. She had been seduced. She had then no means of earning her livelihood; was very much exhausted, and in great distress of mind. A case of this kind could not be put down to any supposed defect in the Hospital. The fever, he said, was secondary to some general condition in the patient, and was not in itself a disease to be taken in a hospital by a healthy woman. The whole theory of puerperal fever was wrong.

The AUTHOR, in his reply, said that the registration of the out-patients was not sufficiently accurate for statistical purposes. Those cases of mania ending in recovery were not included in his statement. In reply to Dr. Hicks' query, the Author said that when a patient was taken ill a nurse was taken on for than patient only; and in reply to Dr. Graily Hewitt, he said that the very greatest care was taken as to the sponges.

Dr. WOOD said that at Bethlehem they looked on puerperal mania as the most satisfactory and most curable form of mania.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 12th ult.:—Thomas Edward Blick, Islip, Oxon; Edward Ingram Bostock, Horsham, Sussex; Philip Cowen, Kennington; John Tasker Evans, Hertford; Joseph Fall, York; Charles John Grellet, Lloyd square; Griffith Griffiths, Alltwen, Glamorganshire; Joseph Johnson, Hogsthorpe, Lincolnshire; James M'Cully, Belfast; Henry William Alexander Mackinnon, Somerset street; Robert Edward Owen, Beaumaris; Charles Perks, L.R.C.P., Lichfield; Charles Wightwick Pitt, Malmesbury; Thomas Claye Shaw, Stockport; John Ablewhite Smith, Louth, Lincolnshire; William Westbrook Squires, Liverpool; Timothy Tudge, Yeovil; Joseph Wilkinson Warburton, Liverpool; William Watmough, Pocklington, Yorkshire.

The following gentlemen were admitted Members on the 13th ult.:—Henry Wade Battersby, Dublin; Henry Com-

mins, Bray, Co. Wicklow; Thomas Griffith Evans, Lawrence lane; Alfred Orlando Jones, Barnsbury; John Talfourd Jones, M.B.Lond., Brecon, S. Wales; William Liddard, Mildmay road, Islington; Frederick Manser, Chatham; Thomas Nimmo, Kirkaldy, Fifeshire; John Richard Peel, London; Francis Rawle, Lambeth; George Edward Shuttleworth, Russell place, Fitzroy square.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th ult., and when eligible will be admitted to the pass examination:—W. H. Ansell, Charing cross; H. H. Braye, Guy's; George Cooper, Leeds School; C. J. S. Digges, Dublin School; R. C. Goddard, Manchester School; F. J. Grose, University College; George Massey, Dublin School; G. B. Millett, St. Mary's; T. C. Murp y, University College; George Percy, Dublin School; H. W. Pullan, Leeds School; Frederick Reynolds, Guy's; Robert Robertson, St. Mary's; William Smith, Manchester School; George Stokes, Dublin School; J. H. Tarleton, St. Bartholomew's; Herbert Wood, Manchester School.

The following gentlemen passed their primary examinations on the 18th ult.:—Edward Borough, Dublin School; John Brady, Belfast; Joseph Burne, Dublin School; William Burrows, Belfast; John Cremonini, Birmingham; W. A. Daniel, St. Bartholomew's; F. F. Dickinson, Dublin School; W. R. G. Hinds, Galway; C. G. Langdon, St. Bartholomew's; R. T. Le Sueur, Edinburgh, R. C. Parkinson, Dublin School; F. T. Prince, St. Bartholomew's; J. H. Rumsey, St. George's; J. N. Stone, Dublin School; Richard Talbot, Guy's; J. E. Tilton, Bristol; R. H. Williams, Dublin School; David Wilson, Belfast.

The following gentlemen were admitted Members on the 24th ult.:—Henry Edward Armstrong, Newcastle; Francis Mears Beckett, Canterbury; Henry Melvill Brewer, Newport, Monmouthshire; Joseph Burne, Dublin; John Foot Churchill, Poole, Dorset; Frederick Fludd Dickenson, M.D., Wicklow; George Cox Douglas, Grantham; Henry Nelson Edwards, Finsbury square; Oliver Humphrey Fowler, Kingsclere, Hants; Augustin Barber Fry, Sleaford; Joseph Gedge, Bexhill, Sussex; William Melville Knipe, Leigh Sinton, Worcestershire; Philip Brookes Mason, Burton-on-Trent; Thomas Richards Phillips, Dublin; Thomas Sanders, Plymouth; William Burt Shorto, Southampton; Edward Roberts Smith, Dudley; Charles James Wills, Stockwell; Andrew Wise, Plumstead, Kent.

At the same meeting of the Court, Mr. Chas. Jas. Devonshire passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date April 4th, 1855.

The following gentlemen were admitted Members on the 25th ult.:—Edward Borough, Kilrush, Co. Clare; William Burrows, Liverpool; Matthew Henry Cantrell, Wirksworth; William Cross, M.D., Liverpool; Nicholas Watson Fairles, South Shields; Charles James Fox, L.D.S., Mortimer street, Cavendish square; William Richard Gore Hinds, M.D., Galway; George Levick, Stratford, Essex; William Vacy Lyle, Harrow road; John Norrish, Ceylon; Charles Read, Falmouth; Augustus Morton Roberts, Sheffield; Charles Edward Squarey, Salisbury; William Heath Strange, Streatley, near Reading; Daniel Webster Tomlinson, Penynant, N. Wales.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 19th ult.:—Philip Cowen, Kennington, S.; Francis Albert Davey, Bath; John Arthur Ensor, Carter street, S.; William Nicholas Heygate, Hanslope, Bucks; John Roaf Ireland, Kingswinford, Staffordshire; Evan Jenkins, Cardigan street, S.W.; Charles Durrant Pearless, East Grinstead, Essex; Frederick William Richards, Winchester; Edwin Charles Smallman, Barnet, Herts; Robert Wrentmore Thomas, Cheyne walk, Chelsea; Wm. Warwick Wagstaffe, Walcot place, Kennington; Joseph Wilkinson Warburton, Royal Infirmary, Liverpool; Henry Wilson, Glasgow.

The following gentleman also on the same day passed his first examination:—Richard James Andrews, Guy's Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the May sittings of the Examiners:—William H. Arrowsmith, Dublin; Alexander Clarke, Campsie; William T. Crabbe, Kirriemuir; Frank Kennedy Dickson, Edinburgh: Alexander S. Esson, Edinburgh; G. W. Robertson Hay, Roxburghshire; James Milward, Bristol; Henry Allyne Nicholson, Penrith; Thorburn Paterson, Bonnyrigg; Arthur Strickland Tarbolton, Leeds.

The following gentlemen passed their final examinations, and were admitted L.R.C.P.Edin. and L.R.C.S.Edin.:—John Allen, Malta; James Callaghan, Cork; John Alex. Campbell, Co. Londonderry; Richard Cranke, Lancashire; Smith Houston Davson, Berbice, British Guiana; Evan Jenkins, Llandyssul, Cardigan; George Macdonald, Perthshire; Stephen Coull Mackenzie, Calcutta; John Francis Madigan, Co. Limerick; Matthew Mulvany, Co. Meath; Patrick O'Neill, Co. Kildare; Theobald Andrew Purcell, Dublin; Arthur William Shedden, Madras; William Sinclair, Stirling; Francis M'Bean Stewart, Dundee; John Thomson, Fifeshire.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentleman passed his first professional examinations during the May sittings of the Examiners:—George Haliburton Hume.

The following gentlemen passed their final examinations, and were admitted Licentiates of the College:—George Augustus Christie, New Brunswick; Henry Cook, Newport, Monmouth; William Dobie, Langholm; James Hill, Northumberland; James Johnstone Hyslop Hope, Lanarkshire; John Knox, Tyrone; James George Lyon, Forfar; Angus Macdonald, Aberdeen; John Winspeare McCarty, Cork; Thomas Morris, Fifeshire; Alexander Donald Neil Munro, Edinburgh; Adam Orr, Clonmel; Thomas Raleigh Phayre, Co. Limerick; James Provan, Haddingtonshire; Robert Skimming, Wigtown; James Smith, Dumfries; Parker Arthur Smith, Canada; Archibald Barr Telford, Lanarkshire; William John Wilson, Co. Armagh; John Wyber, Glasgow.

DR. THOMAS CUTLER, OF SPA.—We are requested to state that the report which has lately been circulated in some quarters, of the death of this gentleman, is without foundation, and that he is in perfect health.

PEPSINE FROM THE PANCREAS.—A lecture by Dr. Corvisart contains a hint for the makers of pepsine. The doctor removed the pancreas from a man who died suddenly after inhaling chloroform, cut it into small pieces, and shook them up with 400 grammes of cold distilled water. After filtration, one portion of this liquor was rendered slightly acid with hydrochloric acid; another portion was made alkaline with potash, and the third part was left as it was. The digestive power of each was then tested with fibrin and albumen, the mixture being kept at about 40° C., and in every case the digestion was rapidly effected.

MUNIFICENCE.—The Right Hon. Lord Stanley, M.P., has just transferred to trustees the sum of 1,000*l.* for the benefit of the West Norfolk and Lynn Hospital, and the friends of the undermentioned medical charities will be glad to learn that their respective funds have been increased by the following liberal bequests under the will of Mrs. Elizabeth Veal, of Bellevue, Hampstead, which has just been sworn under 10,000*l.* This lady has directed that 500*l.*, free of duty, be given to University College Hospital, 500*l.* to King's College Hospital, and 500*l.* to the Cancer Hospital. The late Sir William Brown, Bart., of Richmond hill, has bequeathed to the Northern Hospital, Liverpool, 1,000*l.*; the Southern Hospital, 500*l.*; the Royal Infirmary, 500*l.*; Deaf and Dumb School, 500*l.*; Blind School, 500*l.*; and the Eye and Ear Infirmary, 100*l.* Thus we have the magnificent sum of 5,600*l.* distributed to medical charities in one week.

APPOINTMENT OF EXAMINER AT THE ARMY MEDICAL BOARD.—Mr. Paget, after holding the post of Examiner in Surgery to the East India Company, and then to the Army Medical Department for ten years, has resigned the appointment. The Secretary of State, at the suggestion of the Director-General, has appointed Mr. Prescott Hewett, of St. George's, as the successor to Mr. Paget.

ROYAL COLLEGE OF PHYSICIANS.—The President and Fellows of the Royal College of Physicians have issued invitations to a *conversazione*, to take place at the College, on Saturday, June 18th, at 9 o'clock P.M.

DEATH.

COOLEY.—On the 17th ult., in St. John street road, E.C., after a very protracted illness, at the age of 48, Mrs. Mary Ann Cooley (*née* Wills), the beloved wife of Mr. Arnold J. Cooley, a gentleman for many years connected with the chemical department of this Journal.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JUNE 1.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Dr. Greenhalgh, "On Placenta Prævia."—Dr. Aveling, "On Immediate Transfusion."

THURSDAY, JUNE 2.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Hullah "On Music (1600—1750);" Chemical Society, 8 p.m.—Prof. Stokes, "On the Discrimination of Organic Bodies by their Optical Properties."

FRIDAY, JUNE 3.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Prof. Frankland, "On Recent Chemical Researches in the Royal Institution."

SATURDAY, JUNE 4.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Alexander Herschel, "On Falling Stars and Meteorolites."

MONDAY, MAY 6.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JUNE 7.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE OBSTETRICAL SOCIETY.—The notice has been received.

THE HARVEIAN SOCIETY.—The report has been received, and will be inserted next week.

THE ROYAL SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.—The report has been received, and the subject shall be noticed.

A YOUNG PRACTITIONER.—The letter is inserted.

A CANDIDATE.—At the institution in question, the candidate is examined in histological anatomy, and he is required to describe specimens exhibited by the microscope.

DR. R. B.—We recommend you to be very cautious in purchasing a practice, and to take the advice of some respectable agent before you take the step.

JUVENIS.—We must decline to inform you how a medical diploma can be obtained without residence or examination, because such a document would be practically worthless to the possessor. The traffic in degrees is altogether disgraceful both to the sellers and the buyers.

DR. H.—The letter has been received.

DR. S. M.—We regret that we were unable to avail ourselves of the ticket so kindly forwarded to us.

DR. CUTLER.—The subject is noticed in another column.

M. S. W. shall receive a private note.

DR. PITMAN'S letter is inserted.

Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland Place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 344.)

The Remedies.

In the employment of cold, we should bear in mind the following facts—that cold, applied for too lengthened a period, acts as a depressant, and loses its effect; that the colder the water, the greater the shock, and the more powerful is its effect in inducing permanent uterine contraction. We learn from them that, in bad cases, the continued application of cold requires care lest it increase the exhaustion; that it is most important to have the water as cold as it can be obtained, as the effect depends upon the coldness, and not upon the quantity of water used. Water, fresh from the pump, is generally sufficient; if we can obtain ice easily, so much the better. Dr. Tyler Smith recommends in some instances the application of cold and warm water alternately. I should say it would be most useful in cases where cold water had been applied for some time, and was losing its efficacy.

Ergot.—When good in quality, ergot is a most valuable remedy; it arrests the flooding chiefly by exciting contraction of the uterus. One fault in the drug is, that it sometimes fails in producing its specific effect. The failure may be due to the ergot being inert, or to some peculiarity of the patient rendering her insusceptible to its action. It very rarely fails from an idiosyncrasy, but from the absence of the active principle (whatever that may be) of the ergot. There is great difficulty, first, in getting good ergot, and next in keeping it good. Prior to the purchasing of the drug, we should examine its quality. The grains of ergot are from half an inch to an inch and a half in length, of a dark purple or black exterior, and ribbed in the longitudinal direction. On its surface, longitudinal and transverse fissures are generally present. On breaking a grain across, the interior is either of a white colour tinged with purple, or of a dirty yellow hue. The difference of colour depends probably upon the age of the grain. Ergot has also a very strong peculiar odour, irritating to the nose. The best indications of good ergot are the large size of the grains, both in length and breadth, and the strong oppressive odour. Good powdered ergot is known by its not being as fine as dust, and by its possessing the odour in a strong degree. The insect which feeds upon it, and destroys it, is a species of acarus, and may be seen sometimes by the naked eye, although its form cannot be defined without the aid of a microscope. These creatures will, in a very short time, reduce coarsely-powdered ergot to a fine dust, and render it perfectly inert. The best way to prevent ergot from spoiling is to keep it in the form of grain in a glass stoppered bottle, with a piece of camphor about the size of a pigeon's egg thrust into the centre of the mass. If a cork instead of a glass stopper be used, the acari will soon riddle it through, and allow free ingress of air. Not more than an ounce or two of ergot ought to be crushed for use, as it rapidly deteriorates in the powdered state. It is given in the form of infusion. One drachm, or a good tea-spoonful, is placed in a teacup of *boiling* water, and allowed to stand ten minutes, when half the quantity may be administered, and the other half in twenty minutes or half an hour after, if the desired result should not have been produced. Before taken, the infusion should be stirred up, that the patient may swallow the ergot grounds as well as the fluid. Besides the infusion, there are other fluid preparations, and an extract called ergotine. I have used the latter, and one of the former, and the results have prejudiced me against their use. In some cases, uterine contraction followed apparently their employment; while in others no effect at all was produced. I could not depend upon them as I could upon the infusion of good ergot. One great objection to them is, that we cannot be certain that they are made from ergot of good quality. I have lately heard the extractum ergotæ liquidum, B.P., very highly spoken of, and I intend to give it a trial. The dose is one tea-spoonful. A trustworthy fluid preparation of ergot would be of manifest advantage. The active principle would be preserved from the ravages of the acari, and it would be ready for immediate use—a point of considerable importance in an urgency like flooding. Although ergot is about one of the most valuable remedies we possess in the treatment of post-partum hæmorrhage, there are cases in which no good will be attained by its administration, and others in which it will do harm. I shall particularise them in a subsequent communication.

The Introduction of the Hand into the Uterine Cavity.—This is one of the means of arresting hæmorrhage which requires care and judgment in its use. I do not agree with the opinion of many writers that it should be put into a practice only as "a last resource." I have in several cases made use of it as a first remedy, and in a few moments, by so doing, have placed patients from a state of imminent danger into that of comparative safety. The ease or difficulty with which the hand may be passed into the uterus depends very much upon the size of the hand. We know what a slight difference in the size of an infant's head, or of the pelvic cavity will make the labour easy or difficult; and just so in the introduction of the hand. If a medical man has a very large hand, and his fingers are all thumbs, he will find great difficulty in passing his hand into the uterus, and will cause his patient great suffering; but if his hand be small, it will pass easily and give very little pain. I have noticed, and it is what we would expect, that the men who deprecate the procedure are generally those who possess big hands. The effect upon the patient will also depend a great deal on the size of the hand. The smaller it is, the easier it will pass, the less pain it will cause, and the less shock and exhaustion will ensue. Let it not be thought from the above remarks that I look upon the introduction of the hand as a light matter, to be undertaken indiscriminately without any reference to the case before us, for I do not; I never pass my hand into the uterus unless I have a good reason for it: but if, from the nature of the case, I feel satisfied that that is the correct proceeding, I do not hesitate, and go on trying a number of other remedies with the hope that the introduction of the hand may be avoided. Such hesitation, in some cases, would prove fatal. Dr. Tyler Smith says:—"I believe, in the present day, more mischief is caused from a kind of fear of the uterus, and of interfering with its natural action, than from bold and intelligent efforts to guide and control it."

The introduction of the hand may be necessary for the application of internal pressure and irritation, or for the removal of substances which keep up the flooding by distending the cavity of the uterus, and preventing its due contraction. Before it is undertaken, brandy should be given to the patient, and the nurse told to continue its administration from the time that the hand commences to pass through the vulva until it is removed. In flooding cases, this precaution should never be omitted. It averts the faintness and shock which otherwise might ensue, and it also assists in drawing away the patient's attention from what is being done. Since I have taken the precaution of having brandy given *during* the operation, I have not observed the slightest depression or fainting result.

The hand may be introduced as follows:—If the patient is lying on her left side, the left arm and hand will be more readily passed than the right. They should be well greased, and the fingers and thumb so packed as to be made to occupy as small a space as possible. The first and fourth fingers should be placed in front of the second and third and the tip of the thumb, at the base of the cleft between the third and fourth finger. The usual plan of placing the tips of the fingers and thumb together is not so good, as it

takes up more room. The hand should be then passed gently and slowly, feeling the way as one goes on through the vulva and vagina into the uterus. The hand, as it passes through the vulva, generally produces more or less pain on account of the soft parts being pinched against the descending rami of the pubis. The mere presence of the hand in the vagina or uterus does not give rise to much pain. It frightens more than it hurts the patient. The hand should never be removed until it has effected the purpose for which it was passed; for instance, in adherent placenta, to pass the hand into the uterus, and then to take it away again without bringing away the placenta, on account of the patient's or friend's entreaties, would show a great want of presence of mind, and it would be acting cruelly instead of kindly to the patient, because the introduction of the hand would have to be repeated. I shall postpone the description of what has to be done with the hand while in the cavity of the uterus until I come to consider the causes for the removal of which it has to be passed.

In a very bad case, where the patient is exceedingly low, it may be a question as to whether the hand should be passed into the uterus before the patient has somewhat rallied. The cases are quite exceptional, in which it would be well to wait. If a great loss of blood is going on, we cannot expect that the patient's condition will improve, but just the reverse; and if the hand has to be passed at all, the sooner it be done the better. During the operation, in these cases of great depression, the brandy must be poured down the patient's throat undiluted with water. The introduction of the hand, and especially whatever it has to do in the uterus, should be done gently and deliberately.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XVII.

The compounds of silver require but a very short notice. There are but two, the nitrate and oxide, and the directions for the preparation of these might as well have been omitted from the Pharmacopœia.

In Appendix A we notice Refined Silver, pure metallic silver, from which the above-named compounds are to be prepared. Ammonia added in excess to a solution of the metal in nitric acid should give a clear solution, without colour. The ordinary impurities in silver are copper and lead: if the former is present, the ammoniacal solution will have a blue colour, and if lead was present in the silver, the solution will be turbid, in consequence of the precipitation of the hydrated oxide of lead, or a basic nitrate, according as the excess of ammonia employed in the experiment is large or small.

ARGENTI NITRAS.—This salt is to be prepared by dissolving refined silver in diluted nitric acid with the aid of heat. In this operation some nitric acid is decomposed to oxidize the silver, and the remainder combines with the oxide to form the nitrate of silver. These changes are represented by the following equation:—

$$3\,Ag + 4\,NO_5 = 3\,AgO,\,NO_5 + NO_2.$$

It is hardly necessary to say that the operation should be conducted under a chimney or in the open air, to avoid any annoyance from the red fumes of nitrous acid which are formed as soon as the binoxide of nitrogen comes in contact with the atmosphere.

The solution of the nitrate thus obtained is to be evaporated, and set aside to crystallize.

We have before had occasion to remark, that those who defend the introduction of such processes as the above into the Pharmacopœia do so on the ground that these directions are intended for the instruction of medical men or pharmaceutists who may be distant from any source of supply, and may want to prepare the salts for themselves. If this is the intention, it would be better to give directions for the employment of materials which are likely to be at hand. Pure metallic silver is a scarce article; but silver coin is to be found all over the world. Silver coin, however, always contains copper; and it may be useful to our readers to know a means of preparing pure nitrate of silver when coin is employed in place of pure silver.

In the first place, we may mention that pure silver can be easily obtained from the nitric solution of the coin by diluting it with water, and precipitating the silver by means of metallic copper. This precipitated silver, after having been well washed with water to remove all traces of nitrate of copper, can be again dissolved in nitric acid, to form pure nitrate of silver.

Another and simpler method, but one which requires a little careful manipulation, is the following:—The nitric solution of the coin is evaporated to dryness in a porcelain dish, and then the heat is increased nearly to redness. At this point the nitrate of silver merely fuses, but nitrate of copper is decomposed, nitrous acid and oxygen are evolved, and black oxide of copper is left behind. The heat must be continued for some time, and a portion of the fused mass must be occasionally removed, dissolved in water, the solution filtered, and tested with excess of ammonia. When a blue colour is no longer produced, it shows that all the nitrate of copper has been decomposed, and the mass may then be allowed to cool. It is now treated with water, and the solution separated from the oxide of copper will, on evaporation, give pure nitrate of silver.

Nitrate of silver crystallizes "in colourless tabular right-rhombic prisms," which are anhydrous; but the form in which medical men most often see it is that of cylindrical rods, which are made by fusing the crystals and pouring the liquified salt into moulds. In this state it is liable to adulteration, and the common adulterant is nitrate of potash. The Pharmacopœia test of purity is the quantitative determination of the silver in the form of chloride. Ten grains dissolved in a small quantity of distilled water, and precipitated with hydrochloric acid, should give 8·44 grains of the chloride; and the solution filtered from the precipitate should leave no residue on evaporation. Potash would not be precipitated by the hydrochloric acid, and if present in the filtered solution chloride of potassium would be left as a residue on evaporation. Lead, if present, will be found in the way to be presently described.

Sticks of nitrate of silver are very brittle, which makes it difficult to point them for use as a caustic. Other substances are, therefore, sometimes fused with the crystals to give toughness to the sticks. The least objectionable of these is chloride of silver, which will be recognised by its insolubility in water. But nitrate of lead is sometimes employed for the same purpose, and this admixture, unless it is fairly acknowledged on the label, will constitute a serious adulteration. It may be detected in the following way:—Hydrochloric acid is added to a solution of the suspected stick; the chlorides of silver and lead will be precipitated together, but on boiling the precipitate with a considerable amount of water the chloride of lead will be dissolved, and the lead will be detected in the filtered solution by the addition of dilute sulphuric acid, which will throw down sulphate of lead.

ARGENTI OXIDUM.—The Pharmacopœia orders oxide of silver to be precipitated from a solution of the nitrate by means of lime water. This is the process of the Dublin Pharmacopœia, but the precipitant always employed by makers of the oxide is a solution of potash. In either case the result is the same, an olive-brown powder, slightly soluble in water, and freely soluble in ammonia. It is also soluble in nitric acid, and this solution should have all the characters of the nitric solution just described. When heated to redness the oxide parts with its oxygen, and metallic silver is left behind. Twenty-nine grains of the oxide should leave twenty-seven grains of silver.

RESTORATION OF THE APPARENTLY DEAD FROM DROWNING.

The following important Instructions for the Restoration of the Apparently Dead from Drowning are the result of very extensive inquiries recently made by the Royal National Life-boat Institution amongst medical men, medical bodies, and coroners throughout the United Kingdom.

The Lords Commissioners of the Admiralty have ordered 1,000 of these important directions to be circulated throughout Her Majesty's Fleet; and the Commodore Controller-General of the Coast-guard has also requested that 2,000 of the directions should be distributed throughout the Coast-guard Service. They have also been forwarded to our colonies and to foreign countries.

The accompanying illustrations cannot fail to make the instructions perfectly intelligible to everyone; and in issuing them the National Life-boat Institution is entitled to the additional gratitude of the community.

I.

Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient *instantly* on the spot, in the open air, with the face downwards, whether on shore or afloat, exposing the face, neck, and chest to the wind, except in severe weather, and removing all tight clothing from the neck and chest, especially the braces.

The points to be aimed at are—first and *immediately*, the *restoration of breathing;* and, secondly, after breathing is restored, the *promotion of warmth and circulation.*

The efforts to *restore breathing* must be commenced immediately and energetically, and persevered in for one or two hours, or until a medical man has pronounced that life is extinct. Efforts to promote *warmth* and *circulation*, beyond removing the wet clothes and drying the skin, must not be made until the first appearance of natural breathing; for if circulation of the blood be induced before breathing has recommenced, the restoration to life will be endangered.

FIG. 1.—INSPIRATION.



FIG. 2.—EXPIRATION.



Figs. 1 and 2.—To illustrate the position of the body during the employment of Dr. Marshall Hall's Method of Inducing Respiration.

II.—TO RESTORE BREATHING.

To clear the Throat.—Place the patient on the floor or ground with the face downwards, and one of the arms under the forehead, in which position all fluids will more readily escape by the mouth, and the tongue itself will fall forward, leaving the entrance into the windpipe free. Assist this operation by wiping and cleansing the mouth.

If satisfactory breathing commences, use the treatment described below to promote warmth. If there be only slight breathing, or no breathing, or if the breathing fail, then—

To excite Breathing.—Turn the patient well and instantly on the side, supporting the head, and excite the nostrils with snuff, hartshorn, and smelling-salts, or tickle the

throat with a feather, &c., if they are at hand. Rub the chest and face warm, and dash cold water, or cold and hot water alternately, on them.

If there be no success, lose not a moment, but instantly—

To imitate Breathing.—Replace the patient on the face, raising and supporting the chest well on a folded coat or other article of dress.

Turn the body very gently on the side and a little beyond, and then briskly on the face, back again; repeating these measures cautiously, efficiently, and perseveringly about fifteen times in the minute, or once every four or five seconds, occasionally varying the side. (*By placing the patient on the chest, the weight of the body forces the air out; when turned on the side, this pressure is removed, and air enters the chest.*)

On each occasion that the body is replaced on the face, make uniform but efficient pressure, with brisk movement, on the back between and below the shoulder-blades or bones on each side, removing the pressure immediately before turning the body on the side. During the whole of the operations let one person attend solely to the movements of the head and of the arm placed under it. (*The first measure increases the expiration, the second commences inspiration.*)

*** The result is respiration or natural breathing; and if not too late, life.

Whilst the above operations are being proceeded with, dry the hands and feet; and as soon as dry clothing or blankets can be procured, strip the body and cover or gradually reclothe it, but taking care not to interfere with the efforts to restore breathing.

III.

Should these efforts not prove successful in the course of from two to five minutes, proceed to imitate breathing by Dr. Silvester's method, as follows:—

Place the patient on the back on a flat surface, inclined a little upwards from the feet; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder-blades.

Draw forward the patient's tongue, and keep it projecting beyond the lips: an elastic band over the tongue and under the chin will answer this purpose, or a piece of string or tape may be tied round them, or by raising the lower jaw the teeth may be made to retain the tongue in that position.

FIG. 3.—INSPIRATION.

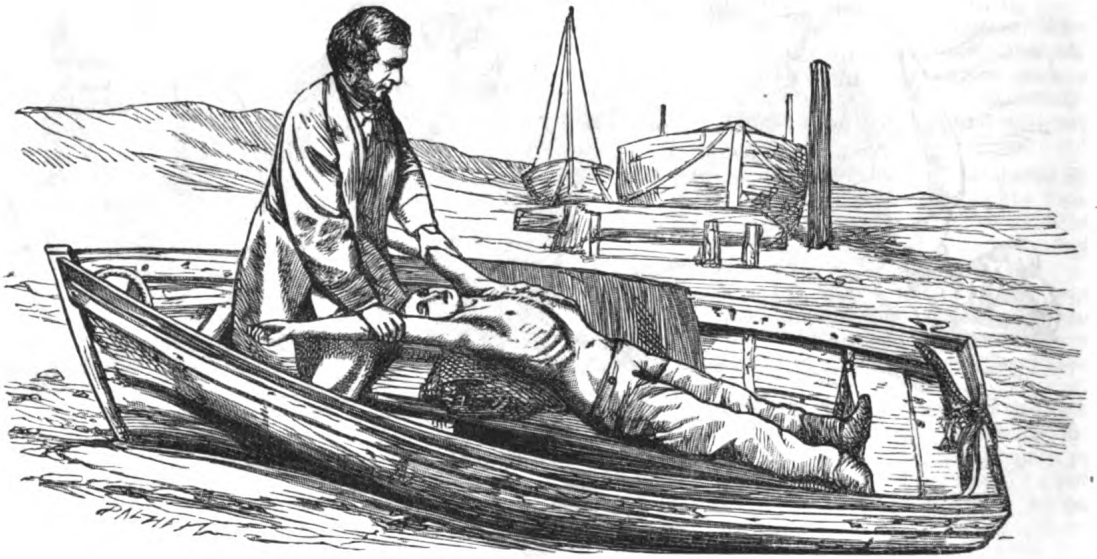


FIG. 4.—EXPIRATION.



Figs. 3 and 4.—To illustrate the position of the body during the employment of Dr. Silvester's Method of Inducing Respiration.

Remove all tight clothing from about the neck and chest, especially the braces.

To imitate the Movements of Breathing.—Standing at the patient's head, grasp the arms just above the elbows, and draw the arms gently and steadily upwards above the head, and *keep them stretched* upwards for two seconds. (*By this means air is drawn into the lungs.*) Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest. (*By this means air is pressed out of the lungs.*)

Repeat these measures alternately, deliberately, and perseveringly, about fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to *induce circulation and warmth.*

IV.—TREATMENT AFTER NATURAL BREATHING HAS BEEN RESTORED.

To promote Warmth and Circulation.—Commence rubbing the limbs upwards, with firm grasping pressure and energy, using handkerchiefs, flannels, &c. (*By this measure the blood is propelled along the veins towards the heart.*)

The friction must be continued under the blanket or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles, or bladders of hot water, heated bricks, &c., to the pit of the stomach, the arm pits, between the thighs, and to the soles of the feet.

If the patient has been carried to a house after respiration has been restored, be careful to let the air play freely about the room.

On the restoration of life, a tea-spoonful of warm water should be given; and then if the power of swallowing have returned, small quantities of wine, warm brandy-and-water, or coffee, should be administered. The patient should be kept in bed, and a disposition to sleep encouraged.

GENERAL OBSERVATIONS.

The above treatment should be persevered in for some hours, as it is an erroneous opinion that persons are irrecoverable because life does not soon make its appearance, persons having been restored after persevering for many hours.

APPEARANCES WHICH GENERALLY ACCOMPANY DEATH.

Breathing and the heart's action cease entirely; the eyelids are generally half-closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue approaches to the under edges of the lips, and these, as well as the nostrils, are covered with a frothy mucus. Coldness and pallor of surface increase.

CAUTIONS.

Prevent unnecessary crowding of persons round the body, especially if in an apartment.

Avoid rough usage, and do not allow the body to remain on the back unless the tongue is secured.

Under no circumstances hold the body up by the feet.

On no account place the body in a warm bath, unless under medical direction, and even then it should only be employed as a momentary excitant.

By order of the Committee,
RICHARD LEWIS, Secretary.

Royal National Life-boat Institution,
London, May, 1864.

SOIREE AT UNIVERSITY COLLEGE.—On Wednesday last, the Professors of University College threw open the spacious rooms of this institution, including the Library, the Flaxman Gallery, and the extensive museums of anatomy, comparative anatomy, and pathology, for a *conversazione.* A number of interesting objects were displayed, as paintings, philosophical and surgical instruments, and other articles of science and *vertu*; and there was a numerous attendance of professors, students, former pupils and friends of the College, and of the literary and scientific world. These *réunions* are among the most pleasant meetings of the season.

REVIEW OF BOOKS.

Lectures on the Elements of Comparative Anatomy. By Thomas Henry Huxley, F.R.S., Professor of Natural History, Royal School of Mines; and Professor of Comparative Anatomy and Physiology to the Royal College of Surgeons of England. *On the Classification of Animals and on the Vertebrate Skull.* 8vo. pp. xi. and 303. London, 1864.

Handbuch der Zoologie. Von Wilh. C. H. Peters, Prof. der Zoologie und Director des Kön. Zoolog. Museums in Berlin; Jul. Victor Carus, Prof. der vergleichenden Anatomie in Leipzig; und C. E. Adolph Gerstaecker, Docent der Zoologie an der Universität zu Berlin. Zweiter Band. *Arthropoden*, bearbeitet von A. Gerstaecker. Pp. 642. Leipzig, 1863.

(*Manual of Zoology.* By Wilhelm C. H. Peters, Professor of Zoology and Director of the Royal Zoological Museum of Berlin; Julius Victor Carus, Professor of Comparative Anatomy at Leipsic; and C. E. Adolph Gerstäcker, Teacher of Zoology in the University of Berlin. Second volume, Arthropoden. Edited by A. Gerstäcker. Pp. 642. Leipsic, 1863.)

Professor Huxley's work contains, substantially, the lectures which he delivered, in the spring of 1863, at the Royal College of Surgeons, in discharge of his duty as Hunterian Professor of Comparative Anatomy and Physiology. He purposes, as we are glad to learn from his preface, to publish the substance of subsequent courses in a similar manner; and by that process to bring out, eventually, a comprehensive, though condensed, systematic work on comparative anatomy. "In *intention*, therefore," he adds, "the work now before the reader is the first of a series, to be followed in due order by a second 'On Man and the other Primates;' a third, 'On the Remaining *Mammalia*;' and so on." While we heartily trust that the learned Professor will be enabled to bring this gigantic scheme to a successful issue, and that we may live to review his concluding volume, we cannot help feeling, when thinking of Buckle, Macaulay, and many others we could name, how comparatively seldom it is that really great writers are allowed to carry out the plans they have devised for themselves in the vigorous and ambitious period of their manhood. But even if our evil forebodings should turn out true, each volume, as it appears, will treat of a special subject, and will be, both in form and matter, independent of the rest.

Of the fourteen lectures contained in the present volume, the first six are devoted to "The Classification of Animals," while the last eight treat of "The Vertebrate Skull." To enter with any detail into a notice of that portion of the work which treats of such points as the skulls of fishes, amphibia, reptiles, birds, and mammals, the comparison of their skulls structurally and developmentally with that of man, and the theory of the vertebrate skull, would require us to go more deeply into the apparent mysteries of transcendental anatomy than the great majority of the readers of the MEDICAL CIRCULAR would feel inclined to follow; and we shall, therefore, confine our remarks to the important subject of Classification.

After a few words on the importance and value of morphological classification, he observes, that "the first point is to ascertain whether any—and if so, what—groups of animals can be established, the members of which shall be at once united together and separated from those of all other groups by well-defined structural characters." Beginning at the lowest point of the animal scale, he describes briefly but clearly the GREGARINIDA, extremely simple microscopical organisms closely resembling an ovum, and inhabiting for the most part the bodies of invertebrate animals (the common earthworm, for example), and the RHIZOPODA, some of which are even simpler in their organization than the *Gregarinida.* "In these lowest forms of animal life there is absolutely nothing worthy of the name of organization to be discovered by the microscopist. In the substance of many of these creatures there is nothing to be discerned but a mass of jelly, which might be represented by a little particle of

thin glue: not that it corresponds with the latter in composition, but it has that texture and sort of aspect; it is structureless and organless, and without definitely-formed parts. Nevertheless, it possesses all the essential properties and characters of vitality; it is produced from a body like itself; it is capable of assimilating nourishment and of exerting movements—nay, more, it can produce a shell, a structure in many cases of extraordinary complexity and most singular beauty." Those of our readers who have seen Dr. Carpenter's recent work 'On the Foraminifera' (published by the Ray Society) will fully acquiesce in the truth of Professor Huxley's remark concerning the complexity and beauty of the shell. The SPONGIDA are next considered, and their true animal nature distinctly pointed out; and the first lecture concludes with the INFUSORIA—"and here again, within the last few years, prodigious strides have been made in our knowledge of the subject. Although the *Infusoria* have been favourite studies for many years, still, it is only quite recently that the cycle of life of these animals has been made almost completely known, and that we have become acquainted with the true sexual process as it occurs in them." Of this group the *Paramœcium* (a very common genus) is taken as a typical example, and its form, structure, and various modes of propagation are well described. The parts formerly termed the "nucleus" and "nucleolus" are now known to be the ovary and the testis.

The second lecture includes the description of animal forms, regarding which our general knowledge is far greater and more certain than is the case of the groups as yet mentioned: it treats of the HYDROZOA (comprising the Hydroid Polypes and the *Medusæ* or jelly-fish), the ACTINOZOA (the sea-anemones, coral-polypes, &c.), the POLYZOA (such as *Flustra* or the sea-mat, *Plumatella*, &c.), the BRACHIOPODA (whose internal structure is well shown by a diagram of *Waldheimia australis*, copied from a figure given by Hancock in his memoir on these animals in the 'Philosophical Transactions' for 1857), the ASCIDIOIDA, (remarkable, amongst other things, for possessing a heart which periodically (usually after about twenty minutes) reverses the direction of its contractions, so that its two ends (for it is merely an open muscular tube) are alternately arterial and venous; the LAMELLIBRANCHIATA (including mussels, cockles, oysters, and all the fabricators of what are commonly known as bivalve shells, except the *Brachiopoda*); the BRANCHIOGASTEROPODA, (a group which includes the whelks, periwinkles, sea-slugs, and, in short, such of the *Gasteropoda* of Cuvier as breathe water either by means of the thin wall of the mantle cavity, by special pallial branchiæ (*Pectinibranchiata*, *Tectibranchiata*, &c.), or by certain parts of the integument of the body (*Nudibranchiata*), more or less specially modified, and whose distinguishing characters are—1. The invariable presence in the mouth of an organ which is usually, though not very properly, called the tongue, and for which Professor Huxley suggests the more appropriate name of *odontophore*. "It consists essentially of a cartilaginous cushion, supporting, as on a pulley, an elastic strap, which bears a long series of transversely-disposed teeth. The ends of the strap are connected with muscles attached to the upper and lower surface of the hinder extremities of the cartilaginous cushions; and these muscles, by their alternate contractions, cause the toothed strap to work backwards and forwards over the end of the pulley formed by its anterior end. The strap consequently acts after the fashion of a chain-saw upon any substance to which it is applied, and the resulting wear and tear of its anterior teeth are made good by the incessant development of new teeth in the secreting sac in which the hinder end of the strap is lodged. Besides the chain-saw-like motion of the strap, the odontophore may be capable of a licking or scraping action as a whole." 2. The primary bend of the alimentary canal is always to the hæmal or heart side of the body, instead of the neural side;) the PULMOGASTEROPODA (which are the Pulmonate *Gasteropoda* of Cuvier, the snails and slugs, and agree with the preceding group in most points, excepting in the essential one of their breathing air instead of water, and in the direction of the primary bend of the intestine, which points to the neural side of the body; the question of the neural flexure of the intestine is, however, one which requires further investigation;) and the PTEROPODA and CEPHALOPODA, in both of which groups there is an odontophore constructed upon the principle already described.

(To be continued.)

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. ERNEST HART commences the number with a clinical lecture "On Cataract, with Reference to Improved Methods of Diagnosis and Treatment." He states that all his recent experience confirms his preference for extraction as the best method for removing cataract; and even in the case of young children, the operation by solution is less applicable than it was once supposed to be. Reclination is altogether condemned by Mr. Hart. The operation of extraction by the flap is then described, the performance of iridectomy being sometimes required as a preliminary or associated proceeding in certain exceptional cases. There is another mode of removing cataract which Mr. Hart has practised successfully—namely, by linear extraction; the incision being made in the upper or external part of the cornea, the capsule being incised, and the fluid cataract being allowed to pass out by the wound. The word *fluid* is placed before cataract because it is only in cases of fluid cataract that this operation is admissible, and care must be taken to learn beforehand the character, structure, and consistence of the cataract, by direct ophthalmoscopic and oblique illumination. Linear extraction, in cases where it can be performed, is far less dangerous than the flap operation. ——Dr. JOHN CHAPMAN, in a paper "On Vaso-Motor Therapeutics," describes the practice which he adopts of applying alternately ice and warmth to the vicinity of the spinal cord, in cases of epilepsy, paralysis, and uterine diseases, and he explains the theory on which his practice is founded. His reasoning is exceedingly abstruse, and his views appear at first sight to be paradoxical, but they are very ingenious, and are worked out with great care. The leading idea is derived from the discovery that the sympathethic system of nerves causes the contraction and permits the dilatation of blood-vessels; and Dr. Chapman argues that the application of heat and cold to the spine causes these changes in the blood-vessels, through the influence of the nervous filaments distributed over their coats. In opposition to received views, Dr. Chapman maintains that the application of cold expands the blood-vessels, and that heat contracts them.——Dr. G. M. HUMPHRY, of Cambridge, in continuing his "Surgical Observations," describes the difficulties and varieties met with in the operation for lithotomy, in which he has had a large experience. He gives a decided preference to lithotomy over lithotrity in the greater number of cases which have come under his care, although he admits that there are some instances, generally among the upper classes, in which the latter operation is preferable.——Mr. THOMAS LANGSTON relates a short "Case of Sudden Delivery," the

patient being a single woman, who was delivered in the street, while she was walking to a friend's house. The umbilical cord was torn, and the head of the child was contused by its fall on the pavement.

The 'Medical Times and Gazette.'

Dr. George Harley continues his lectures "On the Urine and Diseases of the Urinary Organs," his present subject being uric acid. This acid is the most common ingredient of all calculi; and of a hundred and twenty-six calculi in the museum of University College, analyzed by Dr. Harley, eighty-seven consisted of this acid either in whole or in part. In the medical treatment of calculus, all the alkaline carbonates are useful except that of ammonia, the urate of ammonia being much less soluble than the others. In administering the alkalies, it is not necessary to do more than to render the urine neutral, for when it becomes artificially alkaline, the triple phosphate may be deposited in place of the uric acid. Dr. Harley coincides in the opinion generally entertained, that gout and rheumatism are caused by the presence of an abnormal amount of acid in the system—probably uric acid in the first and lactic acid in the second.——Mr. John Wood concludes his papers "On the Radical Cure of Inguinal Rupture," by pointing out the class of cases which are best adapted for this operation. He states that after the age of fifty the proceeding is not advisable; that in women it is seldom necessary; but that it is very successful in children and in boys under fourteen years of age.——Dr. W. Murray contributes a paper "On the Administration of Chloroform in Cases of Epilepsy and Chorea," and describes two cases, one of each disease, in which this agent was employed. In the case of chorea, the result was fatal, although the chloroform appeared to act beneficially; in the case of epilepsy, which was that of a man of sixty-nine, the chloroform was decidedly serviceable in controlling the attacks. It was inhaled in doses of ten drops from a linen cloth three times a-day, and the result seems to have been a complete recovery in about nine weeks.

THE MEDICAL COUNCIL AND THE BRITISH PHARMACOPŒIA.

The following discussion on the British Pharmacopœia took place at the last meeting of the Medical Council, and presents some points of interest:—

Dr. Alex. Wood wished to know if any opportunity would be given for discussing the report of the Pharmacopœia Committee which was adopted at the rising of the Council on Saturday. Not that he was one of those who condemned the Pharmacopœia, but a great deal of undeserved comment had been passed upon it, and he thought it absolutely essential that there should be some discussion upon the Pharmacopœia itself.

The President suggested that the proper time would be when the payments on account of the Pharmacopœia came up for consideration.

Dr. Quain moved that the committee should consist of four members and the President. The committee was intended for supervision, not for work; therefore the more limited and the more restricted it was the better. It was proposed that it should consist of one member for Scotland, one for Ireland, and two for England. The duty of the committee would be to draw up a plan as to the extent to which the present Pharmacopœia should receive modifications; he hoped they would not be very great or very material. It would be their endeavour to find one or two editors to whom the task of revising the work would be assigned, under the supervision of the committee; and before it was printed it would be finally submitted to the Council for further suggestion or alteration, so that the Pharmacopœia should go forth as a national work, with the impress of the highest authority upon it. He nominated Dr. Christison for Scotland, Dr. Apjohn for Ireland, and Dr. Sharpey and himself for England, it having been suggested that, as he had taken an active part in the matter, he should be one of the committee.

Mr. Syme seconded the motion.

Dr. Sharpey said he had long ceased to take much practical interest in the Pharmacopœia, but if the Council thought he could really be of service he should be happy to give his time and trouble.

Dr. Christison reminded the Council that last year he undertook charge of the changes and improvements that are taking place in the processes of pharmacy, and he had thought it his duty to consider whether he could, consistently with this duty and with other avocations which he could not abandon, become a member of this committee. Dr. Quain had kindly undertaken to satisfy all his scruples on this head; and if, as he understood, the duty of the committee was to be limited to considering the defects which exist in the present Pharmacopœia, with a view to a reprint rather than to a new edition, with certain supplements of importance, then he should with great pleasure take his part in the work.

Dr. Corrigan called attention to two things which do not exist in the present Pharmacopœia. The first is a posological table for the use of the chemist; the other is a table showing the preparations of any particular medicine. Take camphor, for instance. If he wanted to know where or what was the form under which the preparations of it are now given, after a great deal of hunting in the index, he found the preparation was under "aqua camphoræ." So again with iodine, he found in the index only the word "iodine." What he wished was all the preparations of iodine indicated so that he could at once lay his finger on what he wanted. In the same way, if he turned to "plumbum," he had to turn to two or three preparations before he found the one he wanted.

Dr. Andrew Wood also spoke in favour of inserting a posological table, and in support of what Dr. Corrigan had said with regard to the index. Another thing was, they had not sufficiently marked in the Pharmacopœia the changes that had been introduced. Were these points attended to, many of the objections to the Pharmacopœia would cease.

Dr. Christison said it might be considered as settled that the two points mentioned by Dr. Corrigan and the additional point spoken to by Dr. Wood would be attended to.

Dr. Alex. Wood said, after the condemnation passed upon the work from very high quarters, it would be reassuring to the public to hear from Dr. Christison that certain objections to the Pharmacopœia would be remedied in a future edition. At the same time, there had been an excess of criticism on the Pharmacopœia. Many practitioners seemed to have expected from the Council a Dispensatory, and the sooner any intention of that kind was disavowed the better. He thought the Pharmacopœia a most admirable book, and he was assured by the first chemists and druggists in Edinburgh that, with one or two exceptions, the formulæ for the preparations are unexceptionable.

In reply to Dr. Apjohn, the President said he understood the committee would report to the Council.

Dr. Quain said that would be quite impossible. The fact that there were three editions of the Pharmacopœia before the Profession called for an authorized revised copy; therefore, so far as this committee was concerned, he hoped there would be no inquiry about the past, as the labours of the committee had reference to the future. When the payments on account of the past Pharmacopœia came up, then would be the time to raise any discussion.

The motion was put and carried unanimously.

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 8, 1864.

THE MEDICAL COUNCIL AND THE MEDICAL CORPORATIONS.

The General Medical Council, in October, 1863, addressed a circular to all the bodies mentioned in schedule (A) of the Medical Act, requesting them to furnish a copy of their regulations relative to education and examination, and at the same time sending a copy of the Recommendations of the Medical Council in reference to those subjects. The Council also requested, in case the regulations of any of the bodies differed from the recommendations of the Medical Council, to be favoured with such observations as might explain the discrepancy; and the Council desired generally to receive the opinions of the corporate bodies as to the whole subject of medical education and examination.

In reply to this circular, answers were received from all the corporate bodies; and these answers have been read to the Council, and are now printed in one of the published minutes of the proceedings. In perusing and analyzing these answers, it is not at all easy to give a concise and accurate description of their general scope and tendency, inasmuch as they all differ from one another, and most of them dissent from the recommendations and resolutions emanating from the General Council. Some of them declare at once that they decline to comply with the recommendations; others assert that they do comply in the spirit, if not in the letter; many express their willingness to comply if the rules are made compulsory upon all the bodies alike; some allege that they cannot comply, in consequence of local and special circumstances, or legal restrictions; others, that compliance is inexpedient and injurious to professional interests.

Ridiculous and paradoxical as it may seem, and on the principle that the little fish are caught in the net which is broken by the big ones, among the few bodies which appear to have conformed entirely to the recommendations issued by the Council in 1861 were the Apothecaries' Society of London and the Apothecaries' Hall of Ireland. That there may be no mistake whatever on this subject, we subjoin an extract from the printed Regulations of the former body, to be observed by students intending to qualify themselves to practise as apothecaries in England and Wales. This document bears date September 2, 1862; and we must observe that the great points on which the Medical Council was most stringent, and on which it met with the strongest opposition from most of the corporations, were the rules as to spending *four* full sessions of attendance at hospitals and lectures on the part of the students, and as to the necessity of passing a preliminary examination *before the commencement of medical studies*, which is defined as the time of commencing studies at a medical school. The regulations of the London Society of Apothecaries, then, in addition to the evidence of having served an apprenticeship or pupilage of not less than five years to a qualified practitioner, which period may include the time spent in attending lectures and hospital practice, required from the student evidence "of having passed a preliminary examination in arts as a test of general education. This examination must be passed *before the commencement* of *professional studies*, which is defined by the Medical Council 'to be the time of *commencing studies* at a *medical school*.' And of having pursued a course of medical study in conformity with the regulations of the Court.

"COURSE OF STUDY.—Every candidate whose attendance on lectures shall commence on or after the 1st of October, 1861, must attend the following lectures and medical practice during not less than *four* winter and *four* summer sessions; each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

FIRST YEAR.

Winter Session.—Chemistry, Descriptive Anatomy, Physiology.——*Summer Session.*—Botany, Materia Medica and Therapeutics, Practical Chemistry.

SECOND YEAR.

Winter Session.—Anatomy and Physiology, Anatomical Demonstrations and Dissections, Principles and Practice of Medicine, Clinical Medical Practice.——*Summer Session.*—Midwifery and Diseases of Women and Children, Clinical Medical Practice.

THIRD YEAR.

Winter Session.—Principles and Practice of Medicine, Clinical Medical Practice and Morbid Anatomy.——*Summer Session.*—Clinical Lectures, Forensic Medicine and Toxicology, Clinical Medical Practice and Morbid Anatomy.

FOURTH YEAR.

Winter Session.—Practical Midwifery, Vaccination, Clinical Medical Practice and Morbid Anatomy.——*Summer Session.*—Practical Midwifery, Vaccination, Clinical Medical Practice and Morbid Anatomy."

Thus, it will be observed that the attendance for four full years on lectures and hospital practice was not only rendered compulsory on all students, but the course of study in each of the four years was sketched out for their guidance. In this respect, therefore, the curriculum was certainly more full than that of the College of Physicians, which, although requiring that four years should be spent by the student in acquiring professional knowledge, distinctly states (see the printed regulations of the Royal College of Physicians for the present year and former years, under the head of "Licentiates") that "at least *three* years shall have been passed at a recognised hospital or hospitals, the other year (the last) being passed at a medical school, hospital, *infirmary, or dispensary* recognised by the College."

It is quite true that when the Society of Apothecaries found that nearly all the corporate bodies in schedule (A) required only three years of compulsory attendance at a medical school, and that the Medical Council acquiesced in this view, they seem to have dropped one year of such attendance in their regulations of 1863. We stated that they *followed* other bodies in so doing, but we readily admit the correction we received in the letter we published last week from the Registrar of the London College of Physicians: they could not be said to follow the latter body; they rather *joined*, or *concurred* with it.

The Apothecaries' Hall of Ireland appears to have been equally humble in obeying the recommendations of the

Medical Council, for we find the Governor of that Corporation writing thus to the Council, in a letter dated Dublin, November 6, 1863 :—

"I beg herewith to transmit copies of the regulations of the Hall, and to observe that they are entirely in conformity with the recommendations of the Medical Council, and are literally carried out, with the exception of Nos. 11, 13, and 24—the former two of which refer to the registration of medical students, and the last to the requirement of a statement from candidates for examination, as to whether they have been rejected by other examining boards."

The exceptions referred to are merely formal and trivial matters which require no particular remark.

The chief recalcitrant body against the recommendations of the Medical Council, as we have often remarked, was the College of Surgeons of England; but now that this body had triumphed over the Council, its recalcitration is no longer treason, for success has stamped rebellion with the character of authority. We must also admit that the College gives reasons for the course it has pursued, and that these reasons are by no means destitute of weight. On one of the chief points insisted upon by the Medical Council, the College of Surgeons of England concurs,—namely, that four years must be devoted to professional study between the preliminary examination and that for the diploma of member—but the College firmly protests against the necessity of regarding the commencement of professional study as the entrance at a medical school, and it argues that "a pupilage for a short time to a surgeon in general practice, either holding office in a public institution or possessing other satisfactory means of affording practical knowledge," is a valuable method of "practical training, which leads at each step to real knowledge, and forms the best preparation for the lessons of the medical school." The College considers that a preliminary training at a workhouse, infirmary, or dispensary, in town or country, or a club or union practice, in which the pupil becomes acquainted with the names and treatment of various diseases, and with the appliances of medicine and surgery, is, so far from being objectionable, positively advantageous. In these remarks there is considerable force, because we think that, without such previous introduction, the professorial lectures must be wholly unintelligible. Let us imagine a youth who has just passed his examination in classics and mathematics, but entirely unacquainted with the very alphabet of Medicine and Surgery, suddenly placed in a lecture-room among a crowd of students, where he hears a teacher discoursing about matters of which the neophyte knows nothing, and in a language filled with technicalities. Surely the most conscientious student must give up in despair the attempt to follow the lectures which a little previous training might have rendered intelligible and useful. We cannot but regard the plan of discarding preliminary professional training, or of putting it at the end of the curriculum instead of at the beginning, as a system of putting the cart before the horse, to which the term preposterous may be very fairly applied, the word *præposterus*, in its etymological signification, in which it is used by the Roman authors, meaning *having the last first* (see Latin Dictionary). But then the question may be asked, Does the College of Surgeons insist, in all cases, upon ample evidence that such preliminary professional training has been really secured? We cannot forget that, in former times at least, druggists' shopboys and pastrycooks men have, in a very short period, been metamorphosed into surgeons, owing, it may be, to deception practised upon the College.

SUMMARY OF THE WEEK.

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

We last week alluded briefly to the fact that Mr. Gulliver intended to offer himself as a candidate for election into the Council. We now learn that his chances of success are very considerable, and that he will be supported by a great number of the fellows. Our own opinions have been already so fully expressed as to the unfairness with which we conceive Mr. Gulliver was treated last year, in being passed over as an examiner, that we need scarcely state we shall be rejoiced if Mr. Gulliver is elected. As an original writer and thinker, he is an ornament to British scientific surgery, and the College ought to be proud of having such a man among its governing body.

THE ANNIVERSARY FESTIVAL OF THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.

The seventy-sixth anniversary dinner of the Society for the Relief of the Widows and Orphans of Medical Men in London and its vicinity has just been held at the Albion Tavern, under the presidency of Mr. Thomas Arthur Stone, together with about eighty gentlemen. He was supported, as on former occasions, by several distinguished descendants of the original promoters of the Society—as Mr. Baillie, son of the well-known Dr. Matthew Baillie; the Hon. G. Denman, son of the late Lord Denman, and grandson of the celebrated Dr. Denman. The great feature which marks the present history of the Society, and was brought prominently into notice at the festival, is the recent grant of a Royal Charter of Incorporation, which, by removing certain pre-existing disabilities, enables the directors to lay out their money to greater advantage than was formerly the case, and thus to increase their income, and consequently to extend the benefits conferred upon the recipients of the funds. The balance-sheet exhibits a very flourishing state of accounts, and, indeed, the prosperity of the institution may be one reason why it is not more numerously supported. But we earnestly call upon the Profession to avail themselves of the advantages it offers, and, by the payment of a very small annual sum, to secure for their descendants the means of support in case they are left otherwise unprovided for. The Society is not a charity, but a provident institution; and the income attainable by a widow and her children must be regarded in the light of a life assurance, without being nearly so expensive. For two guineas a year a sum may be obtained equal to the interest of several thousand pounds. The office of the Society is at 53 Berners street, Oxford street, and the secretary is Dr. Merriman.

ACCIDENTS AT THE VOLUNTEER REVIEW.

"The Volunteer Review in Hyde park passed off extremely well, and with remarkably few accidents, mainly owing no doubt to the excellent arrangements of the military authorities, and to the caution observed by the men in handling their weapons, and which some occasionally serious mishaps have taught them. Amongst the whole body of volunteers on the field, we hear of only one casualty, and that not severe. But, nevertheless, the statement made by the Home Secretary in the House of Commons, that the police believed that only one accident had occurred, was founded on a report from that body which must have been remarkably inaccurate. We have received the following list of casualties amongst the spectators from a reliable source :—

"Alfred Harwood; fractured clavicle, fractured humerus, &c. George Matthew; fractured base of skull. Henry Masters; concussion of the brain. Joseph Moon; scalp wound. Henry Turner; grazed wrist. Timothy Oldbury; cut face, &c. Dennis Mahony, bandsman, 2nd Surrey; contusion of the eye. David Armiger; wounded hand, &c. Edward Gerrard; fractured patella."

We have copied the above from the 'Lancet,' and we must observe that, considering one poor man had a fractured clavicle, fractured humerus, &c. (how many more fractures does the *et cetera* include ?), another a fracture of the base of his skull, another a concussion of his brain, another a fractured patella, another a scalp wound—to say nothing of the minor occurrences—we do not see how the number of accidents could be called "remarkably small," seeing that the occasion was a mere holiday gathering, and that there was no firing even in sport. But, on reading the whole article, we are not quite clear whether the writer means that the accidents, few as they were, were mainly owing to the excellent arrangements of the military authorities, or, if he does not, whether there is any substantive in the previous sentence to which the word *owing* refers. We have heard of some multitudinous weddings among the lower orders in Whitechapel on Easter Mondays, when the right brides and bridegrooms are unable to find one another owing to the crowd and the confusion, and the wrong parties are sometimes married by mistake; and such appears to be the case with most of the relatives and the antecedents in the above few sentences, the great difficulty being to find out the couples which match one another. But as we think we have mastered the problem, though after some trouble, we merely present the quotation as a puzzle for such of our readers as may be fond of working out literary equations, and eliminating the x, y, z, from a somewhat complicated philological riddle.

THE RIGHT OF PAROCHIAL AUTHORITIES TO CONTROL THE CORONER'S OFFICERS.

COUNSELS' OPINION.—For a considerable period past there has been a dispute between the Vestry of St. Pancras and Dr. Lankester, as coroner for Central Middlesex, as to the right of the latter to send his warrants to any sworn constable he pleases, and at one time it bid fair to involve the parties in litigation. This question has, it is believed, now been brought to a conclusion by the opinion of Mr. Lush, Q.C., and Mr. Welsby.

The "case" recited the various facts, and Counsel were requested to advise the vestry—1. Whether they have any, and what, power to compel the coroner to deliver his precepts to Edwin Holland, the beadle appointed by the vestry ? 2. Whether Murray can legally execute such precepts, summon the juries, and receive the payments made by the Justices of the Peace ? 3. Whether the vestry have any, and what, remedy against the coroner ? 4. Whether the vestry have the right of control over the constable in the execution of his office as claimed ? 5. And generally on the relation between the coroner and the vestry in this matter, and what, if any, proceedings at law should be taken by them ? OPINION.—1. We are of opinion that the vestry have no such power. The warrant of the coroner is directed to all constables and peace officers within the parish or other district in which the death occurs, in respect of which the inquest is to be held, and may be executed by any constable or peace officer to whom he thinks fit to address and deliver it for that purpose. And we do not find that the vestry have any authority under their act to appoint constables or peace officers, or to designate under the denomination of "coroner's beadles" or otherwise, any particular constables or peace officers to perform the duty of executing the warrants of the coroner. 2. We think he may. He is a constable for the metropolitan district, which seems to us to be all that is necessary for this purpose; nor do we think that his right to receive such payments is affected by the alleged irregularity in not taking the order of his inspector in the matter. 3 and 4. It follows that we answer both these questions in the negative, and that 5. We do not advise any proceedings by the vestry against the coroner or Murray.

May 25, 1864. (Signed) ROBT. LUSH. M. N. WELSBY.

A motion that this opinion of counsel be referred back to the committee, to report to the board what steps should be taken in the matter under the circumstances, was negatived by a majority of 25 to 12, and the case and opinion were then ordered to be recorded on the minutes.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 24.

JOHN HILTON, F.R.S., Vice-President, in the Chair.

A paper, by Mr. BERKELEY HILL, was read on

THE OCCURRENCE OF A STERNO-CLAVICULAR MUSCLE.

I have lately found a muscle on each side of the body which passed between the front of the first piece of the sternum and the fore part of the clavicle. The subclavii, in this instance, were quite distinct from this rare muscle, and had their usual disposition. The muscles were well-marked rounded slips, tendinous at their attachment to the sternum, and fleshy at their clavicular attachment. The occasional occurrence of such a muscle is mentioned, as far as I know, by Haller only, in his 'Elements of Physiology.' All the other authors who advert to peculiarities of the subclavius muscle merely describe its attachment to the coracoid and acromial processes of the scapula. Among the commoner animals which have a clavicle, Meckel says that the bat has a well-formed subclavius, and I find by dissection that the mole's subclavius arises altogether from the sternum. But these instances are hardly sufficient to establish any homology between the sterno-clavicular muscle and the subclavius in lower animals.

Mr. CHARLES H. MOORE communicated an account, by Dr. Murray, of a

CASE OF ANEURISM OF THE ABDOMINAL AORTA, WHICH WAS CURED BY COMPRESSION OF THE ARTERY IMMEDIATELY ABOVE THE TUMOUR.

The patient is a spare man, aged 26 years. His occupation as a pavior has required him to use a large wooden rammer for driving paving stones into the ground. Often in making strenuous exertions he has overreached himself, and subjected the trunk of his body to severe straining. Eleven months ago after hard work he was seized with severe pain in the back. Two months later the same pain began to be felt in the abdomen, catching his breath, and very severe. About two months ago he began to feel

a beating in his belly, and shortly afterwards became a patient at the Newcastle-on-Tyne Dispensary under Dr. William Murray, who, after a few examinations, became convinced that he had an aneurism of the abdominal aorta. This opinion was shared by the Medical Officer of the Dispensary. The following was the condition of the patient previous to the treatment:—His abdomen was somewhat spare, so that a distinct pulsation can be seen opposite the umbilicus. On applying the hand a hard, and slightly movable tumour, of a distinctly globular form, is to be felt. It pulsates very strongly, and the pulsations impinge upon the hand with a sudden stroke, and the expansion of the tumour very distinctly separates the hands when applied to it. The tumour is of about the size of a large orange; when "the pressure" is made on the aorta above it, all pulsation ceases, and when it is removed a distinct thrill is felt to accompany a rush of blood into the tumour. A slight bruit is heard over the tumour. (A line drawn across the abdomen over the umbilicus touches at either end the margin of the last rib, and encloses between the free borders of the ribs a triangular space—the epigastric region. Over the left half of this space there is just room enough above the tumour to compress the aorta against the spine.) The aorta below the tumour can be felt, and its pulsations seem in no way to depart from their normal characters. Bowels slightly constipated. Pulse good and normal. General health good; but he is worn out with pain and consequent loss of sleep. No evidence of degeneration of arterial system. All palliative treatment having failed to relieve him, I proposed to apply a tourniquet (an ordinary horseshoe tourniquet) above the aneurism, and thus attempt to cure by compression. It happened, as I have before shown, that the aorta could be compressed above the tumour; and this was most completely accomplished by the tourniquet, one blade of which was applied over the spine and the other over the spot above indicated. Having taken my patient to the Northumberland and Durham Medical Society, I obtained there, from the President (Dr. Heath) and others, ample confirmation of my diagnosis; at the same time I proposed my plan of treatment. On Saturday, April 16, the patient was put under the influence of chloroform, pressure, by means of the tourniquet, was kept up for two hours. On removing the pressure, no apparent effect had been produced. The pressure completely commanded pulsation in the tumour, except during occasional momentary displacement of the instrument. After an urgent entreaty on my part, the patient again submitted to the treatment on Tuesday, April 19. After careful re-examination by Dr. Heath and myself, it was concluded once more that there could be no reasonable doubt of the nature of the disease. The pressure was again used and maintained, with but momentary intermissions when the instrument became displaced, but even these were avoided during the last hour, as I carefully held the instrument in its place, and had the patient very fully under the influence of chloroform. After about five hours the pressure was removed, and its removal showed that now very little pulsation existed in the tumour. Beyond a little shivering and numbness, with coldness of the feet and legs, nothing of an untoward nature followed. In the evening, after a most careful examination, I failed to detect the slightest pulsation in the tumour or in the aorta below it. On Wednesday, April 20, the patient was restless and sore; legs feel numb, and a sensation of pins and needles in the feet. In consultation with Dr. Heath, the following observations were made and confirmed by that gentleman:—"There is no pulsation in the tumour, which is now perfectly stationary, hard, resistant, and lessened in size; nor are any pulsations to be felt in the aorta below the tumour, in the iliacs, or femoral arteries." Thursday, April 21.—The patient is much better. Says "he is more free from pain than he has been for several months." No pulsation in tumour or femoral. Pulses can be felt at one or two points in the abdominal wall. Friday, 22nd.—With Mr. Lightfoot, who carefully examined the case, the following points were made out, and verified by that gentleman:—"A solid hard tumour, of about the size of an apple, lying to the left of the umbilicus, can be felt, and during deep expiration can be seen. It is motionless to the eye, and, by the hand, the slightest possible forward movement can be distinguished at its upper border, as if communicated from the aorta pulsating above." No expansile movement, thrill, or bruit can be made out. All numbness is gone from the legs, and the patient declares he is quite well. Monday, 25th.—Still improving; is moving about freely. No pain since treatment. The tumour is now much diminished in size, and no pulsation can be distinguished in it. The patient has been out this morning, and walked about a quarter of a mile. His legs failed him once or twice during his walk, owing, he says, to a sensation of numbness in them. When his exercise terminated he felt a numbness from the umbilicus downwards for several minutes. Several medical gentlemen examined him at this period, and their unanimous conclusion was, that all pulsation had ceased in the aorta and the large arteries below the tumour. Among these were Dr. Gibb, Messrs. Fips and Armstrong, Mr. Rayne, &c. May 1.—Patient still improving, and walking in the open air daily. No pain or pulsation. May 5.—Patient still improving; has been out for three hours and walked a considerable distance without other discomfort than slight weakness and numbness in legs. The most careful examination in the presence of several medical gentlemen fails to detect any movement in tumour, which is now hard and further diminished in size. May 9.—Everything in a most satisfactory state. *Remarks.*—We note in the first place that here we have a complete triumph for the advocates of compression in the treatment of aneurism, for a hitherto fatal disease has yielded to treatment lasting but a few hours, and requiring the use of a very simple expedient. Secondly, here is proof that the aorta can be blocked without violent symptoms or great inconvenience ensuing; and lastly it adds another instance of the value of chloroform, without which the tremendous pressure here used could never have been borne, even though it were to save the patient's life.

Mr. C. H. MOORE said that he heard the first half of the paper with incredulity, but in the latter half the author satisfactorily showed that the aneurism was obliterated. The chief proof was the obliteration of the vessels below the aneurism, as the cure of no tumour, except aneurism, would produce this symptom. It was strange that after such sudden occlusion of the iliac arteries there should have been no gangrene of the toes, and no anæsthesia. The diminution of the tumour to one-third its size was another proof that the tumour had been an aneurism. He (Mr. Moore) thought the slips of the tourniquet had very likely been favourable, and that the cure was by coagulation of the centre mass of blood in the aneurism.

Dr. SYMES THOMPSON inquired whether any estimate could be formed of the force required to restrain the pulsation of the abdominal aorta in this case? It would, he thought, have been satisfactory had this point been ascertained by the use of the tourniquet brought before the Society last year, by means of which the exact pressure in lbs. exercised upon a part was indicated on a graduated scale attached to the instrument. The danger to be apprehended from severe pressure upon the solar plexus must be great, and, when the patient is unconscious from the influence of chloroform, it would seem really important to have some indication of the force employed. A knowledge of the pressure necessary in one instance might also act as a check against unrestricted compression in future cases.

The AUTHOR said that the force required to arrest the flow of blood would depend very much on the state of the abdominal parietes, and on the condition of the viscera. In this case it was possible to arrest it by pressure by the thumb. The amount of pressure had not, however, been accurately estimated.

Mr. HILTON asked if the author had arrived at any conclusion as to the precise seat of the aneurism—as, for instance, if it were near the cœliac axis, or the origin of the renal arteries.

The AUTHOR said that an artery was to be felt beating near the tumour, which he fancied was the superior mesen-

eric artery. After the first attempt at compression there had been suppression of urine for thirty hours.

Dr. STEWART thought that one of the most remarkable features in this case was the absence of gangrene. He related cases in which gangrene ensued shortly after occlusion of arteries.

A paper, by Dr. W. H. DICKINSON, was read

ON THE TREATMENT OF ALBUMINURIA IN CHILDREN.

The granular kidney appears to be unknown in childhood. The only form of disease which produces albuminuria at this period of life is that which produces enlargement of the kidney and gives it a smooth mottled exterior. This is, in fact, a renal catarrh. The tubes become obstructed by an excess of their own epithelial growth, and hence arise all the evils of the disease. If only there is a free escape for the contents of the tubes, the vascularity of the gland will be relieved by secretion, and the disorder will soon be at an end. The principle of treatment must be to send as much water as possible through the organ. This fluid is devoid of irritating properties, and probably passes through the gland rather by filtration than true secretion. With these views the patients were restricted to a fluid diet. They took from two to four pints of distilled water daily, and small doses of the infusion of digitalis. When the active symptoms had subsided iron was given. Twenty-six cases were adduced in which this treatment had been pursued. Twenty-two recovered completely; three were lost sight of while improving, but while still having a small quantity of albumen in the urine; one case did badly, and eventually died under other treatment. Many of the cases were of great severity. These results appear better than those afforded by other methods. Among the in-patients at the Children's Hospital otherwise treated, eleven died out of thirty-nine; and of sixty-nine cases treated by Dr. Miller in dispensary practice, eight died. It was found that on an average the little patients were restored to apparent health in thirty days, while fifteen days more were needed to get rid of the last traces of albumen. The use of the water did not seem in any case to increase the dropsy, but the contrary. It was usual, however, when the swelling was great, to let the digitalis set up a certain amount of diuresis before ordering the full quantity. The subsequent use of iron was believed to correct the effects of the disease, without influencing the disease itself. On the occurrence of secondary disorders, such as convulsions, or acute inflammatory attacks, it was argued that the treatment of the renal mischief should be sedulously persisted in, with such additions as might be called for. The anæmic state of brain in uræmic convulsions, and their frequent occurrence after the exhaustion of diarrhœa or vomiting, were urged as reasons for abstaining from depressing remedies. A case was cited in which, under these circumstances, small doses of opium had been used successfully. A case was also given in which acute pleurisy had passed off under the use of only local measures. The paper professed to deal only with the albuminuria of childhood.

Dr. FULLER had had opportunities of witnessing the author's treatment, but chiefly in adults, in whom it was not so successful as in children. In adults the renal affection was of longer standing. He had tried it in a child in private with success. It was successful in the dropsy of adults, but not so uniformly so as in dropsy in children after scarlet fever. If Dr. Dickinson's views were correct, it was easy to understand that it should be more useful in children than in adults.

Dr. BASHAM said there were many points of practical value in the paper, and yet one or two things for comment. First, in cases where the renal affection followed scarlet fever, let the treatment be what it might, the majority of patients did well. No doubt the diuretic influence of water was beneficial, but he thought the theory brought forward was open to a difference of opinion. He ventured to think that there was not merely a blocking up of the tube, but also some change of the gland-cells—they had become effete cells, and accordingly were thrown off, and these, of course, obstructed the tube. But we know that Nature tries to get rid of them, and no doubt diluents are of help in this way. He should, however, think the natural tendency of such cases to do well had more to do with recovery than the treatment.

Dr. HILLIER had tried Dr. Dickinson's plan, and had found it scarcely so satisfactory. He (Dr. Hillier) agreed with Dr. Basham, that such patients, however treated, if seen early, would nearly always do well. His plan of treatment was to keep them in bed, to use hot-air baths, to give purgatives and good diet. Occasionally he had under care a severe case, and then had tried the water plan, but had been obliged to resort to other means. Perhaps, however, he had been too timid. In one case purpuric symptoms came on. There was considerable hæmaturia and epistaxis. With the water treatment the patient did worse, but when it was given up and gallic acid was administered, the patient recovered.

The AUTHOR, in reply, said that he was quite aware that the majority would get well if left alone, but a great number would not. He had been able to collect a large number of cases of deaths in the post-mortem books of St. George's Hospital. In reference to Dr. Basham's remarks, he said that the first changes were, he believed, in the quantity and not in the quality of the epithelium. In reference to Dr. Hillier's want of success, he would fall back on the explanation which Dr. Hillier himself had suggested, viz., that the treatment was not persevered in. The only fatal case in the paper was the one in which the vapour bath had been used.

MR. BAINBRIDGE asked if the treatment would have been equally successful without the digitalis? He had seen many such cases during the last month, and the patients generally were thirsty, and, as a consequence, without any special direction, drank a great deal of water.

The AUTHOR said that the water treatment had been tried alone in three cases.

DR. STEWART related a case of dropsy following scarlet fever occurring in a woman who had recently been confined. Suddenly convulsions came on, followed by unconsciousness. Cupping the loins, and other measures, were followed by success, and he thought it a case in which the use of diluents would not have led to an equally favourable result.

Dr. BASHAM said that he thought that if any pathologist well versed in the use of the microscope would examine the gland cells of the kidney of a child who had died by accident, and then those of one who had died from renal disorder, he would find a well-marked difference. In the latter the cell was cloudy, and the nucleus obscure. It had become an effete and imperfect cell.

Dr. FENWICK said that he had examined the mucous membrane of the stomach in scarlet fever patients, and had found changes in the epithelium there as well as in that of the kidney.

In reply, Dr. DICKINSON said that no doubt there was a change in the cells, but not primarily.

A paper, by Dr. EDWARD HEADLAM GREENHOW, was read on a

CASE OF CONGENITAL IMPERFECTION OF THE MAMMÆ, SEXUAL ORGANS, AND HEART.

The subject of this very rare and remarkable case was an unmarried female servant, aged twenty-two. She had been all her life subject to difficulty of breathing when in exercise, and liable to cough from exposure to cold, but had become worse in these respects since she had been employed as maid-of-all-work. Had never menstruated, nor had any vicarious hæmorrhage. Appearance, hair, and voice feminine. Pulse variable, and very small and irregular in the erect position, more frequent, of better volume, and quite regular when the patient lay down. There was a remarkable depression in the sternum, and an exquisitely tender spot about the middle of the ensiform cartilage. No trace of mammary glands could be discovered, but there were rudimentary nipples. No evidence of pulmonary disease, præcordial dulness much extended, and there was a triple heart sound—the third sound, intermediate between the systole and distole, being sometime supplanted by a murmur. Pelvis abnormally small, and genital organs,

as far as examination could be made, imperfectly developed examination either per vaginam or rectum. Dr. Greenhow no os uteri being discoverable, nor any ovaries felt on had found only four cases on record in any respects similar to the one he described, all of which he quoted, showing that they also differed materially from it in various characteristic symptoms. He regarded the case as a very interesting one of congenital imperfection, the result of arrested development.

THE HARVEIAN SOCIETY.

SATURDAY, APRIL 21.

Dr. GRAILLY HEWITT in the chair.

Dr. COCK mentioned a case of

SPONTANEOUS GANGRENE OCCURRING IN A CHILD.

The whole of the left leg was in a state of dry gangrene, and 2″ below Poupart's ligament there was a line of demarcation, so that the back part of the thigh remained healthy. The illness lasted three weeks. On post-mortem examination, the arteries were found to be quite open. The iliac vein was filled up for about 10″. The coagulum was fully organised, and the clot adhered firmly to the interior of the vein.

Dr. G. HEWITT remarked that this was indeed a very rare history of gangrene. Plugging of the veins was not uncommon in debilitated subjects, but in Dr. Cock's case there appeared no sufficient reason for the occurrence of gangrene.

Dr. ROYSTON communicated a case of senile gangrene occurring in a man aged sixty. The toes had ulcerated and come away.

A paper was read by Dr. COCK on

LARYNGISMUS STRIDULUS.

Dr. Cock referred to the papers on rickets by Dr. Jenner, which appeared in the 'Medical Times and Gazette' of 1860. Laryngismus stridulus is accompanied by, or caused by, a narrowing or closure of the glottis. In the healthy larynx the vocal cords are widely separated in common respiration. The superior laryngeal nerve supplies the crico-thyroid muscle and the thyroid body; the recurrent laryngeal is the motor nerve of the larynx. Dr. Reid had shown that, if the inferior laryngeal nerve be divided, or the pneumo-gastric trunk above the origin of the nerves, there is no constriction of the glottis, but a paralysed state of its muscles. After the first paroxysms occasioned by the operation, a period of quiescence and freedom from dyspnœa occurs, the respirations being performed with ease, as long as the animal remains quiet. If it struggles, the arytenoid cartilages, carried inwards by the current of air, fall on the opening of the glottis and suffocate the animal; so that, to prolong life, tracheotomy is required. There can be no doubt, then, that the superior and inferior laryngeal nerves constitute the circle of incident and motor nerves by which the aperture of the glottis is governed. Laryngismus stridulus comes on suddenly, as when food "goes the wrong way.' Should the child recover from the attack, the respiration remains shallow in character, and anything which causes a deep inspiration may bring on an attack. Also, Dr. Cock has usually found some catarrh accompanying the affection. A peculiar form of the affection sometimes is found in rickety children. The child wakes and immediately commences to breathe in a crowing manner. Having seen, as physician to Farringdon Dispensary for some years, a large number of these cases, he had come to the conclusion that it was nothing more than a symptom. In rickety children we have all the conditions for its production—(1), slow development of the teeth; (2), softening of the bones, and among others the hyoid; (3), great weakness of the muscles. These circumstances, with the addition of enlarged cervical glands, cause pressure on the pneumo-gastric nerve. The muscles of the rickety child are unable to overcome the action of the diaphragm in efforts to cough, and the child becomes insensible for a short time, during which time the glottis closes, soon to reopen with a hoop. The arytenoid cartilages fall in and the muscles of expiration are semi-paralysed. The irritation, again, may commence from the branches of the fifth pair in painful dentition; or, again, improper food may irritate the branches of the pneumo-gastric nerve. The nerves of the skin, again, may be the excito-motory ones; and, lastly, the irritation may be cerebral instead of peripheral.

Dr. DRYSDALE observed that the Society had to thank Dr. Cock for his most instructive papers, first upon the rickets and now upon one of its frequent symptoms. No disease was more important than rickets, since it was one of the commonest causes of death among children, especially of those who were born in crowded alleys and were ill fed and ill cared for. They were carried off in thousands by bronchitis and fevers, which their feeble organisations were unable to withstand. Rickets, scrofula, and fevers, indeed, unfortunately still remained what have been styled by Malthus, Chalmers, and others, the "positive checks to population," even in this country. As to laryngismus, he had not usually considered it as often fatal, nor could he agree with the author in having found it so constantly accompanied with catarrh.

Dr. GRAILLY HEWITT considered the physiological account given by Dr. Cock of the causation of laryngismus as quite correct. He had never seen two cases of the affection precisely similar. In some cases pressure within the chest had appeared to cause it. He was surprised to hear Dr. Cock speak of death as being caused by laryngismus. As to treatment, he believed that fresh air and nutritious diet was all that was indicated in such cases. Even among the better classes the children who are subject to rickets are ill nourished, and this symptom resembles those of other parts of the body. The child is usually puny, with small face and undeveloped lower jaw, and does not "get on."

Dr. TILBURY FOX observed that diet had been mentioned in rickets, and he had recently examined many of the different foods given to children, such as maizena, &c., and had found them all to consist entirely of starch. This was one of the causes of bad nutrition among children. Messrs. Bullen and Reynolds had introduced a food which contained the branny covering of the grain and the phosphate, which he (Dr. Fox) considered a great improvement. He had found that mothers who are suckling their children, and at the same time are menstruating, are apt to render those children rickety.

Dr. DRYSDALE presumed that Dr. Fox did not propose giving any of these "foods" to children under eight months. He had found that the most fruitful source of rickets was feeding infants on baked flour, biscuits, &c., before their stomachs would digest them. Infants should live on *milk* for seven or eight months.

Dr. POLLOCK, in reply to a question, observed that, in his experience, tubercles and rickets very rarely occur together in the same child. He had long thought that the best food for children was flour twice cooked—*Hard's food*, for example. With respect to menstruation being a cause of rickets, the physicians in Italy were in the habit of saying that this seemed rather to refresh the milk. It was in Italy the custom for a large number of the women to suckle their children for two or three years, in order to prevent the addition of another child to an already too numerous family.

Dr. COCK replied that Dr. Fox had brought forward menstruation during lactation as a frequent cause of rickets, and doubtless any cause which rendered the mother weakly, whilst either pregnant or suckling, would tend to the production of rickets. Persons in good circumstances have rickets, although the disease is most frequently observed amongst the children of the poor. He believed that the rickety diathesis came more generally from the mother than the father. As to treatment: When the mother is weak, we ought to use cow's milk, with beef tea and wine, to nourish the child. Lime-water is valuable as an astringent, and carbonate of soda as an antacid. With regard to the simultaneous occurrence of tubercle and rickets, there could be no doubt that, after the age of twelve, they were often found conjoined; and even in infants at the

breast, in some cases, rickets had been found conjoined with tubercle in the lungs. Children will recover from laryngismus and rickets frequently, if they can be sent all day long into the open air.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

MAY 30TH.

VACCINATION.

Lord Lyttelton wished to ask the President of the Council a question of which he had given him private notice, respecting the intentions of the Government in order to secure the more effectual enforcement of vaccination. The returns of the Registrar-General showed a large amount of preventable disease and of deaths from small-pox, and it was very desirable that something should be done.

The Earl of Shaftesbury said the subject was one which eminently deserved the consideration of the Government. His lordship, in confirmation of this opinion, quoted the following extracts from the report of the Epidemiological Society :—

"3,240 persons die, on an average, every year in England from small-pox. In the metropolis alone the average annual mortality from this disease exceeds 700. At epidemic periods the mortality assumes much higher proportions, and in the epidemic which ravaged London last year and has not yet quite ended, nearly 2,500 lives have already been sacrificed. . . Nothing can be more certain than that, if all were thoroughly well vaccinated in early infancy, small-pox might nearly be banished from our death registers. But it should be emphatically stated that this cannot be accomplished by the mere extension of vaccination, unless means be taken at the same time to secure the more complete and effectual performance of the operation. . . It appears to the committee very inexpedient that the control of public vaccination should be vested in two distinct Government boards, and they are of opinion that the powers now exercised by the Poor-law Board should be transferred to the Privy Council."

Earl Granville replied to the question of the noble lord, but his answer was perfectly inaudible.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult. :—Alexander Clement Rayner, Bedford; George Huntsman Shaw, St. Bartholomew's Hospital; Spencer Henry Simpson, Stowmarket, Suffolk; William Griffith Williams, Haverfordwest.

The following gentleman also on the same day passed his first examination: William Lively Shepard, St. Bartholomew's Hospital.

CONVERSAZIONE AT APOTHECARIES' HALL.—On Tuesday, May 31, the Master and Wardens of the Society of Apothecaries gave a brilliant microscopical *conversazione* at their Hall in Blackfriars. All the great manufacturers of microscopes contributed instruments. It would be impossible to give anything like a full list of the varied and beautiful objects displayed, but we may notice a few of them. Among those exhibited by Messrs. Powell and Lealand was the circulation of the sap in the Vallisneria, shown by a $\frac{1}{25}$-inch object glass. Mr. Ross exhibited some objects under Kelner's large field eyepieces. Dr. Miller exhibited a living specimen of the Conochilus Volvox, a peculiar form of wheel-animalcule, and a small living Medusa. In another part of the room was a living specimen of the Volvox Globator, an organic being placed on the confines of the animal and vegetable worlds, but now considered as a plant, though possessed of the power of rapid movement. A number of binocular microscopes were shown by Messrs. Crouch, Murray and Heath, Edmund Wheeler, Gould, Smith and Beck, and others. But, besides microscopes and microscopical specimens, there were many other objects exhibited of great scientific interest. The walls of the ancient hall and of the library were covered by large coloured drawings illustrative of the classes and orders of the animal and vegetable kingdoms, the principal groups of them showing magnified representations of microscopical structures and dissections, and arranged as far as possible in the order of progressive development of organic forms. Among the most conspicuous of these were the series of drawings illustrating Comparative Anatomy, contributed by Professor Grant; of the structure of the Foraminifera, by Dr. Carpenter; of the anatomy of plants, by Professor Bentley; and of the forms of the Acalephæ, or sea-nettles, by Mr. Mummery. Mr. Ward, F.R.S., the distinguished botanist, also exhibited a great variety of specimens of dried plants, besides contributing a great number of living ones, and a multitude of botanical plates and drawings. Dr. King and Dr. Stephen Ward showed a series of very interesting ethnological water-colour sketches taken from life by Mr. Say, Mrs. Stephen Ward, Miss F. Corbaux, and others. Mr. Carruthers exhibited some of the first original sun-pictures on metal plates; with etchings from the same, executed by M. Niepce in 1827. The Messrs. Wheeler showed various experiments illustrating the allotropic conditions of several elements. They also electrolysed water, making use of carbon poles; and showed that when these were employed, carbonic acid was obtained at the negative pole in place of oxygen. Another experiment illustrated the bleaching effects of nascent hydrogen, the gas, at the moment of disengagement, decolorising a solution of indigo, but having no effect on the same solution when passed into a wash bottle containing it. On Wednesday morning, when the microscopical exhibition was visited by a large number of ladies, the same gentlemen made a series of brilliant experiments with twenty-four cells of a carbon battery of their own construction. With this battery they produced a powerful electric light, and showed the arc of the thallium flame on the screen. In these experiments they were assisted by Mr. William Crookes, the discoverer of the metal Thallium. Iron and zinc were burnt with ease by means of the battery. They also exhibited the magnesium light, and showed some striking experiments illustrating the fluorescent property of a solution of sulphate of quinine. In the same room, Mr. Ladd exhibited his exceedingly interesting experiments of passing electricity through a vacuum, illustrating the phenomenon of the Aurora Borealis; and through different gases, as hydrogen, nitrogen, and carbonic acid, showing the different colours and bands produced by the passage of the electric fluid through these media. The *conversazione* was quite successful and was very numerously attended, particularly so on the Wednesday morning, when the rooms were thronged with ladies, who took a lively and most intelligent interest in the proceedings. We have been informed that many of the arrangements, especially in the way of decoration and ornament, were made with the previous co-operation of many of the fair sex, whose taste was in many places conspicuous, although their handiwork was unseen and their names unannounced.

CAIUS COLLEGE, CAMBRIDGE.—Charles Henry Ralfe, M.R.C.S., of King's College Hospital, has obtained the Caius College scholarship in Anatomy.

MEDICAL CONGRESS AT LYONS.—Active measures are being taken at Lyons for the organization of a medical congress in September. It is to take place in the second half of the month. The admission will be free, and the transactions will consist of written or verbal communications in answer to questions framed beforehand. No paper will be put on the order of the day until the author shall have sent the heads of the same to the executive committee twenty-four hours at least before the reading. A discussion will then be invited on each question, after the conclusion of the paper bearing on such question. These measures are merely preliminary, and the final arrangements were fixed after a general meeting of the medical gentlemen of Lyons, which took place on the 19th ultimo.

NATURAL SCIENCES TRIPOS.—At a congregation of the

Senate held on the 19th ult., Dr. P. W. Latham, of Downing College, and Mr. Churchill Babington, of St. John's College, were re-appointed Examiners; and Mr. S. G. Phear, of Emmanuel College, and Mr. W. H. Brown, of Caius College, were appointed Examiners for the Natural Sciences Tripos during the ensuing year.

ST. BARTHOLOMEW'S HOSPITAL.—The following scholarships and prizes have been awarded for the winter session, 1863-64:—Scholarship in Medicine, Surgery, and Midwifery: J. W. Snook, W. V. Lush.—Scholarship in Anatomy, Physiology, and Botany: F. Bateman, T. Cole, R. Robinson. Wix Prize—T. Cole. Bentley Prize—W. V. Lush. Practical Anatomy: Foster Prize—R. P. Simpson, R. G. Rogers, T. Cole, T. Cuddeford, F. Bateman, W. Iliffe, A. C. Farrington, E. Renshaw, G. F. Webb, R. D. Broughton, J. Goodall. Treasurer's Prize—W. Square, R. B. Moore, J. Quick, F. H. Lovell, F. Ewbank, E. J. Leverton, W. H. Ellis, W. Sedgwick.

APPOINTMENT.—At a meeting of the Board of Guardians of the Stow Union, held on the 2nd inst., Mr. Benjamin F. Matthews, of Norton, was unanimously elected Medical Officer and Public Vaccinator to the No. 3 District of the Stow Union, vice H. R. Cooper, deceased.

UNIVERSITY OF CAMBRIDGE.—Dr. Humphry gives notice that his course of lectures on the Principles and Practice of Surgery will commence on Friday, July 1st, and be continued daily.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The annual general meeting of the governors of this College was held on May 18th at the offices of the College; Sir Charles Locock in the chair. The report stated that during the past year no events of very marked importance to the institution had occurred, but it continued steadily the good work for which it was founded. The Council had decided upon opening the school to the sons of gentlemen not belonging to the medical profession, and with this view recommended that the second bye-law which precluded the admission as resident scholars of any but sons of medical men be rescinded, and the following adopted in its place:—"The school is intended for the education of 200 boys between the ages of eight and nineteen, none being above fifteen years old on admission. One hundred and eighty boys, at least, shall reside in the college, forty or more of whom shall be foundation scholars, the remainder being exhibitioners, and such boys, not being the sons of medical men, as shall be permitted by the Council to receive their education at the college. The foundation scholars shall be entirely educated, boarded, clothed, and maintained by the college. The exhibitioners shall pay a sum of 40*l.* a year each for education, board, lodging, and washing, without any extra charge for the use of books, instruments, &c. The scholars not the sons of medical men shall pay 63*l.* a year each for the like advantages. All payments shall be made in advance at the commencement of each term." The receipts for 1863 were greater than those of 1862 by 364*l.* The report was adopted. Messrs. H. Blenkarne, T. B. Curling, William Gilpin, C. J. F. Lord, Richard Quain, Dr. Ray, Dr. Sibson, and Messrs. A. Sterry, W. Street, and J. Ward, were re-elected members of the Council. The formal resolution altering the constitution of the school having been moved, Mr. Cattlin moved as an amendment, "That the school was intended for the education of 200 or more boys, between the ages of eight and nineteen, none being more than fifteen; 180 boys at least should reside in the college, forty or more of whom should be foundation scholars, and the remainder exhibitioners and commoners—the sons of medical men, and such boys not sons of medical men as shall be permitted by the Council to receive education at the College. The exhibitioners and commoners shall be admitted in such manner and in such relative numbers as the Council shall from time to time determine, to be supported, clothed, and fed by the College; that the exhibitioners pay 30*l.* for board, lodging, and washing, without extra charge for the use of instruments, &c., and that they should be the sons of medical men; the commoners to pay 40*l.*, and the sons of other gentlemen to pay 63*l.*" Ultimately both the original resolution and amendment were withdrawn, and the whole subject was again referred back to the Council for reconsideration, and to embody the views of Mr. Cattlin in their resolution, to be submitted to a general meeting to be called as early as possible.

THE ORIGIN OF VACCINE.—A long debate which has just taken place at the French Academy of Medicine on the origin of vaccine, on the identity of vaccine and variola, and of small-pox in the human subject with certain eruptions in animals, has at last been closed, and all the opinions brought forward have received some sort of satisfaction, at least as regards the practical inferences derivable from the discussion. Both the friends and adversaries of the doctrine of identity of the two morbid poisons entirely agree that the inoculation of small-pox must not be substituted for that of vaccine-lymph. "Variola," said Mr. Depaul, at the close of the debate, "is the concentrated virus, and vaccine-lymph the weak, diluted virus; and it would be absurd to prefer the former for inoculation." This declaration will reassure those who feared that Mr. Depaul's opinions might prove injurious to Jenner's discovery. The rest is, doubtless, an interesting question of natural history, but which can emerge from the metaphysical clouds with which it is surrounded only after long and careful experimental inquiry. When Mr. Depaul shall have brought forward positive proof of the inoculation of the small-pox of man to the cow, Messrs. Bousquet and Bouley will probably desist from their attacks on his theory. Meanwhile, thanks are due to Mr. Depaul for having finally thrown light on the origin of vaccine. As Jenner had surmised, it is now a clearly-established fact, that although cow-pox may be spontaneously developed in the bovine species, so as to constitute vaccine, it may also originate in an eruptive affection of the horse, and produce what Mr. Bouley denominates *équine*, or horse-pox. This disease, for a long time mistaken for swelled legs, quitter, and other injuries of the hoof, and more recently, by Mr. Bouley himself, for a phlyctenoid eruption of the skin, is undoubtedly a general, pustular, contagious, and inoculable disorder, transmissible from the horse to the cow, and from the latter to the human subject; in the cow it produces cow-pox, and in man the genuine vaccine pustule; whence it appears that the preservative of small-pox may be obtained from two sources, and not from one only, as hitherto we have generally believed.—'Journal of Practical Medicine and Surgery.'

BIRTH.

MORRIS.—On May 30, at Deddington, Oxon, the wife of John T. Morris, M.D., M.R.C.S.L., of a daughter.

DEATHS.

BRIDSON.—On the 24th ult., J. Bridson, M.D., of Hills House, Douglas, Isle of Man, aged 39.

BURGON.—On March 8th, at Sydney, New South Wales, J. Burgon, M.R.C.S.E., aged 39.

CLARK.—On the 22nd ult., G. Clark, M.R.C.S.E., of York, aged 76.

CLOUGH.—On the 20th ult., at Bawtry, Yorkshire, C. F. Clough, M.R.C.S.E., aged 30.

DAVISON.—On the 28th ult., in the Avenue de la Porte Maillot, Paris, T. Davison, M.D., aged 65.

MACLEOD.—At Huanaco, Peru, G. Macleod, M.D., son of the late J. Macleod, Surgeon, of Glasgow.

MAHONY.—On the 24th ult., J. Mahony, L.K.Q.C.P.I., of Cappoquin, Co. Waterford, Medical Officer to the Cappoquin Dispensary District of the Lismore Union, aged 26.

MASON.—On the 13th ult., at Stockton, S. Mason, Surgeon, formerly of Newcastle-upon-Tyne, aged 51.

RILEY.—On the 22nd ult., suddenly in the street, J. Riley, M.R.C.S., of Percy street, Tottenham court road, aged 62.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JUNE 8.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Fergusson, "On the Progress of Surgery during the Present Century."

THURSDAY, JUNE 9.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. J. Hullah "On Music (1600—1750)."

FRIDAY, JUNE 10.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Fergusson, "On the Progress of Surgery during the Present Century;" Royal Institution, 8 p.m.—Prof. Tyndall: "A Magnetical Experiment."

SATURDAY, JUNE 11.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Mr. Alexander Herschel, "On Falling Stars and Meteorolites."

MONDAY, JUNE 13.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JUNE 14.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Croonian Lectures for 1864: the Significance of Dropsy. By W. R. Basham, M.D., F.R.C.P., &c. London: John Churchill and Sons, New Burlington street.

Lectures; chiefly Clinical. By Thomas King Chambers, M.D. Third Edition. London: John Churchill and Sons.

The Pharmaceutical Journal for June.

The Essentials of Materia Medica and Therapeutics. By A. B. Garrod, M.D., F.R.S. Second Edition. London: Walton and Maberly, Upper Gower street, and Ivy lane, Paternoster row.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. CALLENDER, *St. Bartholomew's Hospital.*—The notices and lists have been received.

DR. JAMES TUCKER.—The subjects shall be noticed; but we fear that one of the extracts alluded to would occupy too much of our space.

MR. J. T. MORRIS.—The notice is inserted, and we regret the oversight to which allusion is made. We have ourselves no knowledge or recollection of the circumstance.

THE ROYAL INSTITUTION.—The report has been received.

X. A.—We believe the life office in question to be a highly respectable one.

MR. R. F.—The qualification is held by the Poor-law Commissioners to be equivalent to a diploma in surgery.

DR. PURVIS, *Greenwich.*—We sincerely hope that all further unpleasantness will cease between Dr. Purvis and Dr. Moon, and that both parties will especially avoid carrying on any discussion in the local newspapers. We think that there is something to be said on both sides of the question, which is, however, purely a professional one, and the merits of which the general public cannot possibly understand.

REFORMER.—The College of Physicians requires of its licentiates three years' compulsory attendanceat a medical school. The other year may be spent at a medical school, *or* an infirmary, *or* dispensary recognised by the College. The College of Surgeons recognises, in addition, a pupilage to a surgeon in general practice as a part of the professional course. The Society of Apothecaries of London invariably requires five years of professional study, including the term of attendance on lectures and hospital practice.

DR. T. L.—Valerianic acid is not obtained, in commerce, from the Valerian root, in which, however, it exists, but from fousel oil, or amylic alcohol. The valerianic acid from either source has the same chemical composition.

Just published, for 250 Cases, 2s.; 500 Cases, 3s.,

Register of Obstetric Cases.—This Form has been published under the authority of the Council of the Obstetrical Society of London.

J. Smith and Co., Medical Stationers, 52 Long acre, W.C.

Price's Glycerine, its Uses and PURITY.—See 'De la Glycerine, de ses Applications à la Chirurgie et à la Médecine,' by the eminent French Surgeon, M. Demarquay,—pp. 240. Paris: P. Asselin, 1863; or 'On Glycerine and its Uses in Medicine, Surgery, and Pharmacy,' by Dr. W. Abbotts Smith.

London: H. K. Lewis.

St. John's Hospital for Diseases of the Skin, Church street, Westminster.

PHYSICIANS.—Tilbury Fox, M.D.; J. Mill Frodsham, M.D.

SURGEONS.—Erasmus Wilson, F.R.S.; J. L. Milton.

The Medical Officers attend daily at 2 p.m. Lectures on the Pathology and Treatment of Cutaneous Diseases and Clinical Lectures are delivered during the Medical Session. The Practice of this Hospital is open to all Members of the Profession and Students of Medicine.

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Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

BY ROBERT HUNTER SEMPLE, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 328.)

The Morbid Sounds of the Heart, or Murmurs.—Endocardial Murmurs.—It has been already stated that the bellows murmur, or the allied sawing, or rasping murmur, heard over the region of the heart, indicates the presence of some morbid condition within the heart, being due either to the existence of diseased valves or of diseased blood passing over healthy valves. The diagnosis between these two conditions is by no means easy in all cases, although there are some general indications which will often assist in removing the difficulty. It is a very common occurrence for persons to present themselves to the medical practitioner complaining of palpitation of the heart, difficulty of breathing, and cough, with rapid and weak pulse, and in whom a murmur is perceptible over the cardiac region; and yet very many of such patients have no organic disease of the heart whatever, and soon lose their unfavourable symptoms under the use of tonic and chalybeate remedies and good diet. These persons are usually females, and until their cases have been fully considered, their history thoroughly investigated, and the results of treatment observed, it is occasionally impossible to form a positive opinion. The absence of any previous rheumatic attack, and the presence of evident chlorosis, and the derangement of the uterine functions, will throw light upon the diagnosis, which, however, may still be obscure. Again, even in men, in whom the existence of a murmur is less common than in women, it must not be at once concluded that the presence of this sound indicate endocardial or valvular disease, for any causes which tend to impoverish the blood may give rise to this sound and thus lead to erroneous deductions, unless all the concomitant circumstances of the case and the previous history are taken into consideration.

These morbid sounds, or murmurs, are, in fact, caused either by actual endocardial disease or by alterations in the character of the blood. Among the former class may be placed contraction of the orifices of the heart, caused by the thickening and hardening of the valves; inflammation of the endocardium, with albumino-fibrinous exudation; and growths, tumours, or vegetations, offering an obstacle to the passage of the blood; also the insufficient closure of the valves, which are thus unable to oppose the retrograde movement of the blood, abnormal adhesion of the valves to the walls of the ventricles or of the arteries, and lacerations or perforations of the valves. Among the latter class are included those cases in which a murmur is caused by chlorosis, or anæmia, the latter being either constitutional, or caused by some accidental loss of blood, or by wasting diseases which attenuate the vital fluid.

MM. Barth and Roger, in their 'Traité Pratique d'Auscultation,' lay it down as a law that the cardiac murmurs which are independent of organic disease are always connected with the first sound, and never with the second, and this observation is very good as far as it goes; but it must be remembered that, in most cases of organic disease of the heart, the cardiac murmurs, as will be hereafter shown, are also heard only in connection with the first sound. Hence, therefore, the presence of a diastolic murmur will be a pretty certain evidence of the existence of organic disease, though the converse is by no means true, that its absence indicates the affection to be due merely to morbid conditions of the blood. But the existence of a double murmur, accompanying or replacing the natural sounds of the heart, is a certain sign of organic disease.

The careful examination of the concomitant symptoms is of very great importance in distinguishing between the organic and the functional affections of the heart, and in the former there is frequently an assemblage of characteristic symptoms—such as præcordial dulness, the thrill felt on applying the hand over the region of the heart, the co-existence of pneumonia, bronchitis, or pulmonary apoplexy, the alteration in the character of the pulse, the presence of œdema of the extremities, and other signs of serious disturbance of the circulation. But still the above circumstances may be wanting, either wholly or in part, even in cases of confirmed organic disease of the heart; and some of them may be present when there is no organic disease at all. Difficulty of breathing and dropsy, for instance, may be present in chlorosis, anæmia, and exhaustive diseases, and the action of the heart may be accelerated, or excited, under the same conditions. It is also mentioned by Barth and Roger that the cardiac murmur, which is a sign of organic disease, may be very well marked without the co-existence of the murmur along the course of the carotid arteries; while in alterations of the blood there is never a well-marked murmur over the heart without the co-existence of murmurs in the vessels of the neck. These murmurs may be arterial or venous, and are often exceedingly loud—the former being intermittent and synchronous with the cardiac systole, the latter being continuous, and easily made to cease by pressure on the jugular vein *above* the point where the murmur is heard.

This observation, however, is only true to a certain extent; for in organic disease of the heart, attended with degeneration of, or vegetations upon, the cardiac valves, it very often happens that there is also atheromatous degeneration of the arterial system, which gives rise to a murmur over a great number of the arteries—the carotids in particular. I have repeatedly heard murmurs over the subclavian and carotid arteries in cases of valvular disease of the heart, and after death I have found atheromatous degeneration over the whole course of the aorta, and over many of the principal arterial trunks. I do not assert that a well-practised eye and ear and touch would not be able to distinguish with considerable facility between the sallow aspect, the loud humming and musical murmur, and the nervous irritability of the heart's motions, in functional disease on the one hand; and the congested countenance, the blowing or rasping murmur, and the peculiar vibratory thrill of the heart, in organic disease, on the other hand. But still it is only by assiduous cultivation of the senses, and by frequent practice, that these distinctions can be clearly drawn; and it is essential to point out the sources of error and the best methods of avoiding them. I should also mention that in many cases in the male subject, when no disease of the heart could be detected, I have met with a harsh, grating murmur over the arch of the aorta, the innominata, or the carotid arteries. Now, in the female subject, this murmur would be attributable, most probably, to anæmia or chlorosis, but in the cases to which I allude, I have regarded them as indicating an atheromatous condition of the large arteries proceeding from the heart, inasmuch as the subjects were not anæmiated and were not suffering from any apparent constitutional disease.

Drawing up the diagnostic differences between organic

and functional murmurs in a tabular form, the result would be somewhat as follows :—

Organic Murmurs.	*Functional Murmurs.*
1. Although often single, are sometimes double.	1. Are always single.
2. Are sometimes prolonged into the large arteries proceeding from the heart, but are never heard in the jugular veins.	2. Are almost always prolonged into the large arteries proceeding from the heart, and are often heard in the jugular veins.
3. Are often associated with hypertrophy of the heart, and consequently with increased force of the heart's action, and with a strong thrill felt by the hand.	3. Are often associated with undue excitement and irritability of the heart, but not with increased volume or with thrill.
4. Are often associated with œdema of the legs, cough, and secondary bronchitis, pneumonia, or pulmonary apoplexy.	4. Are often associated with œdema of the legs and cough, but not with bronchitis, pneumonia, or pulmonary apoplexy.
5. Are often connected with a pre-existing history of rheumatism.	5. Are unconnected with any history of rheumatism.

(To be continued.)

HOSPITAL REPORTS.

KING'S COLLEGE.

The first case operated on to-day (May 28th) was a child, who suffered from nævus of the lower lip, affecting the left half only. The tumour was of small size, and had been reduced by former operations ; in consequence of its limited dimensions, Mr. Fergusson considered that it might now be removed by means of the nitric acid, which he, therefore, applied freely around it at its peripheral margin, using for the purpose a piece of pointed wood. No chloroform was administered.

The next subject for operation was a child with cleft palate and hare-lip, the division in the latter being on the left side. The child being anæsthetised with chloroform, and the entire body and limbs swathed in the red cloth used at operations, so that the child should be completely steady, its legs and arms being thus fast bound, the nurse sat on one chair, while the operator sat upon another opposite to her ; the child was laid upon its back, with the back of its head resting between the knees of the operator. Seizing the right division of the upper lip and drawing it forwards from the gum, Mr. Fergusson proceeded to detach it from its connection ; having done the same on the left side, he then removed in his usual manner, by means of the scalpel, the tissues which formed the margins of the fissure, adopting at the lower or oral extremity of the lip the incurvation of the incision so as to adapt, without any puckering, the apposed points of the fissure. We remarked that Mr. Fergusson did not put in the lower needle first ; but in his hands, guided as they are by long and very great experience, such a manœuvre is warrantable, because practicable without any fear of future detriment to the patient ; the eye of the operator, accustomed to the most delicate apposing of structures, being capable of fully measuring any inequalities and of guiding him in bringing into the most perfect possible union those parts subjected to the operation. The two parts of the lips were united by the needles and figure of 8 suture, and were then painted over with collodion, which checked hæmorrhage, excludes the air, and tends to maintain the junction of the newly-rawed surfaces. The peculiar features of this case were : first, the fissure was a wide one ; and, secondly, there was a projection of the maxillary bone of the left side, though not of so great a prominence as to warrant its division or even bending back, the backward compressing force of the recently united lip being sufficient for the rectifying of this malformation. The patient was about six months old. This is not the period of life at which Mr. Fergusson prefers to operate ; when he can make it a matter of choice, he selects an earlier age.

The third case was a man of about middle age, of a stout habit of body, and of the sanguine temperament. But for the peculiar diathesis which led to the formation of this calculus, the health seemed to be perfect. A large staff with a good curve was first passed into the bladder to make certain of the presence of the stone ; this was withdrawn, and one of smaller size substituted, which was given into the charge of Mr. Wood. The perinæum had been shaved before the man came into the theatre. The rectum having been ascertained to be emptied, Mr. Fergusson made the superficial incision, in the course of which step the patient partially awoke from the chloroform ; and as his condition would not allow of its being pressed with him, the rest of the operation had to be accomplished under very great difficulties, owing to his restlessness and violent struggles. Notwithstanding all these obstacles, the stone was extracted with great expedition. It proved to be one of large size, and was likewise very rough on its surfaces : this latter character had in the sounding conveyed the idea that there might be a second stone present in the bladder ; but on closer visual examination of the calculus such was discovered to be an error, and exploration of the viscus, after the incision had been made into it, demonstrated the absence of any other foreign body than that which had been removed. The calculus was very hard. In this instance, lithotrity could not have been attempted; inasmuch as great irritability of the parts existed, and the using of instruments could not be tolerated, nor could the system be accustomed to their employment ; otherwise the stone might have been crushed. An additional difficulty existed in the fact of the perinæum being of unusual depth.

When this patient had been removed, Mr. Fergusson showed a man whose foot, some eighteen months previously, had been amputated by that form of operation known as Pirigoff's. The wound had quite healed ; there was no discharge, no tenderness in the stump ; and the patient walked with scarcely any perceptible halt. So complete, in fact, had the operation been performed, and so perfect was it in its results, that, with a false front extremity to the foot, no defect could be detected by the most scrutinising observer.

The last case operated on by Mr. Fergusson was one of congenitally divided soft palate, the division extending through the velum from its attachment anteriorly to the palatal bones to its termination in the point of the uvula. The steps of the proceeding were : first, the division of the levator palati with the knife peculiarly adapted to this purpose ; secondly, the removal of the margins of the cleft ; and thirdly, the bringing together of the bare, denuded surfaces, and keeping them in apposition by the aid of the silk sutures.

Mr. Wood then operated on a little boy who, some years previously, had received a severe burn of the right hand, and who, three years since, had undergone an operation for the cure of the malposition resulting from the cicatrix : the cure had not been effected and the thumb had become greatly incurvated upon the palm of the hand, so much so as to be wholly useless. As the muscles, though atrophied, were still present, it was thought that, by the performance of a plastic operation, some alteration could be produced which would render the member, at least in some measure, fit for use.

Passing the knife underneath the tense band of tissues which drew the thumb inwards toward the palm, and having brought its point out in the direction opposite to the aperture of entrance, the edge of the instrument was then turned to the tense band, which, rendered still more tense by traction, was in this manner divided. A flap was then taken from the lax integuments of the back of the hand, and brought downwards and forwards so as to cover in that portion of the palm which had been laid bare by the separation of the constricting band of the tissues involved in the cicatrix of the burn.

The apex of the integumentary flap was downwards, and the base was at the wrist, so that the arterial supply was in no way diminished, but was continued unimpaired, being

kept up, as before the operation, by the ramification of the vessels from above—that is, from the elbow toward the hand. The margins of the transposed flap were maintained in their new situation by means of the thread sutures; but before this was done, the bleeding from the denuded surfaces was checked as much as possible, and the parts carefully freed from any interposed blood: this was with the object of effecting union throughout the entire, by means of the first intention. The exposed parts of the palm of the hand, whence the flap was taken, were left to heal by granulation. Mr. Wood, in all these plastic operations, inculcates the absolute necessity, for the success of the operation, that the flap should have its base in the direction from which the branches of the arteries proceed; and he considers that one of the great sources of failure is to be found in the fact that the base is often placed in the wrong direction—that is, in such a manner as to have the vitality of the entire flap preserved merely by the recurrent or anastamotic branches of arteries. Another cause of want of success is the placing the flap in a constrained position, by which the vessels running into it, or coursing through it, are constricted. All the constricting bands which had bound down the thumb in its unnatural situation having been divided, the flap having been dissected out and transposed, and fixed in its new situation, the thumb itself was then brought into its proper position by the aid of bands of adhesive plaster, and was kept *in situ* by the same means. Over the raw surfaces, as well as over the flap, compresses of fine lint (wetted) were placed, and all was then enveloped in the folds of an ordinary roller-bandage.

The last case was one of a boy aged about sixteen years, who had been for some time the subject of flexion of the leg, upon the thigh, consequent, he said, upon an affection of the knee-joint. On examination, the knee-cap seemed fixed on the outer condyle by a species of anchylosis, either osseous or fibrous; there was also a certain amount of rigidity and contraction of the inner hamstrings, the foot was rotated outwards, and the sartorius muscle was not free from implication in the disease.

The patient was placed under chloroform, and Mr. Watson then proceeded to remove the deformity by forcibly extending the leg, which was done without very great difficulty, the tendons, and whatever adhesions were present, yielding readily in the course of the extension. The leg was subsequently placed upon a padded splint, and bound to it by means of a strong bandage.

UNIVERSITY COLLEGE HOSPITAL.

UNDER THE CARE OF MR. ERICHSEN.

We visited a patient who had been admitted some time previously for concussion of the brain, from the effects of which she was suffering at the period of her admission.

Injuries of the head may be divided into those involving the scalp, the scalp and bones, and those not alone implicating the structures we have just mentioned, but extending themselves deeper, so as to affect the membranes of the brain and the brain itself.

We shall now direct attention to the subjects—Concussion and Compression. By the former is implied a suspension of the natural actions and functions of the brain, dependent upon violence inflicted upon the cranium directly or indirectly; by the latter term, that there is a comatose condition, more or less perfect, induced by a compressive agency, either blood, bone, or the sequences of inflammation. But certain other conditions obtain besides the comatose; nor is this always complete.

There is a third condition produced by mechanical force applied to the head; it is that of cerebral irritation.

Of concussion, there are several degrees: but for all practical purposes these may be arranged under two principal heads, the first of which will comprise all the milder; while under the second we may range the severer and those having a fatal conclusion. First, then, the patient may not be at all deprived of consciousness, and there may be only a little vertigo and faintness, or he may feel an inability to walk or even to stand, attended or not, with a certain amount of nausea. Such are the symptoms that would exist in probably the mildest cases which do not, however, generally present themselves to the medical practitioner.

The next condition we would portray is that in which we find our patient lying at full length, stretched upon his back and motionless; the face pale and somewhat ghastly; the entire surface cold and blanched, harsh, rough, and rather dry; the breathing tranquil and natural; the pulse small, thready, irregular, feeble, or even intermittent. The state of the pulse is always very much influenced by the amount of unconsciousness; the pupils are very frequently contracted, though they vary very much in respect of the extent of their dilatation, their dilatability, and their response to the stimulus of light, the variation being likewise dependent upon the degree of force applied and the degree of shock sustained. There may be a semi-consciousness—that is, the patient can, when shaken and addressed in a loud voice, be aroused from his lethargy, made to understand and answer questions (which he does in a peevish, pettish manner, as he turns himself away from his interrogator); after which he will quickly lapse into the partial unconsciousness. The muscles, though not actually paralysed, are rendered feeble and flaccid, and the limbs are, in some instances, moved about as they might be in unquiet sleep; the sphincters, sharing in the general muscular prostration, will prove inefficient in their action, so that the fæces and urine will escape involuntarily.

And now, at this stage of the symptoms, will come the crisis. If the case should tend to an unfavourable issue, the symptoms we have above described will become aggravated in their character; the insensibility will become more profound and continuous; the nervous and muscular prostration more complete; the circulation, so feeble that the pulse can scarcely be felt; the eyes glassy; the skin cold; the features pinched; the pupils contracted or dilated to the extreme. In this moribund condition the patient may continue for some hours, when at length all the symptoms will be stayed in death.

If recovery be about to supervene after the crisis has passed away, the vomiting, which so often occurs in favourable cases, will have awoke the patient from his unconsciousness, excited not alone the languid circulation, but all the dormant energies, and will have proved, in fact, a general excitant or stimulant. The act of vomiting is in itself one of the most happy and encouraging symptoms, inasmuch as it shows that the system is alive to the injury.

The evidences of recovery will now manifest themselves: the heart's action becomes stronger; the pulse fuller; the surface soft and moist; the eyes less and less glazed; the features less pinched and altered, till they resume their wonted expression; the stupor less profound, until at length the brain regains its normal action, its supply of blood having been increased and sent to it with greater regularity.

The sequelæ of concussion may be: headache, varying in its intensity, being sometimes of a trivial nature, at other times of a most severe type; and unless the greatest caution be observed, that would quickly merge into the cephalalgia arising from inflammation of the brain or its membranes; vertigo; loss of memory; incapacity for mental work, or even for thinking; loss or impairment of one or more of the senses, more particularly of the power of hearing and smelling; irritability of temper and an inability to govern it.

The brain is in many instances rendered so excitable as to unfit the person for any employment in which the mind is called into undue action; and for the same reason the use of stimulants must be avoided. These conditions may exist for some time, and, as they continue, they will tend to weaken and exhaust the system the more, till *sudden* death terminates the sufferings. Strabismus, paralysis of the lids, amaurosis, loss of the virile power or of the muscular strength generally, priapism, irregularities of vision, a preternaturally slow pulse, may, one or more of them, be present as sequences of the lesion; but concussion may result in compression, or, owing to a too great

reaction, inflammation of the brain, or its coverings may be lighted up.

The pathological changes may in a number of instances be not at all traceable; but that certain changes *are* effected is indubitable, from the set of symptoms which succeed to the injury. Sometimes a peculiar appearance of the brain is found at the post-mortem examination; it is as though the interior of the organ were besprinkled with cayenne pepper. This was especially pointed out by Dr. Bright, and is to be observed when the horizontal section is made. It is dependent upon an over-filled and congested state of the vessels and some ecchymosis. If the injury be inflicted suddenly, the shock will be very much more severely felt than if it be inflicted slowly and even very much more violently. If the shock be very violent, the heart's action may be stopped immediately.

We now pass on to compression of the brain. This condition may be produced from depression of the bone; from the effusion of blood between the calvarium and the dura mater; between the meninges of the brain, or between the brain itself and its meninges; from the formation of pus within the cranium; or from the presence of some foreign body. The symptoms are pretty generally as follow, no matter what may be the immediate cause of them: coma, more or less complete—if there be only semi-unconsciousness, the patient may be roused by being shaken or spoken to in a loud tone of voice; paralysis, either general or partial; surface of the body cool, or warm, or even hot, moist, or perspiring; pupil sluggish in its action or dilated and insensible—one may be dilated, and the other either of its natural size or contracted; the respiration slow, deep, stertorous, and whiffy.

The stertor arises from paralysis of the velum pendulum palati, and the whiffiness in breathing from the same condition of the buccinator muscles. The urine is at first retained in the bladder because the detrusor muscle is affected in the same manner as the buccinator; but as the viscus is distended with its peculiar fluid, this latter flows away involuntarily, constituting that condition known under the name of "Stillicidium."

The character of the urine may be altered: it may become ammoniacal, or loaded with lithates or with phosphates, or it may contain even sugar. This last is the product of irritation or unusual disturbance at the base of the brain, more especially at the origin of the pneumogastric nerve. The fæces will be passed under the patient and wholly involuntarily. The coma may not be continuous, but alternate with delirium or a wakefulness, attended with a spastic condition of the muscles of one or other parts of the body. These last are symptomatic of cerebral irritation, and are not infrequently found to obtain where the membranes of the brain are lacerated.

It is hardly necessary to allude to a complication we may sometimes find in cases of compression; it is, inflammation of the brain or its coverings, or of both together. Unless the compressing agency be removed, this inflammation will run a very speedily fatal course, the person dying as though from an apoplectic seizure.

The symptoms of cerebral irritation are: first, those affecting the mind; and, secondly, those in which the body is chiefly concerned.

THE INSANE SCATTERED IN VILLAGES.—In the department of the Rhône (France), the authorities have decided that the insane and harmless paupers shall be placed with respectable country people on account of the great crowding of the asylums. It is expected that open-air life and plenty of healthful occupation will be extremely beneficial to the patients.

A WISE MEASURE IN PARIS. — A committee appointed by the municipal authorities is now visiting all the parish schools and refuges, so as to ascertain whether these establishments are organized with due regard to the health of the children. Public schools will likewise shortly be inspected.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XVIII.

ATROPIA.—This alkaloid and its sulphate were contained in the last London Pharmacopœia, but the atropia was only described in the Materia Medica, no process being given for its preparation. In the British Pharmacopœia the sulphate is omitted, but the alkaloid itself is described, and a process for obtaining it is also given.

The process is somewhat complicated to describe in detail. It consists essentially in preparing a tincture of belladonna root, agitating this with a little slaked lime, filtering, slightly acidulating the filtrate with sulphuric acid and evaporating it to one-fourth, or adding some water and again evaporating to one-third; then treating the residual liquid with carbonate of potash and shaking it with chloroform. The chloroform, holding the atropia in solution, is separated from the supernatant liquid and distilled to dryness. The residue is purified by re-solution in spirit and treatment with animal charcoal.

Atropia, when pure, occurs in the form of white silky prismatic crystals, which possess a bitter, nauseous taste. It is sparingly soluble in water, more so in ether, and still more so in alcohol and chloroform. Its aqueous solution exerts an alkaline reaction on litmus, and gives a bright, yellow precipitate with chloride of gold. Atropia may also be to a certain extent recognised by its power of dilating the pupil of the eye. The tests for its purity given in the Pharmacopœia are its entire solubility in ether, and the absence of ash when burned in the air.

Atropia exists in all parts of the belladonna plant, and may be readily extracted from the expressed juice of the fresh herb by means of chloroform. It also appears to be identical in its nature and composition with the crystalline principle obtained from the seeds of the *Datura stramonium*, and which was first named *Daturia*.

The composition of atropia has been accurately determined by Liebig and by Von Planta. It is $C_{34}H_{23}NO_6$, which is the formula given by the Pharmacopœia. There are two preparations of atropia now officinal—a liquor and an ointment. The liquor is prepared by dissolving four grains of the alkaloid in seven drachms of water and one drachm of rectified spirit. The ointment is obtained by dissolving eight grains of atropia in half a drachm of spirit, and then mixing with one ounce of lard.

BEBERIÆ SULPHAS.—This alkaloid is for the first time introduced into the Pharmacopœia. It is obtained from the Bebeeru bark which is yielded by the Greenheart-tree, a native of British Guiana. The wood is largely imported into this country, and used in shipbuilding. The tree is a species of laurel and belongs to the genus Nectandra. It has been named the *Nectandra Rodiei*, because Mr. Rodie, a navy surgeon, was the first to point out the peculiar febrifuge properties of its bark. Dr. Warburg's vegetable fever drops are said to be prepared from the fruit of this tree. The bark some time back attained considerable notoriety as a tonic, antiperiodic, and febrifuge; and it has been thought by some that the alkaloid bebeerine would constitute a valuable substitute for quinine.

Nectandra, or Bebeeru bark, is described in the Materia Medica as occurring in large flat heavy pieces from one to two feet long, from two to six inches broad, and about a quarter of an inch thick. External colour, greyish brown; internal, dark cinnamon-brown. Taste, strongly and persistently bitter, with considerable astringency. It is only ordered for the preparation of the sulphate of beberia.

There is considerable difficulty in preparing the salts of beberia, arising principally from the circumstance that the alkaloid and its salts are uncrystallizable. The process

given in the Pharmacopœia involves numerous details, which are essential to success, but tedious to describe. It consists essentially in exhausting the powdered bark by dilute sulphuric acid, concentrating the solution and precipitating by ammonia—exhausting the precipitate when washed and dried with spirit, evaporating the spirituous solution, and then carefully neutralising it with dilute sulphuric acid. The solution of sulphate of beberia so obtained is evaporated to a syrup, and spread on glass plates to dry.

Sulphate of beberia so obtained is in the form of thin translucent scales of a dark brown colour, appearing yellow when powdered. Its aqueous solution gives with caustic soda a yellowish white precipitate, which is dissolved by agitating the mixture with twice its volume of ether. The etherial solution, separated by a pipette and evaporated, leaves a yellow translucent residue, entirely soluble in dilute acids.

When this alkaloid was first examined, it was stated to have the same atomic composition as morphia; a more recent investigation, however, by Von Planta has shown this to be an error. The formula for the sulphate given by the Pharmacopœia is the one indicated by Von Planta; it is, $C_{38}\ H_{21}, N\ O_6, H\ O, S\ O_3$.

The dose of sulphate of beberia is stated to be one to three grains as a tonic, and five to twenty-five grains as a febrifuge.

BISMUTHUM ALBUM.—Following the example of the Edinburgh College, the compilers of the British Pharmacopœia have given the name "white bismuth" to the nitrate of bismuth of the London College. In so doing, they have undoubtedly adopted the most unscientific and the most indefinite of the many names which have been bestowed on this preparation. Failure has certainly attended many of the attempts to name this compound in accordance with the usual principles of chemical nomenclature. Nitrate, tetartonitrate, and trisnitrate have all proved exceptionable.

The name employed by the Dublin College, however—*i. e.*, subnitrate of bismuth—appears free from all objection, and we cannot but regret that it has not been adopted in the British Pharmacopœia.

To prepare white bismuth, according to the process now given, two ounces of coarsely powdered metallic bismuth are to be disolved in 2½ oz. nitric acid and 3 oz. of water.

During this part of the process a ter-nitrate of bismuth is formed, according to the following equation:—

$$Bi + 4\ No_5 = Bi\ O_3\ 3\ No_5 + No_2.$$

When effervesence has ceased, heat is to be applied for ten minutes, and the liquid decanted from any undissolved particles. The solution is to be evaporated to two ounces and then poured into half a gallon of water. When the precipitate has subsided, the supernatant liquid is to be poured off, and a fresh half-gallon of water added. Lastly, the precipitate is to be drained and dried at 212°.

When the solution of nitrate of bismuth, produced as described, is poured into a large quantity of cold water, a decomposition occurs in which the water takes a large portion of the nitric acid of the salt, while oxide of bismuth is precipitated, still retaining a portion of the nitric acid. The liquid which is poured off contains a large quantity of free nitric acid, holding a little nitrate of bismuth in solution, while the precipitate contains some nitric acid combined with a relatively large quantity of oxide of bismuth. The proportion of the acid to the oxide, however, is liable to considerable variation and is greatly influenced by the amount or duration of the washing the precipitate is subjected to. Fresh water removes more acid from the compound, and thus alters its composition. Dr. Edwards has shown that the proportion of nitric acid actually varies from 3 to 18 per cent. To ensure, as far as possible, uniformity in the product, it is essential to follow rigidly the proportions indicated in the process.

The inconvenience of employing chemical formulæ in a Pharmacopœia is again evidenced by this preparation. It is represented as $Bi\ O_3, NO_5$.

The tests given for the purity of white bismuth are, that it dissolves in nitric acid without effervescence, and that its solution gives no precipitate with dilute sulphuric acid.

REVIEW OF BOOKS.

Lectures on the Elements of Comparative Anatomy. By Thomas Henry Huxley, F.R.S., Professor of Natural History, Royal School of Mines; and Professor of Comparative Anatomy and Physiology to the Royal College of Surgeons of England. *On the Classification of Animals and on the Vertebrate Skull.* 8vo. pp. 303. London: Churchill and Sons. 1864.

Handbuch der Zoologie. Von Wilh. C. H. Peters, Prof. der Zoologie und Director des Kön. Zoolog. Museums in Berlin; Jul. Victor Carus, Prof. der vergleichenden Anatomie in Leipzig; und C. E. Adolph Gerstaecker, Docent der Zoologie an der Universität zu Berlin. Zweiter Band. *Arthropoden*, bearbeitet von A. Gerstaecker. Pp. 642. Leipzig, 1863.

(*Manual of Zoology.* By Wilhelm C. H. Peters, Professor of Zoology and Director of the Royal Zoological Museum of Berlin; Julius Victor Carus, Professor of Comparative Anatomy at Leipsic; and C. E. Adolph Gerstäcker, Teacher of Zoology in the University of Berlin. Second volume, Arthropoden. Edited by A. Gerstäcker. Pp. 642. Leipsic, 1863.)

(Continued from page 380.)

The third lecture treats of the ECHINODERMATA, SCOLECIDA, ANNELIDA, CRUSTACEA, ARACHNIDA, MYRIAPODA, and INSECTA. The first group in this list, the ECHINODERMATA, comprises the star-fishes, sea-urchins, sea-cucumbers, feather-stars, &c., marine animals which, while differing extremely in outward appearance, present a more or less definite radiate appearance, and hence were included by Cuvier in the RADIATA. The most remarkable character of the *Echinodermata* "is the nature of the embryo and the strange character of the process by which the adult form is originated, by a secondary development, within that embryo;" in the larval state (with possibly one or two apparent exceptions), there is no trace of radial symmetry, the young echinoderm exhibiting as complete a bilateral symmetry as annelids or insects. These remarkable metamorphoses were first noticed by the great German physiologist, Professor Müller, and were described by him in seven memoirs "On the Larvæ and Metamorphoses of the Echinodermata," that appeared in the 'Abhandl. d. Berlin. Akad.,' between the years 1846 and 1854; but they were little known in this country until Professor Huxley published, in the 'Annals of Natural History' for 1851, an admirable *résumé* of Müller's labours as far as they had then extended. The second group, the SCOLECIDA, has given naturalists more trouble than any other. Professor Huxley makes it include the *Rotifera* (or wheel-animacules), the *Turbellaria*, the *Trematoda* (or flukes), the *Tæniada* (or tapeworms), the *Nematoidea* (or threadworms), the *Acanthocephala*, and the *Gordiacea*. Of these, all but two—the *Rotifera* and *Turbellaria*—are parasitic. The principal bond of union between the members of this group is, that the first four have been proved to possess what is termed a *water-vascular system*—a remarkable set of vessels which communicate with the exterior by means of one or more apertures situated upon the surface of the body, and branch out more or less extensively into its substance; while there are good analogical grounds for suspecting the existence of this system in the remaining three. Some idea of the difficulty of classifying this group may be inferred from the fact that the *Rotifera*, after being placed amongst the *Entomostraca* (an order of minute crustaceans) by Nitzch and Bory de St. Vincent, were removed to the *Infusoria* by Ehrenberg and Dujardin. From this decidedly false position they were rescued by Wiegmann, Milne Edwards, Siebold, Vogt, and Leuckart, who placed them among the *Vermes;* whilst Burmeister and Leydig are in favour of sending them back to the crustaceans. Siebold observes that "they differ widely from the crustaceans" ('Com-

parative Anatomy of the Invertebrata,' translated by Burnett, p. 141), and has brought forward strong anatomical arguments in favour of his opinion. Owen remarks that they "are more nearly related to the lower *Crustacea* than they are to the *Echinodermata*" ('Lectures on the Comparative Anatomy and Physiology of the Invertebrate Animals,' 2nd Edition, p. 15). Victor Carus, one of the contributors to the German work on zoology, whose title stands at the head of this article, and one of the highest continental authorities on the anatomy of the *Invertebrata*, places them in a supplement to the *Arthropoda*, without, however, believing that they belong to the *Entomostraca;* while Professor Huxley, in a subsequent lecture, proposes that the *Scolecida* (including, of course, these vagrant *Rotifera*) should, together with the *Echinodermata*, find a home in the *Annuloida*, which he now regards as a distinct primary division of the animal kingdom, and not as a subdivision of the *Annulosa*. After leaving these unsatisfactory *Scolecida*, our author passes on to the ANNELIDA, a class of large extent, containing the leech, the earth-worm, the lob-worm, the sea-worm, and the *Serpula*, one of the most common and beautiful inhabitants of our marine aquaria. The following are the chief points in which they differ from the succeeding classes:—(1) Although the body is often divided into segments (each of which corresponds with a single pair of ganglia, which are arranged nearly as in the crustaceans), and each segment may be provided with a pair of lateral appendages, these appendages are never articulated, and are never so modified as to be converted into organs of mastication. (2) No annelid ever possesses a heart comparable to the heart of a crustacean or insect, but a system of vessels with more or less contractile walls, and containing a clear red or green fluid, is commonly observed, which has been termed the "pseudo-hæmal" system, and sends prolongations to the respiratory organs. (3) The embryos of annelids are very generally ciliated, and cilia are almost invariably developed in some part or other of their organism. The last four groups of the invertebrata—viz., the CRUSTACEA, ARACHNIDA, MYRIAPODA, and INSECTA, are better known to the majority of our readers than those which have been previously noticed, and may be passed over without comment, except that we may incidentally remark that a word of explanation as to what was meant by a "Telson" and an "Oostegite" (see fig. 25), would probably have not been out of place in these days when it is the fashion to decry the study of the Greek language. Some twenty years ago a medical student of fair ability confidentially asked us, at about the close of his first winter session, whereabouts the human gizzard was. He is now doing an excellent general practice, and has the character of being rather addicted to science than otherwise. If by any unhappy chance he falls on these lectures, he will doubtless make anxious inquiry of us regarding the position and functions of his "Telson," and we regret to say that we do not know of any readily accessible source of information to which to refer him.

Passing over the fourth lecture, which treats of the classification of the VERTEBRATA, we arrive at what we consider the most important lecture in the series—that, namely, in which the arrangement of the classes into larger groups is discussed. Mammals, birds, reptiles, amphibians, and fishes present so many points of resemblance to one another, and have so many points of difference from all other animals, that, by universal consent, they are admitted to form the group of VERTEBRATA, which takes its place as one of the primary divisions, or "sub-kingdoms," of the animal kingdom.

Most zoologists regard the four classes of *Insecta*, *Myriapoda*, *Arachnida*, and *Crustacea* as forming a division to which the terms ARTICULATA and ARTHROPODA have been applied, the latter being now usually regarded as the better appellation. Considering the close resemblance between the arrangement of the nervous system which exists in the ARTHROPODA and ANNELIDA, Professor Huxley proposes that, although in most other respects they differ widely from each other, they should be associated into one great division, or "sub-kingdom," of ANNULOSA; while the *Echinodermata* and *Scolecida* are placed in a small sub-kingdom of their own, to which the term ANNULOIDA is applied. He throws the *Cephalopoda*, *Pteropoda*, *Pulmogasteropoda*, and *Branchiogasteropoda* into a group, to which he assigns the name of *Odontophora*, in consequence of their all possessing that remarkable buccal apparatus, the odontophore, which we have already described. The *Odontophora* and *Lamellibranchiata* constitute the sub-kingdom MOLLUSCA; while the *Ascidioida*, *Brachiopoda*, and *Polyzoa* differ so widely from the higher molluscs, and present so many features in common, that it is better to regard them under the title of MOLLUSCOIDA, as forming a separate division of the animal kingdom, than to make them a mere appendage to the former. The next two classes—the *Actinozoa* and *Hydrozoa*—constitute one of the most natural divisions of the animal kingdom, to which the term CŒLENTERATA, first suggested (in 1847) by Frey and Leuckart, is now almost universally applied. To those who desire to become acquainted with the structure and classification of these animals, we can strongly recommend Professor Greene's 'Manual of the Sub-kingdom Cœlenterata,' as containing an admirable *résumé* of our knowledge in this department of zoology. There now only remain the groups of *Infusoria*, *Spongida*, *Rhizopoda*, and *Gregarinida*, and these are usually associated into the sub-kingdom PROTOZOA. Professor Huxley, however, confines the term PROTOZOA to the last three groups, and raises the INFUSORIA to a separate sub-kingdom, mainly on account of their analogies with the lower ANNULOIDA.

In conclusion, he sums up his results by stating that, "in the present state of our knowledge, the whole animal kingdom is divisible into eight primary categories or groups, no two of which are susceptible, in the present state of knowledge, of being defined by characters which shall be at once common and diagnostic."

These groups are the—

VERTEBRATA.

MOLLUSCA.	ANNULOSA.
MOLLUSCOIDA.	ANNULOIDA.
CŒLENTERATA.	INFUSORIA.

PROTOZOA.

Those of our readers who studied their natural history fifteen or twenty years ago will be especially struck with the fact that Cuvier's sub-kingdom RADIATA no longer exists. The *Polyzoa* have been assigned to the MOLLUSCOIDA, the *Actinozoa* and *Hydrozoa* now constitute the CŒLENTERATA, the *Scolecida* and *Echinodermata* are now to be found amongst the ANNULOIDA, while the lowest members of the RADIATA, the *Infusoria*, *Rhizopoda*, &c., have been raised by Siebold and his school into the sub-kingdom of the PROTOZOA, at which Professor Huxley is now throwing the first stone.

This work will deservedly add to the author's high reputation. It is not altogether the book to place in the hands of a mere anatomical tyro, with the hope that he will derive from it any systematic information on the elementary principles of comparative anatomy, but it should be carefully studied by everyone who has mastered the elements of that science, and especially by every teacher in this department of knowledge. The non-complimentary remarks on Professor Owen are comparatively few, and the pugnacity for which Professor Huxley enjoys so high a character shows itself less unpleasantly than we anticipated; but a foot-note to p. 89 indicates that a great battle—greater, probably, than those regarding "the posterior horn of the lateral ventricle" and "the hippocampus minor"—is shortly to be fought in favour of a *corpus callosum* in the non-placental mammals.

Lectures on the Diseases of Women. By Charles West, M.D., F.R.C.P., Examiner in Midwifery to the University of London. Third Edition, pp. 687. London: Churchill and Sons. 1864.

The diligence with which the diseases of women are studied in the present day is abundantly proved by the numerous works which exist upon the subject, and among them that of Dr. West has long held a conspicuous position. The author belongs to the cautious rather than the speculative

order of practitioners and writers; and while many of his contemporaries have distinguished themselves for the boldness of their views, or the daring nature of their operations, Dr. West has rather shown himself the friend of conservatism than of innovation in obstetric science and practice. Thus, in the perusal of his pages, the student or the practitioner is in no danger of being led away by rash theories, or being recommended to resort to brilliant, though dangerous feats in practice; he will rather learn to doubt the value of any theory until its truth has been satisfactorily proved, and to question the expediency of an operation until its success has been completely tested. The present edition of this work does not materially differ from those which have preceded it, but Dr. West has availed himself of the current literature of obstetrical medicine, to make such alterations and modifications of his views as seem to be warranted by the circumstances of the time. On the subject of the so-called inflammation and ulceration of the os and cervix uteri, he maintains his former opinion as to the comparatively unimportant character of the conditions so named, and in this opinion he is confirmed by the recently published views of Scanzoni. He has considerably amplified the chapter relating to uterine hæmatocele; and on the subject of ovarian disease, he frankly admits that his views have undergone a considerable change, and that he now regards the operation of ovariotomy as justifiable and advisable in many cases, and as one of the legitimate proceedings of modern surgery. He gives, however, a summary of the indications and contra-indications for the operation, and advises that its perils should be fully explained to the patient before it is undertaken.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number commences with the first of the course of lectures now in progress of delivery at the College of Surgeons of England by Professor FERGUSSON, "On the Progress of Anatomy and Surgery during the Present Century." The very same lecture is reported in the present number of the 'Medical Times and Gazette' and we have given an abstract of it elsewhere. The following sketch of Mr. Liston, the late eminent surgeon, will be appreciated by those who were acquainted with that gentleman:—

"Mr. Liston's fame at this date (1825), particularly as an operator, was well-nigh as great as at any period of his comparatively short but brilliant career. In after-years his soundness as a pathologist became more conspicuous; and the numerous valuable preparations in the museum of this College which formed part of his collection bear ample testimony to the greatness of his doings in practical surgery. Both he and Mr. Syme had already published those remarkable essays on Amputation which, with the example set by their practice, went far to give that development to the flap operation since attained. Many circumstances contributed to give Mr. Liston early fame in Scotland. A well-developed frame, a broad forehead, a strongly-marked, handsome countenance, indicative of great courage and decision, and an eye of piercing brilliancy and great expression, at once impressed those who sought his aid with a conviction of his powers. With these were associated a hand alike marvellous for its great size, its silent expressiveness, its vigorous firmness, its lightness, and its dexterity. It was aptly said of it by a distinguished lay contemporary and admirer, the late Lord Robertson—'If hard as iron and true as steel in the theatre of operation, it is soft as thistle-down when applied to the throbbing pulse or aching brow.' The remembrance of that hand is still fresh on my memory.

"Some early operations of great magnitude and comparative novelty, aided by a certain amount of jealous opposition which merit is sure to call forth, brought Mr. Liston's fame impressively before the public; and among his achievements may be mentioned the successful removal of a scrotal tumour of more than forty pounds' weight—the first operation of the kind ever performed in this country—and successful ligature of the subclavian, which had been essayed in vain by Ramsden and others in Britain.

"When personal recollections have passed away, there will remain much to associate Mr. Liston's name with surgery, but the greatest features of his teaching powers will be forgotten. With less than average facility of speech, he had a manner in all that he did before his pupils that produced the deepest impression; and there was a style in his operations which has had more influence in this department among a large number of pupils than has been produced, as far as I can make out, by any other man in the history of surgery. Only those who have seen him can thoroughly appreciate what I now say."

Mr. HOLMES COOTE gives a brief report of "Two Cases of Partial Paralysis of Muscles of the Leg, attended with Talipes Equinus, in Infants, resulting from Measles." The nature of the cases consisted in a lesion of the spinal cord, or of its membranes, during the course of the eruptive disease. The progress of the affection is marked by the increasing disparity between the two limbs. The treatment consists in attention to the general health, attempts to maintain the circulation of the limb by the aid of warmth, friction, and electricity, and finally by bringing the raised heel to the ground by means of tenotomy, the use of Scarpa's shoe, and the employment of irons.——Mr. G. CRITCHETT gives "A Description of a New Instrument for the Extraction of Cataract;" he names the instrument the "vectis spoon," from the spoon-like form of its end, and its use in bringing away the cataract. It is not adapted for soft cataracts, but in the case of all varieties of hard ones, in which the linear extraction (after the manner proposed by Schüft, of Berlin) is performed, this instrument appears to be both safe and easy in its manipulation. It is passed behind the cataract, and when it begins to be withdrawn, it slightly imbeds itself in its substance, and *draws* the cataract (hence the name vectis) through the corneal opening.——Dr. CHARLES EDWARDS, in a short contribution to the science of surgery, relates "A Case of Sero-sanguineous Cystic Tumour of the Thyroid Gland." The tumour was very large, measuring from above downwards nine inches and a half, and ten and a half transversely. The tumour was first examined by an exploring needle, and then a trocar was introduced, by which about twenty ounces of coffee-coloured fluid were drawn off, and tincture of iodine was injected into the cyst. Symptoms of iodism were produced, but subsequently the tumour was very much reduced in size.

THE 'MEDICAL TIMES AND GAZETTE.'

The present number contains the opening lecture of Professor FERGUSSON, upon "The Progress of Surgery during the Present Century." The entire course of lectures—only six in number—will be devoted to the elucidation of this subject; Mr. Fergusson has, therefore, thought it preferable to "select several subjects in which he has taken special interest, and had peculiar opportunities, and to lay them before his hearers in such a way as to give novelty and attraction." Reference is made to "the period of calm' which prevailed about the year 1825, but

(Continued at page 400.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 15, 1864.

A PROSECUTION BY THE COMMISSIONERS IN LUNACY.

It appears that a Mrs. Sophia Leander is the principal or the manager of an establishment at Chiswick, entitled The Ladies' Institution of the United Kingdom for Females of Weak Intellect. From the published reports of the proceedings from year to year, we learn that it was established in 1855, that it is designed for the benefit of the industrial classes, that it is partly self-supporting and partly sustained by charitable contributions, and that it is entirely under the government of ladies. The class of maladies for which the regimen of the institution is intended is not very clearly defined; but, from what we learn from authentic sources, it seems that it has been found available for cases which would be excluded from an hospital, and would be unsuited for, or inadmissible at, a lunatic asylum. The chief inmates of the establishment, in fact, are those poor unfortunate children (in this particular instance, of the female sex) who have been the subjects of epileptic and paralytic seizures, and who, without any hereditary predisposition to insanity, have been retarded in their intellectual development by one or other of the cruel and mysterious maladies to which we allude. It need scarcely be said that these poor creatures, the number of whom, unhappily, is daily increasing among us, and for whose cure the powers of medicine are too often invoked in vain, are scarcely to be considered insane in the real sense of that word. It is true, as we have just stated, that, from the repetition of epileptic shocks or the exhaustion of nervous power, the intellectual faculties are often blunted, and the ordinary work of education is necessarily arrested, but still these poor children are capable of considerable enjoyment, in spite of their affliction, and they may be said to be never dangerous to anyone but themselves—the chief peril, in fact, arising from the nature of the disease itself, which requires constant care and supervision. We only appeal to everybody's melancholy experience in stating that no classes of society are exempt from the visitations of epilepsy among their offspring; and while the rich are enabled to make ample provision for the care of such cases, and the poor resort to the shelter of the workhouse, there is absolutely no definite course available for the middle classes whose children may be subject to this visitation. They cannot avail themselves of the charity doled out to paupers, they may be unwilling to send their children to lunatic asylums, they may be unable to provide sufficient superintendence and accommodation at home. For such persons, an institution like that superintended by Mrs. Leander seems especially well suited, as it offers the advantages of an airy and salubrious situation, kind treatment, and watchful care.

It may be stated at once that no complaint has ever been made against the establishment, the parents or friends of the unfortunate inmates seem to have been perfectly well satisfied with the treatment adopted, and a large number of voluntary contributions to the funds of the institution has been received from all parts of the country; but the Commissioners in Lunacy have visited the house, and have indicted Mrs. Leander at the Central Criminal Court for a misdemeanour, in receiving lunatics without having taken out a licence. The evidence was very short, and of a purely technical character; no accusations of misconduct were made against any official of the establishment; it did not transpire that any of the inmates had ever injured anybody, or that any complaints had ever been made against the house or the manner in which it was conducted. One medical witness was called to prove that, in his opinion, some of the inmates were insane, and Mrs. Leander, through her counsel, declared that they were not; and eventually the jury returned a verdict of "Guilty."

We do not allege that the Commissioners in Lunacy have conducted the prosecution in a harsh or vindictive manner. Notwithstanding the verdict of "Guilty," no punishment was inflicted and none was asked for, the defendant being only required to enter into her own recognizances to appear for judgment if she should be ordered to do so. It was understood, however, that she was to comply with the orders or directions of the Commissioners as to the future conduct of the establishment over which she presides, and it was even stated that they would compel her to close it altogether.

In a mere dry and legal sense, Mrs. Leander is no doubt guilty, inasmuch as a competent witness has sworn that some of the unfortunate inmates of her establishment are not in a healthy condition of intellect; but if, in the absence of any charge of mismanagement, the middle or lower classes of society are to be prevented from sending their epileptic children to an institution such as that at Chiswick, and are to be compelled, at great expense, and at a painful sacrifice of feeling, to drive them into lunatic asylums, will not a great wrong be inflicted upon the public? In the present instance, it is possible that sufficient care has not been taken to select the cases; but still, if our information is correct, the deficiency or perversion of intellect described as existing in some of the patients is entirely due to the paroxysmal outbreaks of disease of the nervous system, and, although it may be legally regarded as insanity, it can be comprehended in that term only in the same sense as a case of fever, or of a mechanical injury to the head, or of certain kinds of indigestion, or of some peculiar forms of puerperal disease.

If then, to these well-known instances in which intellectual disturbance is known to occur, cases of infantile epilepsy or paralysis are to be added, and all such cases are to be ranked as lunatics and consigned to lunatic asylums, then indeed the class of lunatics will be enormously augmented in number, and hardly a family in the great European commonwealth will escape the reproach of being infected with the taint of insanity. Some cases of

epilepsy, it is true, are slight, and others are severe ; some are transient in their nature, others chronic ; some speedily terminate in death ; some result in sudden and unexpected recovery. In all, however, the intellectual faculties are more or less impaired, and it would be a matter of surpassing difficulty to draw the line between the sane and the insane.

But while thus drawing attention to the late prosecution, which is of far greater importance to society than the public are aware, and while giving full credit to the Commissioners in Lunacy for their zeal in doing what they conceive to be their duty, we cannot but observe that, while they are seeking to drive poor harmless epileptic or paralytic children into the lunatic asylums, they seem entirely powerless in controlling those dreadful cases of homicidal insanity which are daily causing consternation, and which are filling the obituary with murders and suicides. Not long ago, the metropolis was startled with a tale of horror, in which a man, his wife, and two children were all simultaneously sacrificed by the former ; and only last week a poor homicidal maniac murdered his own brother in cold blood. It turned out that in both these cases continual representations were made by the relatives as to the dangers which threatened them, but the warnings and the supplications of the helpless victims were unheeded. The wretched men were both *apparently* well, as far as society could tell, and the Commissioners in Lunacy, if they had been appealed to, would, no doubt, have declined to interfere. But a crusade against a few feeble epileptics is a safe game, which gives the Commissioners very little trouble, and can involve them in no responsibility.

SUMMARY OF THE WEEK.

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

The excitement in reference to the choice of councillors at the College of Surgeons appears to increase as the day of election approaches. There are three vacancies, caused by the death of Mr. Green and the retirement, in rotation, of Mr. Gulliver and Mr. Hancock, both of the latter of whom, however, offer themselves for re-election, Mr. Gulliver having served the whole term of his office, but Mr. Hancock having served only one year. An attempt is again to be made to return a provincial member to the Council, and Mr. Turner, of Manchester, is to be put forward by the country party, who might succeed in returning him if they mustered in sufficient numbers. Mr. Curling and Mr. Le Gros Clark will receive great support from the London Fellows, and both are quite worthy of the distinction which their friends propose to confer upon them. Mr. McWhinnie, it is said, will also offer himself as a candidate, having arrived at the period of seniority when he is justified by usage in seeking the suffrages of the Fellows. Mr. McWhinnie was long connected with St. Bartholomew's Hospital, where he filled several important posts with great credit to himself and satisfaction to the students of that institution.

REMOVAL OF THE SITE OF THE GLASGOW UNIVERSITY.

Those who have seen the metamorphoses effected in the streets and buildings of our own metropolis by the extension of railways will hardly be astonished to learn that the venerable pile constituting the University of Glasgow has been purchased by a railway company, and that the site of the University is to be removed from the centre of the city of Glasgow to the suburbs. That this change will shock many of those who look with almost a superstitious regard upon the dark and somewhat gloomy edifice where they imbibed the elements of knowledge is very probable ; but there is no doubt that the change will be for the better, and that a new and more spacious structure, away from the city, will more adequately represent the dignity of science than the present obscure and time-worn walls. The new site has been bought by the University authorities in a beautiful piece of ground at some distance, and we congratulate our Glasgow friends on the prospect of the new College, which will rise like a phœnix from the ruins of the old one, and is, we venture to hope, destined not only to perpetuate, but to enhance the prosperity of the University.

THE CASE OF STONE *v.* STONE AND APPLETON.

About a year since we commented upon this remarkable case in the Divorce Court, where the petitioner sought for a divorce from his wife on the ground of her adultery with Mr. Appleton, a medical practitioner, who had attended her in her illnesses. Mr. Appleton did not appear, and the jury brought in a verdict in favour of the petitioner, with 2,000*l.* damages against Mr. Appleton, the co-respondent. Since the verdict attempts have been made to obtain a new trial on the part of the wife, and at last these efforts have been successful. The interesting part of the case, so far as it relates to medical practitioners, is, that Mr. Appleton, who is now in America, writes, through his solicitor, to state, on his oath, that he is entirely innocent of the charge made against him ; that he left England solely on account of his own private and pecuniary affairs, and without any reference to, or knowledge of, the proceedings in the Divorce Court, and that he knew nothing of the suit until he read, in America, that a verdict had been returned against him. We expressed, at the time, our incredulity of the accusations made against Mr. Appleton ; and doing little more at present than making the above allusion to the case, we may state that Mr. Appleton's version of the matter is quite consistent with all the known facts, and that his account appears to be a genuine statement of the truth as far as he is concerned.

LONDON HOSPITAL. — The foundation-stone of the new west wing of the London Hospital is to be laid by his Royal Highness the Prince of Wales on the 4th of July next.

MERCY HOSPITAL.—The following staff have been recently appointed to the Mercy Hospital, Henry street, Cork :—Senior Physician, Dr. O'Connor ; Senior Surgeon, Dr. Francis Bullen ; Junior Physicians, Dr. Cremen and Dr. O'Callaghan ; Junior Surgeons, Dr. Wycherly and Dr. O'Keeffe ; Consulting Surgeon, Dr. D. B. Bullen.

REVIEW OF THE PERIODICALS.

(Continued from page 397.)

which, it is shown, has been succeeded by a bright era in surgery; and the names of those who have ornamented this era are enumerated. Just and special tributes of praise are paid to Syme, Liston, and Lizars. The careful study of surgical anatomy is inculcated; not, indeed, "Investigations on ill-defined and obscurely-developed quantities," nor mere "transcendentalism," but observations in that "commonplace, but common sense anatomy which is of essential service to the practical surgeon." The improvement in surgical appliances and dressings, and in the treatment of wounds, calls forth a special eulogium. This improvement is shown to consist in a greater simplicity, and a more determinate effort to *follow* in the steps of Nature than was formerly adopted. The advantages gained by the more common use of stitches (in which Mr. Fergusson gives the preference to the silk thread) is pointed out, and the success of vesico-vaginal fistula, of cleft palate, and of gastrotomy, is considered to be somewhat attributable to this *simple* mode of treatment. The present method of removing stone in the bladder, namely, by lithotrity, instead of lithotomy, is likewise dwelt upon as indicative of progress in surgery. The treatment of distortions, by the subcutaneous division of those tissues which caused the malpositions, is, perhaps, the most striking example of modern improvement. In operations for cleft palate there is a vast diminution in the number of failures, and this diminution is ascribable to the division of the levator palati on each side; while the success attendant upon Taliacotian operations is declared to be more complete than was at first supposed to be possible. Allusion is made to the invention of such aids to surgical science as the stethoscope, microscope, laryngoscope, and ophthalmoscope. The achievements in conservative surgery, exhibited in resections, are not omitted; while the value which attaches to anæsthetic agents is deemed by Mr. Fergusson of such importance, as to claim for such agents a position scarcely inferior to the results of the labours of Harvey and Jenner. The lecture is brought to a close by adverting to the improvement in the means of education, and to the advantages gained by the establishment of professional societies and journals.——The Rev. S. HAUGHTON, M.D., T.C.D., communicates a paper, entitled "Notes on Animal Mechanics." This, the first article, is "On the Muscular Mechanism of the Hip-joint in Man." He gives two postulates: first, "that the amount of work done by a muscle in a given time is proportional to its weight—*i.e.*, to the number of muscular fibres in contraction;" secondly, "that the mean lengths of the different muscles employed at each joint are proportional to the perpendiculars let fall from the centre of motion of the joint upon the directions in which the muscles act." From the amount of muscle there must be a deduction made proportionate to the quantity of fascia and cellular tissue comprised in it. The corollaries are: first, "the moment of each muscle, with respect to the centre of the joint, is proportional to its weight;" secondly, "the weights of the muscles surrounding the joint may be regarded as moments of the forces, and may, therefore, be compounded by the law of composition of moments or couples." The problem to be solved is:—"Find the simplest planes passing through the centres of motion of the body on the pelvis, and of the hip on the thigh, to which the forces of the muscles of the hip-joint can be referred." There are illustrations (drawings of the os innominatum) for the purpose of explaining the author's views.——Mr. JORDAN continues his "Surgical Inquiries," the subject now considered being a simplification of the extra peritoneal operation in the varieties of strangulated hernia; with observations on the anatomy of hernia. The operation he advises in cases where the hernia is strangulated and not returnable by the taxis is characterised as "simple, slight, free from danger, and giving the power of employing the taxis with almost certainly felicitous results;" and in its nature, "an almost subcutaneous incision into the fibrous margin of the constricted aperture, the peritoneum being uninjured and even unapproached." The danger of the peritoneal operation, the facility of diagnosing gangrenous bowel, the risk incurred by exposure to the air, and by handling the bowel when inflammation of it is far advanced, are all pointed out. Some cases are adduced to show that, after many days of strangulation, genuine adhesions do not occur. One of the principal objects of his operation Mr. Jordan declares to be the avoidance of "injury to that inflammable portion of the peritoneum called sub-peritoneal fatty fascia."

'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

Ascarides.

Some short time since, the 'Bulletin de la Société de Médecine de Besançon' published a paper by Dr. Lebon on the diagnosis of verminous and tubercular meningitis. In the course of eight years' practice at Besançon, the author states that he observed thirty-five instances of meningitis, twenty-nine of which were apparently caused by the presence of worms, and every case, save one, ended favourably; the six remaining patients were affected with granular inflammation of the cerebral envelopes, and died. Here, therefore, we have a large collection of cases which seem peremptorily to demonstrate the existence of verminous meningitis, at least at Besançon. The entire problem rests, however, in the correct interpretion of the facts observed. Although the contact of the ascarides with the intestinal mucous membrane may undoubtedly give rise to very serious morbid manifestations, all that has been said on the subject of the sympathetic disturbances, and more especially of the cerebral symptoms occasioned by the entozoa, must be received with great reserve. The cases adduced in illustration of this influence have been brought forward by perfectly trustworthy observers, and although sometimes marvellous in appearance, must be regarded as strictly true; their interpretation only is plainly open to discussion. Indeed, we may safely say that in few questions of pathology has the *post hoc* been more readily assumed to imply the *propter hoc*, and more frequently given rise to a confusion between coincidence and cause and effect.

Such is the brief summary of the two interesting introductory lectures of Mr. H. Roger's summer course at the Hospital for Infancy.

The Professor aptly quoted Voltaire's remark, that the best of all possible worlds is but a field of slaughter, in which each animated being is more or less engaged in the

amiable occupation of devouring his neighbour; and he represented the human subject as the natural prey of numberless parasites, and as an illustration of the philosophical axiom that Nature watches with careful solicitude over the preservation of the different animal genera, but takes slender account of individuals. Man, however, is capable of self-defence, and, thanks to the progress of public hygiene, will, it may reasonably be hoped, eventually triumph over some of his intimate enemies, an expectation encouraged by the gradually decreasing numbers of lumbrici and of trichini in the population of Paris, now supplied with a fair allowance of pure water, and with healthy pork-flesh.

The belief in the spontaneous development of entozoa within the human body has been discarded. The doctrine of spontaneous generation is replaced by the principle, *omne vivum ex ovo*. Davaine's microscope has revealed the existence of the ovum of several of these parasites, and it is a singular fact of natural history, that this egg, although laid in the visceral cavity, is hatched within the body, and becomes the instrument of further generation only after having been expelled from the intestine, and gathered the elements necessary to its further development. In his valuable *Traité des Entozoaires et des Maladies Vermineuses*, Mr. Davaine has shown that the ova of the trichocephalus and of the lumbricus are passed with the fæces, and are developed out of the human body, to which they return still in the egg state, but now containing an embryo, which acquires its full growth in the course of six or eight months in winter, and one month at least in summer. This embryo may live one or two years, and in that space of time easily be conveyed, by rain-water, into the rivers, rivulets, and wells which supply water for drinking or for culinary purposes. The ova may thus again reach the human digestive organs, and there acquire the degree of maturity necessary for the birth of the helminth; but in these successive migrations the ovum naturally encounters many causes of destruction. It is, moreover, a fully demonstrated fact that it is arrested by filters; hence, worms are infrequent in Paris, where filtered water is chiefly used; and although they are sometimes met with in children, the entozoa are seldom sufficiently numerous to occasion serious disease. The explanations offered by modern naturalists throw, therefore, considerable light on the obscure history of helminths, and show that the causes to which their existence has hitherto been ascribed are utterly undeserving of credit.

When the egg has thus been again deposited in the human intestine, it there meets with circumstances favourable to the growth of the worm, of which we must avow ourselves ignorant. Childhood has, in this respect, been viewed as a predisposing cause, but Mr. Roger remarks that if entozoa are more common between the ages of three and ten than at any other period of life, the circumstance is accounted for by the fact that children, more especially in the country, are liable to wander about, and drink from whatever source may be nearest at hand, without any care of the quality of the water. We may adduce, in further proof that the ingestion of impure and unfiltered water has a greater share in the production of worms than either age or hereditary transmission, the fact that nurslings exclusively fed at the breast enjoy equal immunity with the fœtus from the presence of these parasites. The same circumstance is also a powerful argument against the opinion entertained by Guersant, who, conceiving the lymphatic temperament to be favourable to their formation, and milk diet calculated to promote that peculiar condition of the system, proscribed milk diet as injurious. Mr. Roger attributes the generation of worms exclusively to the ingestion of impure water containing the ova, and therefore denies the existence of any special diathesis. The influence of age, constitution, temperament, climate, or locality, the verminous endemic or epidemic affections described by authors, and all the obsolete theories of old writers, are upset by the great fact discovered by Mr. Davaine, viz., the ova of the trichocephalus and lumbric are not developed within the human body." It is therefore obvious that the verminous epidemics described by Rhœderer and Wagner were due to the most natural causes: in the absence of beer, the patients had been obliged to drink stagnant water found in pools or in ditches bordered with excrement: the consequences are easily intelligible.

Mr. Davaine's discovery also accounts for the frequency of worms in rural districts and in certain climates. It is unnecessary to dwell on these points, which were formerly obscure but are now perfectly perspicuous.

Dr. Pangloss, said Mr. Roger, has left a numerous school. Some authors imagine that worms not only are not injurious, but are useful; that they feed on the contents of the intestines and stimulate the viscera. In the larger animals it must be acknowledged that the presence of helminths does not seem to be productive of seriously detrimental effects. Dujardin speaks of a horse who had enjoyed excellent health, and in whose body were found 519 lumbrici, 214 strongyli, and 73 tænias. This, however, would only be an illustration of the innocuousness of entoza in certain vertebrata, and in no wise demonstrates their utility; in the human subject these parasites must be viewed as unwelcome and noxious guests, which it is highly desirable to expel.

Mr. Roger did not dwell on the description of the forty-five different species of helminths which have chosen the human body for their *habitat*, but merely pointed out the principal and most common varieties, which the practitioner must necessarily be acquainted with. For the present, he confined his remarks to the history of *lumbrici*, deferring to a future occasion the consideration of *oxyuri;* but leaving aside *tape-worm* and *cysticerci*, which seldom afflict infancy, With regard to the long thread-worm, *tricocephalus dispar*—an helminth often found in considerable numbers, and supposed by some authors to have a share in the production of typhoid, on account of its being usually met with in the cæcum,—this worm never gives rise during life to any special symptoms. Its ova are very minute, and pass through filters, and the helminth is therefore met with in the bodies of persons inhabiting cities supplied with apparently perfectly pure water.

(To be continued.)

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 3.

Mr. PRESCOTT HEWETT, President, in the Chair.

Mr. TEEVAN exhibited specimens from

TWO CASES OF ANEURISM OF THE ARCH OF THE AORTA.

The first aneurismal sac was nearly as large as a child's head, and caused the death of a powerfully-built man, aged forty-four, by bursting into the right pleural cavity. It was of about six months' duration, and a blow on the sternum would seem to have been the exciting cause of its origin. The point of interest in the case was that there was an extensive varicose condition of the veins of the front of the abdomen caused by the pressure of the aneurism on the vena cava superior, thus retarding the flow of blood through the internal mammary veins. The second sac was not quite so large as the first one, and was taken from the body of a woman, aged forty-five. It was nearly filled with laminated fibrin, and by its pressure had caused absorption of part of the second right rib. Death would seem to have resulted from bronchitis, brought on by the implication of the pneumogastric nerves in the tumour.

Dr. BOWEN exhibited a specimen of

SYPHILITIC CARIES OF THE SKULL.

A man twenty-nine years of age had been eleven years in the army. He was admitted into Newport Hospital eleven months before his death on account of syphilis; whether it was primary or secondary, or whether he was treated with mercury, was unknown. After remaining there nearly five months he rejoined his regiment, but was unable to do duty. Three months later he was admitted into the Tower Hospital, London, where he died January 7, 1855. The patient was under Dr. Bowen's care during the last three

weeks of his life. He had nodes on both tibiæ, and the scars of old scrofulous glands on the neck. Three sores appeared on the head, two over the frontal region, another at the junction of the occipital and parietal. One on the forehead was deep—the bone was destroyed, and the dura mater was plainly visible; this presented a vascular appearance, but there was nothing like acute inflammation present. In the other two, though the bone was carious, it was not perforated. There was no cerebral excitement at any time; on the contrary, he was generally torpid. Pain of a continuous, but not severe, character was experienced in the head. There were old pleuritic adhesions on each side. In the right lung, in its upper lobe, there was a deposit of tubercle, hard, and about the size of a filbert. The left lung was studded with miliary tubercles, and its apex contained two abscesses, each the size of a walnut. The heart was small and flabby: the mitral and aortic valves were covered with warty excrescences. In the abdomen, the liver and omentum were attached to the anterior wall by old peritonitic bands of lymph. The liver weighed five pounds seven ounces, and was waxy in appearance. The corticle substance of the kidneys was pale. The spleen was large, and firmer than usual. The mucous membrane of the large intestines was covered with ulcers, varying in size from a split pea to a sixpenny-piece. On removing the scalp, all the bones of the skull were seen to be extensively carious; in some places the pericranium was destroyed; in others it was raised by a puriform fluid, which, being allowed to escape, showed an excavation in the skull. There were six perforations beside that one seen during life. The pericranium was firmly adherent around the openings. The dura mater was not destroyed anywhere: it was thickened and adherent around the perforations. There was considerable effusion of serum in the subarachnoid space, and each lateral ventricle contained about two drachms of fluid. The brain substance appeared healthy. Dr. Bowen remarked that the perforations and excavations followed the ordinary rule by beginning in the outer table and spreading inwards. Considerable interstitial absorption had gone on in the neighbourhood of each ulcer, especially in the immediate vicinity of each perforation. With such an aggravated form of constitutional cachexia, it is not surprising to find that there is no effort towards repair visible in the bone worth speaking of. It was probable that he was affected with primary syphilis for the first time at some period within the last eleven years. He did not know whether he had any secondary affections of the throat or skin; and as far as the history extended, he first came under treatment within the eleven months preceding his death; neither was there any history of excessive mercurialisation. If scrofula, syphilis, and mercurial cachexia had all allied themselves in this case, the rapidity with which it ran its course was not to be wondered at.

Dr. GIBB exhibited

GROWTHS FROM THE LARYNX, PARTLY REMOVED THROUGH THE MOUTH AND PARTLY THROUGH THE POMUM ADAMI.

The patient was a young lady of twenty-nine, whose voice was affected for two years, and who had obstructed breathing for two months, with hoarseness. The right wing of the thyroid was decidedly prominent and painful for five months. The laryngoscope revealed a large growth, with irregular outline, of an ashy grey colour, springing from the root of the epiglottis, extending to the right side of the larynx, involving the false cord, and covering the whole of the true vocal cord, as well as the anterior part of the left true cord. This left a small space for the passage of air posteriorly. The under surface of the vocal cords, together with their free borders, were normal, as speech was tolerably fair, although hoarse. On March 29 about one-third of the soft projecting portion of the tumour was readily removed with the laryngeal écraseur, followed by some bleeding. This produced great relief for fourteen days, when she was seized with the most urgent dyspnœa, for which tracheotomy was performed by Mr. Holthouse. Eight days later, her general health being much improved, chloroform was given, and Mr. Holthouse extended his original incision upwards, and divided the thyroid cartilage through the pomum Adami, the lateral halves being held apart by retractors. Dr. Gibb then introduced his finger upwards and removed the remainder of the growths in the larynx, partly with his finger-nail and partly with curved scissors, the tumour being soft and friable in some parts and firm in others. The latter condition extended into the right subglottis. No untoward consequences followed. Five days later she was sitting up in a chair, and on the fourteenth day she was comparatively well, eating hearty and getting stouter. Some days later the laryngoscope showed the larynx clear. Various portions examined by Dr. Andrew Clark revealed in some the transition stage of simple into malignant epithelial tissue. Dr. Gibb had no doubt of the connection between the growth in the neck and that in the larynx, and the operation he considered as most satisfactory.

Dr. MORELL MACKENZIE said that he should like to ask Dr. Gibb whether the pathological specimens submitted to Dr. Andrew Clark were those which he had removed with the wire-loop, or whether they were those which Mr. Holthouse had taken away after the larynx had been opened. He considered that it was useless to attempt to remove an excrescence, the base of which extended over half the larynx, by means of a cutting operation conducted through the mouth. Such cases could only be satisfactorily treated by means of escharotics. Chromic acid had been lately tried by Dr. Lewin, of Berlin, for this purpose. Dr. Mackenzie said that he had tried this agent, as well as nitric acid, but that he found nothing answer so well as Vienna paste. This might appear a hazardous remedy to employ, but he observed that he frequently used it with the most satisfactory results, and without a single bad consequence.

Dr. GIBB replied that the fresh portions of tumour examined by Dr. Clark were what he himself had taken away at his second operation, and although the growth was broad-based, its soft nature and lobulated form readily permitted of the removal of a portion in the wire-loop of his écraseur. All the preparations in the London museums he had carefully examined, and tabulated in his work lately published, and the majority of the tumours could have been readily removed with the écraseur without any risk, the growth in many being foliacious and disseminated, rather than broad-based. He strongly deprecated the use of Vienna paste, and pitied the unfortunate patients submitted to its use, when other and better means of relief could be applied.

Dr. MACKENZIE said that many of the specimens described in catalogues as pedunculated growths were not so in fact. In many of these so-called pedunculated growths the base was as broad as the extremity. In all the museums in London there was scarcely one growth that could have been removed with a wire-loop, except, perhaps, the specimens in King's College, which Mr. Ryland had described; but had these growths been divided they must have fallen into the windpipe, and suffocation would have ensued. Whatever might be the problematical danger of employing escharotics in the larynx, Dr. Mackenzie said that experience proved that if they were skilfully applied no evil consequences, but great benefit, resulted from their use.

Dr. GIBB likewise exhibited a specimen of

DETACHED NECROSIS OF THE CRICOID CARTILAGE

From a man aged thirty-nine, admitted into the Westminster Hospital, July 6, 1863, under Dr. Radcliffe, with acute laryngitis. Tracheotomy was performed the same night by Mr. Holthouse. In October the odour of necrosis was present; he subsequently left much improved, but was readmitted in April in a moribund state, and died the next day from extensive pneumonia. Besides old laryngeal disease, the posterior part of the cricoid cartilage was found lying quite loose and bare within the larynx.

Dr. MORELL MACKENZIE exhibited a specimen of

TUBERCULAR THICKENING OF THE INTER-ARYTÆNOID FOLD OF MUCOUS MEMBRANE.

The specimen was taken from a young lady, aged twenty-one, who had had aphonia for eight months and grea

dyspnœa for four. Tracheotomy had been skilfully performed by Mr. Mason, and the patient was in a fair way of recovery, when she took cold, and bronchitis and rapid consumption came on, and she died two months after the operation. In this case the laryngoscope had been of great value, for with it it was at once ascertained that the inter-arytænoid fold of mucous membrane was greatly thickened, and when, in addition to this, the false cords became swollen, and the laryngeal canal greatly encroached upon, the necessity of opening the windpipe was at once perceived.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

JUNE 6TH.

PUBLIC HEALTH ACT.

Mr. Augustus Smith asked for some explanation of an item of 10,600*l.* charged for contingent expenses.

Mr. F. Peel stated that this sum was required to defray the expenditure of the Privy Council Office under the Public Health Act. £3,000 was annually placed at the disposal of the Privy Council to pay medical and other officers who were from time to time deputed to conduct inquiries and experiments; 2,000*l.* was for the national vaccine establishment; 2,000*l.* for vaccination inspection, and the remaining 3,600*l.* was a matter of account arising from the medical department of the Privy Council having been unaware of the rule that payments should only be made out of the votes for the current year.

JUNE 7TH.

THE SALE OF POISONS.

Mr. H. Berkeley gave notice that on that day month he would ask leave to bring in a Bill to amend the Poisons Prohibition Act of last session.

LEGAL INTELLIGENCE.

COURT OF PROBATE AND DIVORCE, JUNE 7TH.

STONE *v.* STONE AND APPLETON.

This case, it will be remembered, was tried in the absence of the co-respondent, and a verdict found for the petitioner, with 2,000*l.* damages. A new trial was ordered on the application of the respondent. The co-respondent was in Canada, and now swore that he had never heard of the suit till about the time that it was tried, and that when he did so he started to come to England, and when he reached Boston, in America, he found that it was decided against him, with 2,000*l.* damages, and he thereupon went back. Mr. Serle now applied that Mr. Appleton might be admitted to enter an appearance to defend the suit.

Mr. Lopez opposed, denying that it was the application of the co-respondent, because the same solicitor who appeared for the wife now appeared for the co-respondent. The proceedings began in 1861, and the father and other relations of Mr. Appleton resided at the time in Devonshire; and it is not to be supposed that he was ignorant of the suit.

Adjourned to give each side an opportunity of filing further affidavits.

ABERYSTWITH COUNTY COURT, MAY 27TH.

ACTION FOR ALLEGED MALPRAXIS.

LEWIS *v.* ROWLANDS.

The plaintiff, a miner of Gellyfadoc, Llanbadarn-fawr, near Aberystwith, brought this action against the defendant, Mr. Evan Rowlands, of Goginan, the medical attendant of the mine at which the plaintiff worked, to recover 150*l.* for having, as was alleged, "improperly, unskilfully, and negligently" treated a fracture of the plaintiff's arm. It appeared that in the absence of the defendant the plaintiff was first attended by Mr. Roberts, of Aberystwith, who dressed the arm, and then resigned further care of the fracture to Mr. Rowlands, who daily attended the plaintiff. After seven days the bandages were removed. The plaintiff subsequently called in Mr. Watkins, a surgeon of Henllys, under whose attendance, for five or six weeks, the plaintiff recovered. The whole question appears to rest upon the propriety of permitting the original bandage to remain undisturbed. The defendant called Mr. William Williams, of Dolgelly, and several other surgeons, who approved the treatment adopted, and the verdict was ultimately given for the defendant.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship, were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 9th inst. were admitted Fellows of the College:—James Beddard, Edgbaston, Birmingham—date of membership, April 30, 1861; Robert Brudenell Carter, Stroud, Gloucestershire—date of membership, Dec. 12, 1851; Alfred Cresswell, P. & O. S. N. Co.'s Service—date of membership, May 28, 1858; Wm. Henry Folker, Hanley—date of membership, July 4, 1851; Arthur Wolcot Nankivell, Torquay, Devon—date of membership, Jan. 30, 1862; William Travers, Charing cross Hospital—date of membership, April 17, 1860; Bowater John Vernon, St. Bartholomew's Hospital—date of membership, April 22, 1862; William Webb, Wirksworth—date of membership, April 30, 1852; Claudius Galen Wheelhouse, East Parade, Leeds—date of membership, May 25, 1849; Henry Willey, Poplar Hospital—date of membership, Nov. 19, 1862; Henry Wotton, Gloucester place, Portman square—date of membership, Feb. 18, 1859.

At the same meeting of the Council the following members who had been elected Fellows at previous meetings were admitted as such:—Josiah Henry Selwood, Ampton place, Gray's-inn road—date of membership, Nov. 27, 1829; Charles Samuel Webber, Connaught square—date of membership, March 25, 1836.

The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 8th inst.:—William Akerman, St. Just, Cornwall—date of membership, April 28, 1864; George Benson Baker, Bayswater—date of membership, April 26, 1864; Henry Todd Broughton, Bradford, Yorkshire—date of membership, May 10, 1864; William Cubitt Lucey, Bermondsey—date of membership, Jan. 26, 1864; Samuel Mills, Consumption Hospital, Brompton—date of membership, April 23, 1863; George Oliver, Bourne—date of membership, July 30, 1863; Chauncy Pusey, Surrey square, Old Kent road—date of membership, July 31, 1863; Albert Comberbach Reade, Congleton—date of membership, April 27, 1864; Frederick William Richards, Winchester—date of membership, April 26, 1864; John Henry Salter, Arundel, Sussex—date of membership, April 27, 1864; Henry Viant, Totton, near Southampton—date of membership, April 26, 1864.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the the 2nd inst.:—Edward Casey, King's College Hospital; John Foot Churchill, Poole, Dorset; George Haycock, Hackney road; Edwin Bold Pearson, Yeaveley, near Ashbourne; John Henry Salter, Arundel, Sussex; Charles Edward Squarey, University College Hospital; Henry Viant, Guy's Hospital; William John Wey, Edgecumbe street, Stonehouse; David Martin Williams, Camborne, Cornwall.

The following gentlemen also on the same day passed their first examination:—Henry Denney, Guy's Hospital; Algernon Ewen, Guy's Hospital; John S. S. Perkins, Guy's Hospital.

OXFORD.—In a congregation held on the 2nd instant, the degree of Doctor of Medicine was conferred upon Alfred Willis, St. John's College.

CAMBRIDGE EASTER TERM.—At the Second Examination for the M.B. degree, the following gentlemen were examined and approved:—Alfred Godson, M.A., Trinity College; H. W. Hoffman, M.A., Trinity College; E. T. Leighton, M.A., Caius College.

The following gentleman was examined and approved

for the degree of Master in Surgery :—Alfred Godson, M.A., Trinity College.

FATAL EXPLOSION OF GUN-COTTON.—We regret to have to announce that a serious explosion occurred last week at the gun-cotton manufactory of Messrs. Prentice and Co., Stowmarket, Suffolk, which has resulted in the death of one of the female employées, and placed in jeopardy the lives of four other persons, including the foreman of the works. The coroner's jury have been unable to determine the precise cause of the disaster, and recommend the immediate appointment of a scientific commission to inquire into all the circumstances, with a view to prevent the recurrence of similar accidents. It is known that the operation of cutting the gun-cable into short lengths of about six inches, by means of a steel blade worked by machinery, was the primary cause of danger in this instance, and it is supposed that some particles of a gritty nature accidentally coming in contact with the knife had developed sparks or a sufficient degree of heat to ignite some portion of the material, and that the flame quickly spread to the whole cable (about ten feet in length) which was at the moment lying exposed in the immediate vicinity of the cutting machine.—'Chemical News.'

VIVISECTIONS.—The question of vivisections, already discussed at the French Academy of Medicine, has now been brought before the Senate. A Mr. Grandjean, of Paris, forwarded to that assembly a petition in which he prayed that efficient measures be adopted to put an end to the abuses to which he states experiments on living animals have given rise, and he especially invited the attention of the Senate to the vivisections performed in the veterinary colleges. On the first part of the petition, the commission moved the previous question, but with regard to the second the reporter remarked that in veterinary colleges the practice complained of was carried to excess, and he conceived that the attention of the Government should be solicited to the fact. The Senate, nevertheless, rejected the petition. Although this decision is in the main favourable to the veterinary schools, and absolves them from the imputation of wanton cruelty, it has not given entire satisfaction to these institutions; and the wording of the report being of a nature to encourage further complaints from *ultra-philozoists*, the 'Journal de Médecine Vétérinaire de Lyon' alludes as follows to the subject :—"We are perfectly convinced that, in veterinary colleges, operations on living animals are not only useful, but absolutely indispensable. We willingly concede that their performance should be confined within the narrowest possible limits, but these limits can be properly pointed out only by scientific men, who needed no suggestions from the London and Paris Societies for the protection of animals. The directors and professors of the veterinary colleges whom it is at present the fashion to denounce concede to no one the exclusive monopoly of humane feelings. They use every effort to conciliate the interests of science with those of humanity, and have never tolerated the unnecessary infliction of pain on defenceless creatures, whose unavoidable sufferings they deplore, in procedures always instituted under their personal inspection." This language appears to us both moderate in its tone and reassuring for the future.—'Journal of Practical Medicine and Surgery.'

GREAT NORTHERN HOSPITAL.—The eighth anniversary dinner of this institution was held on Wednesday last at the Albion, Aldersgate street, Sir Lawrence Palk, Bart., M.P., in the chair. The Chairman having proposed "Her Most Gracious Majesty the Queen," "Their Royal Highnesses the Prince and Princess of Wales," "The Bishop and Clergy of the Diocese," responded to by the Rev. Canon Dale, and "The Army, Navy, and Volunteers," called attention to the report, of which the following is an abstract :—"The Great Northern Hospital has been established in the new premises in the Caledonian road. Donations have been received during the present year as follows :—A legacy of 300*l.* has been bequeathed to the hospital by the will of the late George Wheelhouse, Esq. It will be remembered that the hospital had its origin in a dispensary, established by the late Mr. Statham in the neighbourhood of King's-cross. Converted into an hospital, much needed by the constantly increasing northern districts, it now forms the nucleus of a great metropolitan charity. It has a large and efficient medical and surgical staff. The arrangement by which the North London Deaconesses' Institution undertook the nursing of the hospital has fully answered the expectations formed of it. Only increased funds are now wanting to make the hospital fully available for the relief of the northern districts. The receipts for the eleven months ending 31st May, 1864, amounted to 1,297*l.* 12s. 7d., the payments to 1,291*l.* 8s. 7d. The number of out-patients relieved during the same period is 44,396. To effect the most important and pressing objects, it is calculated that about 4,000*l.* will be sufficient—viz., out-patients' department, including waiting-rooms, consulting-rooms, and dispensary, about 700*l.* To render the present building thoroughly efficient, about 350*l.* To build new wards, about 2,000*l.* For purchase of the present interest in the hospital buildings, furniture of new wards, and incidental expenses, about 1,000*l.*" The Chairman then proposed, "Prosperity to the Great Northern Hospital." He pointed out that it was situated in a densely populated neighbourhood, where disease was more common than in more open districts where people had all the advantages of ventilation, and possessed a better knowledge than their poorer brethren of the means of preventing disease or stopping it on its appearance. The hospital had done much; it was pushing on to do more; and whilst he did not admit it was desirable that a hospital should be allowed to get into a state of indebtedness, still, where there was a pressure of misery, the committee were justified in stepping forward to relieve it, in the confident belief that the public would support them. The Healths of the Medical Staff, the Committee of Management, the Chairman and the Stewards, followed, and subscriptions were announced to the amount of 800*l.*

QUININE AS A PREVENTIVE OF MALARIAL DISEASE.—Dr. J. W. Page, Inspector for the United States Sanitary Commission in the Department of North Carolina and Virginia, reports that the greatest benefit to the health of the forces stationed in the malarial regions about Newbern has resulted from the regular administration of a quinine ration to the men. It is gratifying to hear this statement from Dr. Page, whose long residence in the malarial regions of North Carolina makes him a critical observer. One of the earliest efforts of the Commission, in the direction of the prevention of disease in the army, was to impress upon commanding officers and the Government the prophylactic or preventive powers of quinine. All who are familiar with the medical documents of the Commission will remember the able and exhaustive monograph by Dr. Wm. H. Van Buren on this subject. From all the columns operating in malarial regions, we have heard nothing to impair our belief in the value of quinine as a preventive of malarial disease. It should be taken in doses of three grains at bedtime, and two or three in the morning, continuously through the malarial season. Its value is enhanced when given in connection with coffee. It is scarcely necessary to state that the curative power of quinine is greatly lessened in the case of those who have become saturated with fever and ague poison, by long residence in malarial regions; of course the experience of such persons cannot be taken as impairing one's belief in the preventive power of the agent.—American Paper.

INCREASE OF INSANITY.—The 'Bristol Daily Post,' commenting on the Sixteenth Annual Report of the Somerset County Lunatic Asylum, makes the following remarks :—"The least satisfactory feature of the report, and unhappily it is one which cannot be influenced either by the committee or the medical officers, is the evidence which it affords of the increase of insanity in England. The committee state that there remains in the Asylum spare room for ten females only, and add that 'even if the Cardiff patients are removed, the annual increase is such as to make it probable that after two years there will be no spare room;' and they add, that 'at present the patients are more crowded than is desirable.' The 'urgent need for

a place for the treatment of chronics is dwelt on in the report,' and the committee state that they anticipate 'that before long they will have to apply to the Court (of quarter session) for its sanction either of a purchase or to an increase of the building.' It would be gratifying if this most unwelcome addition to the numbers of the insane could be ascribed to some exceptional or temporary cause, but, unhappily, such cannot be. Dr. Boyd, in his report to the visitors, states that 'the increase of insanity in this country has amounted to from 30 to 40 per cent.' even during the last fifteen years, and he refers to the number of new lunatic asylums that have been built in all parts of the kingdom, and to the necessary additions to the old ones. 'One of the latest asylums opened,' he observes, 'the Cumberland and Westmoreland, already requires to be enlarged, and at the Denbigh Asylum wings are to be added for 150 patients.' This is a humiliating and painful state of things, and its sadness is enhanced by the assurance that the increase is almost confined to the gentle sex. We commend it to the careful investigation of those who would be likely to consider it with advantage, as being a matter as well deserving of anxious and solemn inquiry as any that could be named."

BULLET EXTRACTED FROM THE STERNUM, IMBEDDED THERE SINCE THE BATTLE OF MALVERN HILLS, JULY 1, 1862.—Wm. O'Meagher, M.D., relates the following case in the 'American Medical Times':—Private John Kearney was wounded by a rifle bullet at the battle of Malvern Hills, July 1st, 1862, the ball entering two inches to the left of the mesial line, at the fourth rib, and lodging in the lower portion of the body of the sternum. Various efforts were made by counter-openings to remove it, but in vain; and after nine months, during which he was constantly in hospital in Washington and New York, he was discharged as unfit for service. The wound had healed to a certain extent, and he went to work at his trade of shipwright, but afterwards re-enlisted, February, 1864, when, owing to dissipation and an active campaign on Riker's Island, where he was exposed to all the deleterious influences for which that depôt gained an unenviable notoriety, and which were so well calculated to *unfit* recruits, and even veterans, for active service, the wound broke out afresh, became extensively inflamed and painful, and an intermittent attack of broncho-pneumonia was superadded. An examination with the common probes, and subsequently by Nelaton's instrument, discovered the location and nature of the foreign substance, which I at first thought was a spicula of carious bone, but finally a free incision down to the bone liberated a considerable quantity of fœtid pus, and the bullet was easily removed by a common dressing forceps. No spiculæ of carious bone were found loose in the surrounding parts, though several pieces had been previously removed while he was in general hospital. The bullet itself is irregularly flattened down to the second depression or ring at the base, with sharp and jagged edges, presenting altogether as ugly a foreign body as could well be retained with any comfort in such a position for such a considerable period. From its present appearance I should say that it must have first struck either his own or a comrade's musket, but of this he had no recollection. I think he will be entirely well in a few weeks.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JUNE 15.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Fergusson, "On the Progress of Surgery during the Present Century."

THURSDAY, JUNE 16.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Dr. Scharlemmer, "On the Identity of Methyl and Hydride of Ethyl."—Dr. Sprengel, "On Vacuum Experiments.'

FRIDAY, JUNE 17.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Fergusson, "On the Progress of Surgery during the Present Century."

SATURDAY, JUNE 18.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JUNE 20.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JUNE 21.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. CORFE is thanked for the copy of the Journal, and we have availed ourselves of the information it contains.

A VESTRYMAN.—A Licentiate of the Royal College of Physicians of Edinburgh cannot *legally* style himself a Doctor of Medicine.

RUSTICUS.—We do not advise you to neglect the study of Botany, especially as you live in the country; but it need not interfere with your other professional pursuits. A pocket-glass, a small knife, and some good manual are the only materials you will require in the study, which you should carry on practically in the fields and woods.

MR. H. J., *Manchester*.—Ozone is supposed to be only a peculiar form of oxygen, and antozone is another form. When the same body assumes different forms under different circumstances, it is said to be *allotropous*.

To the Editor of the Medical Circular.

SIR,—I beg you will allow me a small space in your valuable Journal for the insertion of the following statement:—

The 'Lancet' for 27th August, 1857, contained some interesting remarks by Mr. Weeden Cook, Surgeon to the Free Hospital, in reference to the effects produced by the external application of *manganic acid combined with potassa* in cases of cancer; and there was also inserted in the same journal, the following month, some valuable information by G. F. Girdwood, M.D., respecting the benefit derived from the application of the *permanganate of potass* in the same disease.

In 1856 an important lecture was delivered at Birmingham, at the annual meeting of the Provincial Medical and Surgical Association, by Mr. Langston Parker, Surgeon to the Queen's Hospital, "On the Treatment of Cancerous Diseases by Escharotics;" and the 'Lancet' for 22nd March, 1862, also contained a communication from W. Marsden, M.D., "On the Treatment of Epithelial Cancer by the Application of the Arsenical Mucilage." Now, as a considerable period has elapsed since the testimony of those eminent individuals was published respecting the efficacy of caustic remedies in that direful disease, I feel anxious to know the result of their more recent experience in the treatment of cancer by escharotics. I am, &c., CHIRURGUS.

Falmouth, 9th June, 1864.

DR. J. L. EARLE, *Birmingham*.—The MS. should reach London not later than Thursday evening. We are sorry to learn the cause of the delay.

DR. KIDD.—The extracts have been received, and shall be inserted as opportunity offers.

HAMPSHIRE.—There would be practical inconveniences and objections to the course alluded to, but information as to the price of a book can readily be obtained of the publisher, whose name is always given in our Reviews.

THE SOCIETY OF ARTS.—The ticket has been received.

MR. N. MCGREEVY.—The letter arrived too late for insertion this week, but shall appear in our next number.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 376.)

The Remedies.

The Use of the Catheter.—When summoned to attend a labour, the medical attendant should never omit to take a female catheter with him. It may be required to be used during labour to relieve the pain and discomfort consequent on a distended bladder, or to facilitate instrumental aid, or to prevent the occurrence of post-partum hæmorrhage. After delivery, in some cases of flooding, the introduction of the catheter may stop the loss at once, or most materially assist the action of other remedies. The instrument which I am in the habit of using is a silver female catheter, flattened on the upper and lower surface. A flattened catheter is passed much more easily along the female urethra than a round one. When a woman is flooding, the best way to pass the catheter is to feel for the meatus with the finger, and not by finding it with the eye. Blood is constantly draining from the vagina, and the mucous membrane is covered with it, so that it is not at all easy to find the meatus by looking for it; on separating the labia, blood immediately wells up continuously, and effectually obscures the orifice we are seeking. Of course, one unaccustomed to pass the catheter in the female will find either way difficult, but the surgeon who can pass the catheter without exposure will, in cases of flooding, prefer finding the meatus by the touch, simply because it is more easy. There are two or three ways of passing the catheter without exposure. The following is about as good as any: Pass the first finger of the left hand, in front of the patient, between the legs, and place it between the labiæ on the smooth vestibulum. Then glide the finger slowly backwards until the smoothness of the vestibulum ceases, and we come upon a rugged portion of mucous membrane. At the very junction of the smooth and rough, the orifice of the meatus will, by a little manipulation, be detected, in primiparæ, small and firm, in multiparæ generally large and patulous. The tip of the finger must be kept on the orifice, to act as a guide to the catheter, passed from behind by the right hand. No force is required in the introduction of the catheter into the bladder; if it should not pass easily, we may be sure either that it is not in the meatus at all, or that the tip of the instrument is hitched in the mucous membrane of the orifice, or, more rarely, further up in the meatus. It should be taken out, and re-introduced.

The Administration of Astringents by the Mouth.—In those cases where the flow of blood occurs rapidly and in large quantity, astringents taken by the mouth are of no use. They do not act quickly enough. Hæmostatic medicines are only useful in cases where the loss takes place in the form of free draining, and continues for several days. The mixture I usually prescribe contains one drachm of gallic acid, a drachm and a half of dilute sulphuric acid, and forty minims of Battley's solution of opium in six ounces of compound infusion of roses: two table-spoonfuls to be taken every three or four hours. Many medical men do not believe in the efficacy of astringent medicines given in hæmorrhages connected with parturition. In flooding after delivery I have the greatest faith in them, if their administration be confined to the cases which occur in the form of excessive and long-continued draining. As they do not interfere with the application of local remedies, and as they cannot do harm, there is no reason why we should not administer them in the hope of their acting beneficially.

Compression of the Abdominal Aorta.—Up to the present day, compression of the aorta has only been used in cases where all other remedies have been tried in vain; and it has become absolutely necessary, in order to give the patient a shadow of a chance, to adopt some means which will stop the loss, until the uterus can be roused to due contraction. It may be effected either through the abdominal walls, or by the hand within the cavity of the uterus. Except in stout women, the aorta can generally be easily compressed through the walls of the abdomen, on account of their great laxity after delivery. If the compression has to be kept up for any length of time, it will be less irksome to the medical attendant, and more agreeable to the patient, to effect it through the abdominal walls than by the hand in the uterine cavity. Compression of the aorta has, without doubt, saved the lives of some women, and deserves a more general trial than it has hitherto obtained. It acts beneficially in two ways: it prevents a further loss of blood, while we are exciting the uterus to contract through the agency of other means; and it lessens the depression by retaining the blood in the most vital parts of the body —viz., the brain, heart, and lungs. In some cases, where the aorta could be easily reached, we might, probably with great advantage, employ compression at a very early stage of the treatment. To show its practical value, I subjoin the notes of three cases. The first occurred in the practice of Mr. Blount, and is related in Mr. Ingleby's work 'On Uterine Hæmorrhage:"—"On the termination of labour, Mrs. W. was, to all appearance, quite comfortable. In about half an hour she complained of being very faint; her countenance was very pale and anxious. There had been little or no external hæmorrhage; and, on placing my hand over the abdomen, I could not distinguish anything resembling the uterus. By friction and compression some discharge was forced away, but no beneficial effect resulted; the hand was, therefore, passed into the uterus, and a mass of coagula which distended its cavity cleared away. By this means, and by gently irritating its inner surface, contraction was promptly effected. Though the discharge had now considerably abated, the exhaustion was very great, the pulse being exceedingly feeble and frequent, and the patient appeared sinking. I now placed my hand on the abdomen just above the uterus, and, from the spareness of habit, easily distinguished the pulsation of the aorta, and made pressure so as to intercept its current of blood. This was continued with increasing advantage for half an hour, and, as the patient was much revived, I then withdrew my hand. Upon the withdrawal of the hand, the sinking immediately returned, attended with giddiness in the head and a slight return of the hæmorrhage. Pressure was again made for the space of two hours with the same good effects. Twice during this period I allowed the blood to pass the lower extremities, but with the same unfavourable results as before. A modified and less effective pressure was continued for four hours longer, before it could be entirely dispensed with." The second case occurred also in the practice of Mr. Blount. Mr. Ingleby, who was present, says:—"Whilst pressure was exerted over the aorta, the uterine contractions were provoked by two fingers passed through the os uteri. Whenever the pressure over the vessel was withdrawn, there was an almost instantaneous return of hæmorrhage and syncope, and some hours elapsed before the patient's safety was secured." The third case came under the observation of Mr. James D. Brown, of Haverfordwest, and is published in the 'Medical Gazette' of December 2, 1842:—"I (Mr. Brown) attended a woman, æt. thirty-four, in her fourth confinement; she was a person of lax fibre. The labour was natural, and terminated in six hours; but a violent fit of shivering seized her before the expulsion of the child. I was prepared for the event; and, as I expected, flooding came on to a fearful extent. The placenta was loose, and came away with the first gush. The uterus again dilated, but I passed my fingers into its cavity, in order to excite it to contract, and at the same time made pressure externally, but hæmorrhage still continued in spite of every effort—pressure, cold applica-

tions, &c., &c. She had fainted and recovered, and was suffering from the effects of the loss of blood. I decided on trying the effects of pressure on the abdominal aorta. I had no difficulty in finding it. I made a firm pressure on it, which gave the patient some pain. The hæmorrhage ceased directly, and did not recur: I had it in command; to feel satisfied of that, I gently relaxed my grasp once or twice, when bleeding again commenced. I still kept up pressure on the uterus, and administered secale cornutum in brandy and hot water. The woman rallied, the uterus contracted firmly and permanently, and I let loose the vessel after pressing it for nearly two hours, and all went on as well as possible." Mr. Brown states that a similar case occurred to him about two months after, in which he adopted the same means, and with the same satisfactory results.

Plugging the Vagina.—In flooding after delivery, plugging of the vagina should be *very rarely* resorted to. The uterus after labour is so extensible, that to plug the vagina, in the majority of instances, would be merely to convert an external into an internal hæmorrhage. It is only applicable in those cases in which the uterus is contracted, and, yet notwithstanding, there is an excessive draining of blood. We must guard against internal hæmorrhage by external pressure; and if there should be evidence of flooding going on in the cavity of the uterus, the plug must be immediately extracted. For plugging the vagina after delivery, there is nothing equal to an india-rubber air pessary, as it is easily introduced, most effectually prevents the escape of blood, and is easily removed.

Opium.—In some cases of flooding, this drug is of great value. I quite agree with Dr. Ramsbotham, that it is not advisable to administer it when the hæmorrhage is due to inertia of the uterus. The most agreeable preparation of opium is Battley's solution, and it may be given in a large dose—thirty minims, at least.

Brandy.—It acts beneficially in two ways: it rallies the patient and, in some cases, sets up contraction of the uterus. One of the first things we should see to, on our arrival at the house of a patient in labour, is that there is a supply of brandy. Many a woman has lost her life from a want of this precaution. When brandy is wanted in the middle of the night, it is often most difficult to get it. Public-house keepers are prohibited from selling it after twelve p.m., except, I believe, in cases of illness, and they generally will not listen to that plea, unless you are backed up by the authority of a policeman, which individual is proverbially difficult to be found when he is wanted. It should be the best *pale* brandy, or we may find a difficulty in getting the patient to drink but a very small quantity of it, especially if she is unaccustomed to spirits. It may be given freely, diluted with half the quantity of cold water, or pure, according to the amount of depression. The chief object for which it is given is to rally the patient; but it undoubtedly, in some cases, also assists in arresting the hæmorrhage, by bringing on contraction of the uterus. In two or three cases of lingering labour from inertia, I have brought them to a speedy termination by a glass of hot brandy-and-water.

HOSPITAL REPORTS.

KING'S COLLEGE.

CASE I.—STRANGULATED HERNIA. UNDER THE CARE OF MR. HENRY SMITH.

M. B., æt. sixty, married, and mother of six children, was admitted February 13, 1864, suffering from symptoms of strangulated hernia of the left side. By occupation she is a needlewoman, and, for now a period extending over thirty years, she has noticed a swelling in the left groin, as well as one in the right, which is much smaller. These disappear at times, but return. The bowels were not opened since the 9th of this month, and since they have been confined she has observed the swelling in the left groin to have grown larger and harder; she has also had a shivering. Sickness came on during the evening of the 9th, and continued up to the time of her admission. Suffering from these symptoms, she came into the house on the day above-named, and on examination a strangulated femoral hernia was ascertained to exist. She was removed into the operating theatre, and when under the influence of chloroform, Mr. Smith operated by making one straight vertical incision through the integuments, and then, dividing the subcutaneous structures, got down upon the sac, which was the size and shape of a small plum. The sac was opened and a few drachms of serous fluid escaped. The bowel was found to be very tightly constricted, and very much congested; a bistoury was then passed in, and Gimbernaut's ligament being divided, the bowel was returned. A bandage was then applied, and she was removed to bed. A pill of gr. i. of opium was administered immediately on her being put to bed.

Feb. 16th.—She has done well since the operation, but the bowels have not been opened. Early this morning she had an enema of thin gruel, and two grains of calomel were put on the tongue. Since this the bowels have been twice moved.

Feb. 17th.—The wound in the abdomen does no look very healthy. A poultice is to be applied. The bowels have not been opened again.

Feb. 19th.—Bowels again opened, but not till after the exhibition of castor-oil. There is a good deal of pus about the wound, and so she is desired to continue the poultice.

March 7th.—She is discharged. Cured.

CASE II.—STRICTURE OF THE RECTUM.

M. B., æt. thirty-three, married, was admitted on Feb. 17, 1864.

History.—For the last eight years she has been troubled with a stricture of the rectum, which, however, does not seem to get worse. The fæces that have been passed now for some time are in diameter about half an inch. She states that she has been gradually getting weaker. There is no syphilitic history. The only cause which she assigns is, that, about eight years since, she had some affection of the right knee-joint, for which she was admitted into St. Bartholomew's Hospital, and that as the knee got well the stricture came on. The knee is now quite free from all trace of disease. There is a good deal of pain experienced in the passage of her motions. No cancerous history can be found to exist in her family. There is also a fistula of the left side.

Feb. 20th.—The patient being under the influence of chloroform, Mr. Smith divided the fistula and stricture at the same time, and in his usual method; oiled lint was then placed in the wound, and she was removed to bed.

March 7th.—No bad symptom has arisen since the operation, and she is to-day discharged, very much relieved.

CASE III.—STRICTURE OF URETHRA.

T. W., æt. sixty-eight, a labourer; admitted Nov. 5th, 1863.

History.—He has usually enjoyed good health, until seventeen years ago, when he contracted gonorrhœa, and within a year after his contracting this disease he found a difficulty in passing water; this gradually increased, until about eighteen months since, when it became so bad, that he was obliged to apply for relief to the Westminster Dispensary, where catheters were passed at different times. The size of the last instrument passed was No. 6. Feeling thus very much relieved, and trusting to the effects of medicine, he discontinued attending the Dispensary, and the stricture got worse; he then applied as out-patient at King's College, his application bearing date Oct. 26th. He was seen by Mr. Smith, and a small catheter was passed. As, however, the stricture was very tight, Mr. Smith ordered him into the hospital, and he was admitted on the day above-named. The water now dribbles slowly away, and there is no continuous stream. On the day of his admission, being in great pain, he was ordered

Ammon. sesquicarb. ʒij.;
Acid. citric, ʒij.;
Tinct. hyoscyami, ʒiss.;
Aquæ, ʒviij.—ʒj. quartâ quâque horâ.

Nov. 9th.—The urine is very albuminous, and he is evidently gradually sinking.

Nov. 11th.—On the morning of this day he died, after being five days unconscious.

The post-mortem appearances were as follow: There was a good deal of pus found in the pelvis; an abscess of about the size of a walnut was found in the left lobe of the prostate gland, and pointed towards the rectum. A stricture of the urethra was situated in the anterior part of the bulb; there was also a pouch extending from the bladder forwards under the left crus penis. The right ureter was dilated, and contained pus; the right kidney was very much wasted, and the cortical portion was very nearly destroyed. The left kidney contained some fatty deposits; the bladder was very much dilated, its walls immensely hypertrophied, and its cavity containing pus.

CASE IV.—INDURATED PATELLARY BURSA.

E. W., æt. eighteen, a shopwoman, admitted on Nov. 5th, is a delicate subject.

She states that she has not been in the habit of kneeling much, but for six months the right patellary bursa has grown hard and swollen. It has been painted with iodine. There is, over the patella, a firm tumour as large as a pigeon's egg, but there is no inflammatory action about it.

Nov. 6th.—Mr. Smith removed a cyst about the size of a small walnut; it contained blood: another and a smaller cyst, which he also removed, contained sero-sanguinolent fluid. The wound was closed by three sutures, and the limb was placed on a straight splint.

Nov. 20th.—Discharged. Cured.

CASE V.—STRICTURE OF THE RECTUM. UNDER THE CARE OF MR. WOOD.

F. B., unmarried; admitted into the female surgical ward as a patient, from stricture of the rectum. She is rather stout and plethoric; has had good health until lately. There is no history of syphilis. For twelve years she has had difficulty in passing her motions, and has suffered much pain. Has been under treatment at several hospitals, but obtained little relief. For about four years she has been in the habit of passing a bougie herself, and has generally succeeded in passing it up for a distance of about five inches; for the last fortnight, however, she has been unable to pass it at all. Bowels have been opened a little every day. There is a good deal of inflammation of the right buttock. Date of admission, July 28th, 1863.

CASE VI.—DOUBLE PSOAS ABSCESS, ACCOMPANIED WITH CURVATURE OF THE SPINE AND VERTEBRAL DISEASE.

F. McB., æt. eight, admitted under Mr. Wood, Sept. 2nd, 1863, suffering from several abscesses in different situations. Lives at 33 Carey street; has always had plenty to eat and drink; he has one brother, who is quite healthy. Had whooping cough three years since, and after it got intermittent fever; he subsequently became a patient from some affection of the right hip, for which he was leeched and blistered; he never suffered any pain in the hip, but had a very severe pain in the right knee, and for a long time he could not walk without limping. He has never suffered any pain in the back nor in the situation of the abscesses, which were detected two months ago, when he was being washed, and when they had attained a size sufficient to make them cognisable. The abscess at the upper and back part of the thigh was poulticed. There is apparently a large pelvic abscess pointing just above Poupart's ligament of the left side; there is also another abscess at the back and middle part of the right thigh, which, having been opened, gave out a large quantity of pus. There is angular curvature of the lumbar regions, some of the lower dorsal vertebræ being implicated in the disease. He does not complain of pain when the vertebral spinous processes are struck, nor has he ever had pain in the back, pain being confined to the right knee.

Sept. 5th.—He is covered with an eruption like that of scarlatina, and is feverish; tongue is coated and red at the sides, not having the appearances usually met with in scarlatina; there is no sore-throat; the abscess keeps discharging; it is poulticed; the skin is hot and the pulse is 125.

On Sept. 3rd he had been ordered and had begun to take

Acid. sulph. dil., ℥vi.;
Spts. ether. chloric, ℥xi.;
Liq. cinchonæ, ℥xx.;
Aquæ, ℥j. ms. ft.; haustus ter in die sumend.

On Sept. 5th he was ordered

Liq. ammon. acet., ʒss.;
Spts. ether chloric, ℥v.;
Mist. tragacanth, ʒj. ms. ft., haustus ter in die sumend.

Sept. 6th.—Sunday; in the morning he did not look so well, and was sick in the course of the day, but no immediate danger was feared; a few minutes before twelve o'clock p.m., he took some brandy, and was speaking to the nurse; at twelve p.m., however, he died quite unexpectedly.

Sept. 7th.—Post-mortem and post-mortem appearances:—The body was thin; a large psoas abscess was found on the left side, pointing above Poupart's ligament, and had also extended under it; there was also a psoas abscess on the right side. The abscess at the back part of the right thigh does not lead to the spine; the hip-joint was anchylosed, and there was extensive disease of the bodies of the lumbar vertebræ, and the anterior part of the spine in this region was covered with a tuberculous deposit; there was also deposit of tubercle in the kidneys; the liver seemed healthy; the heart was healthy; there were very fine clots of fibrin in its interior; the brain seemed perfectly healthy.

CASE VII.—UMBILICAL HERNIA IN ADULT MALE.

J. B. æt. thirty-nine, admitted on Nov. 24th, 1863, into the Albert Ward.

History.—Is an assistant to a boiler-maker; is married; states that two years ago, when laid up with rheumatic fever, he noticed that he had a small swelling, about the size of a hazel-nut, above the navel, and that it felt quite soft. He has been employed at very hard work for the last eight or nine months, and the swelling has in consequence increased in size; when he ceases from his work the swelling gets smaller, but does not disappear altogether, and when reduced it comes back again. He has never worn a truss for it. It sometimes causes him dragging pains at the stomach, which are increased as he is walking; he also suffers a heavy pain after his food, palpitation of the heart, and shortness of breath. Does not suffer from winter cough, but he had a cough on his admission, which, however, has, after the lapse of a few days, become much better. He does not look to be a strong man, and is very nervous. He has one little child, a girl; she is free from any appearance of rupture, nor, to his knowledge, has any of his family suffered from such a complaint. The bowels are quite regular. There is an oblong tumour with its long axis from side to side; it is about the size of a large walnut, soft, reducible, dilating forcibly when he coughs; it seems to communicate with the abdomen by an irregular opening. He has never worn a truss; the bowel has never been strangulated.

Ordered

Acid. nit. dil. et
Acid. mur. dil. āā ℥x;
Spts. ether chloric, ℥x;
Decocti taraxaci, ʒj. ms. ft.; haustus ter indie sumend.

Mr. Wood thinks that as the man suffers from palpitation of the heart and from difficulty in breathing, it is better not to submit him to an operation; the patient has therefore had a truss made to keep the hernia from protruding, and was discharged.

CASE VIII.—INGUINAL HERNIA OF THE LEFT SIDE.

C. F., æt. nineteen months, admitted Sept. 30th, 1863, into the long female surgical ward, for the treatment of an inguinal hernia of the left side.

History.—Is a healthy but passionate child. The rupture came on when he was six months old, after a violent fit of screaming, occasioned by a pin sticking into him. When it first appeared, it was about the size of a small apple; then it was not particularly noticed for some weeks. None of the same family are ruptured. The rupture is on the left side, is of the size of a large pear, and not unlike that fruit

in shape, being very large for a child of the same years as the present patient ; so large is it, that it cannot be properly kept up with a truss. The hernia has been originally oblique, but in consequence of its size it has drawn the rings opposite to each other, and in this way stimulates a direct hernia. The rupture is readily reduced, but hard to keep up. The testicle can be seen and felt at the bottom of the scrotum. The child is in very good health, but the rupture seems to make him fretful.

Oct. 8th.—The mother not conforming to the rules of the hospital, the patient was discharged.

Feb. 13th, 1864.—Re-admitted Feb. 13, 1864, under the care of Mr. Wood.

The hernia is very large ; the testicle also has become enlarged.

Feb. 13th.—Mr. Wood performed his usual operation for the radical cure of this affection in children, using for the purpose the rectangular pins : the child's buttocks were fastened to a pillow to keep them well raised.

Feb. 20th.—The pins were removed. There has not been any unfavourable symptoms, and there is a good deal of consolidation in the course of the inguinal canal. Some tapeworms have been passed.

He is discharged, cured.

REVIEW OF BOOKS.

The Croonian Lectures for 1864, *delivered before the President and Fellows of the Royal College of Physicians of England : The Significance of Dropsy as a Symptom in Renal, Cardiac, and Pulmonary Diseases.* By W. R. Basham, M.D., Fellow of the College, Senior Physician to the Westminster Hospital. Pp. 86. London : Churchill and Sons. 1864.

It is now a long time since dropsy was considered to be a substantive disease and to depend upon a want of symmetrical action between the absorbent and the (imaginary) exhalant vessels. It has now subsided to the rank of a symptom, the cause of which is to be sought in structural, though often insidious, changes in important vital organs, and the treatment of which is to be guided by the light of modern pathology. The subject of dropsy, therefore, is not an inappropriate one to introduce as the material for the Croonian Lectures at the College of Physicians, seeing that the more correct notions as to the pathological changes which induce dropsy are among the triumphs of modern medicine, and that our improved knowledge is mainly due to the happy discovery made by an English physician, Dr. Bright, as to the changes effected in the kidney under certain conditions of disease. Since the period when Bright's disease was first made known as a new pathological fact, the industry and the ingenuity of the medical world have not only investigated all the minute changes in the kidney which accompany or originate this affection, but they have proved that it belongs to a family of allied degenerative changes which produce analogous lesions in many organs and textures of the body. Of the three lectures of which Dr. Basham's series consists, two are devoted mainly to the consideration of renal dropsy and the pathological conditions of the kidney and the urine ; and the third treats of cardiac and pulmonary dropsy. The opinions expressed are characterised by extensive knowledge, both theoretical and practical, and the course of treatment recommended is in accordance with the cautious but enlightened doctrines of the present day. The lectures are illustrated by six very good plates, exhibiting the general character of the degeneration of tissues in Morbus Brightii, the character of the sputa in various pulmonary disorders, and the changes which take place in the morbid deposits in the heart and arteries in various forms of cardiac and pulmonary disease.

A CHILD died at Dartford the other day from eating buttercups.

THERE are at the present time 30,000 blind men and women in Great Britain and Ireland, and nearly all of them are poor.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor FERGUSSON continues his course of lectures "On the Progress of Anatomy and Surgery ;" and as the lecture is also reported in the 'Medical Times and Gazette,' we give an abstract of it elsewhere.——Dr. CHARLES MURCHISON commences some "Contributions to the Etiology, Pathology, and Treatment of Scarlet Fever." This disease appears to have become more fatal during the present century than in former periods, and "there are some grounds for believing," says Dr. Murchison, "that as small-pox has diminished under the influence of vaccination, scarlet-fever has continued to increase." The latter appears to be particularly prevalent in Great Britain, although it prevails over the whole of the continents of Europe and America. In Asia and Africa it is very rare, and in India it is said never to be met with, although a closely allied affection is observed from time to time. Some statistics are quoted by Dr. Murchison to show that childhood and infancy are the periods most liable to the attacks of scarlet-fever ; but even old age is not exempt, for fatal cases have occurred in persons above eighty-five years.——Mr. BERKELEY HILL relates "Two Cases of Syphilis showing a prolonged Incubation Period, and Communication of the Disease by Secondary Contagion." The first case was that of a man who presented some coppery patches near the right eye and the cheek, and who, it was found, had received a blow on that part while fighting, and had had the part *sucked* by his antagonist. The latter was also examined by Mr. Hill at the hospital, and was found to have a sore at the corner of his mouth, and some indurated scars on the penis, evidently of a syphilitic character. Both the patients improved under the use of mild doses of mercury, and the second patient took, also, iodide of potassium.——Dr. C. W. BINGLEY relates a "Case of Poisoning by Arsenic," the poison being discovered after death, but the mode of its administration during life being unknown.

THE 'MEDICAL TIMES AND GAZETTE.'

The original lectures "On the Progress of Surgery during the Present Century," delivered by Professor FERGUSSON at the College of Surgeons, are continued, the second of the series being now published. The object held in view in the present lecture by Professor Fergusson is "to refer to a subject on which he has been long and deeply interested." The experienced surgeon, with a full reliance on the powers of Nature, at one time waits upon, at another time guides her, either gently or with rude force ; or again, when occasion requires, exerts his skill in coercing her, since it is his mission to struggle with her, she being in error. The objects of men of inquiry, when they leave the beaten paths, may be "to produce positive novelty ; to get proof that a certain practice is so good, that it should be more largely followed out, or so bad that it should be abandoned." The modern treatment of aneurism by compression is cited as a striking instance of the progress of surgical science, and the tribute of praise which it has earned is awarded to the Irish

school. Progress is sure to be opposed: the arrest of hæmorrhage by means of the ligature had to contend with opposition till the operation was established beyond all doubt to be invaluable; while, in our own day, the plan introduced by Simpson of checking bleeding by acupressure has not yet ceased to struggle with opposition. When Hunter tied the femoral artery for popliteal aneurism, he was had in derision by those occupying high places. The progress of surgery is exhibited in no surgical proceeding more forcibly than it is in the resection of joints in those cases where "the joint is irremediably affected, or placed beyond the hope of cure within a reasonable time." Parke, Monro, Jeffray, Crampton, had all practised and brought forward the practice of conservative surgery, to which Professor Fergusson made reference; but it was reserved for Syme to educe proofs so convincing of its practicability and utility, as to gain for it a place in surgical science. It is a great error to suppose that bare bone cannot become re-covered, and that a limb is hopelessly useless when its principal joint communicates with every motion a sensation of grating. The maintenance of this error has caused the loss of many fingers and thumbs, and even of many of the larger limbs. Conservative surgery—a term introduced by Professor Fergusson—is not shown more plainly in the treatment of any surgical affection than it is in that now pursued for the removal of constant pain in the tibia, dependent upon the presence of pus deep in the bone. In former times amputation would be resorted to; but the simple practice of trephining the bone, so as to allow the escape of the pent-up matter, answering every purpose, is found to be sufficient for cure. Thorough appreciation of a well-performed amputation is by no means incompatible with a still higher appreciation of a procedure which would render needless any such amputation. The term Conservative Surgery is new, but the line of treatment comprehended in that phrase must not be considered synchronous. The tying of the femoral artery for aneurism in the ham was a great feat in conservatism, yet at the time of its adoption this peculiar nomenclature was unknown. Other examples of conservatism are to be found in the treatment adopted for the tissues surrounding a diseased joint—in the treatment of simple tumours, which are prominent on the surface—of diseased testicle, where excision is requisite—of "skin, merely stretched and attenuated over disease." The disadvantage connected with removal of *seemingly* redundant integument is well illustrated in a remarkable case of Mr. Liston's. In the patient alluded to redundant skin had been taken away at the operation, but afterwards there was a contraction of the remainder of the integument, that caused a "gap extending from near the angle of the mouth up the cheek to the temporal region and to the side of the nose, which exposed the tongue and lower part of the mouth." Conservatism is exhibited in the treatment of caries, necrosis, tumours of the maxilla, or at the inferior extremity of the tibia or femur; as also "in cunning operations on the fingers, the hands, or the feet, for their preservation;" in excision of the clavicle, instead of sweeping off the entire extremity; in removal of the whole of the scapula, or in the taking away of only certain diseased parts; and in the excision of the heads of bones, the shafts being allowed to remain.——Dr. JAMES DANNET communicates "Two Cases of Fracture of the Skull," of which one is submitted to notice in the present number of the Journal. The patient, a lad aged sixteen, fell from a height of about thirty feet, sustaining a deeply depressed fracture of the skull; trephining was practised, and the sunken bone raised on a level with the sound. The case is interesting because of the perfect restoration of the faculties subsequent to the operation. Elevation of the depressed bone was followed by contraction of the right forearm, probably from reflex irritation of the base of the brain.——Mr. REDFERN DAVIES contributes an article entitled "Cure of Inguinal Hernia in Children." The object he seeks to obtain is the excitation of inflammation sufficient to cause an effusion of lymph or plasma to such an extent as to block up the inguinal canal, and to get union of the walls of this channel. "For my own part," he says, "I put an almost unbounded faith in the curative powers, in children's ruptures, of a properly fitting truss, continually worn, and regard an operation only as an adjunct to treatment by pressure, rendering it more certain and speedy. The simplicity and freedom from danger of the operation constitute a strong recommendation for its adoption."

THE 'BRITISH MEDICAL JOURNAL.'

Mr. BERNARD E. BRODHURST continues his lectures "On Orthopædic Surgery," his present subject being talipes, or club-foot. The non-congenital talipes varus is described as depending mainly on paralysis, but sometimes on spasm; but equino-varus is a much more common form of distortion. The treatment of equino-varus is described as consisting of two stages—the object of the first being to reduce the distortion to equinus, and secondly to remove the condition of equinus. The first part of the treatment, therefore, consists in the section of the tibialis posticus and tibialis anticus tendons, and the second in dividing the tendo Achillis. Mechanical treatment is also necessary, and an apparatus, constructed by Mr. Bigg, to be worn on the foot, is described as very efficacious.

THE 'GLASGOW MEDICAL JOURNAL.' No. XLV. April, 1864.

Dr. T. MCCALL ANDERSON contributes some "Cases illustrative of Diseases of the Ear," his present paper containing a short sketch of the principal forms of obstruction of the Eustachian tubes, including a description of Politzer's new method of treatment. This treatment consists of the introduction of a catheter, open at the end, which is placed in the nose, and having at the other end an india-rubber bottle. The patient is then told to take a mouthful of water, and the tube is introduced into one nostril, and the india-rubber bottle is suddenly compressed, while the patient swallows the water. By this means the soft palate is made to separate the cavity of the nose from the mouth and throat, and the air from the india-rubber bottle is driven into the Eustachian tubes.——The second article is devoted to the Townley case, which is discussed at some

length; the opinions of the writer being adverse to the supposition of Townley's insanity.——Mr. J. THOMSON gives a "Statistical Report of Five Thousand Cases of Obstetricy" which have occurred in his own private practice. His cases seem, generally, to have been attended with success, the exception being in puerperal fever, more than half of the cases having terminated in death. The forceps were applied in 104 cases, with only two deaths; and Mr. Thomson states that he has never had occasion to apply the long forceps, or seen a case where their use seemed to be desirable. He therefore thinks that they might be omited from the list of obstetrical instruments.——Dr. JOHN GRAY coutributes a paper "On the Gastric Juice," giving a sketch of the composition and action of that fluid.——Dr. W. WHITELAW, of Kirkintilloch, gives an amusing dissertation "On Extra-Academical Medical Education," advocating the inculcation of sound scientific principles as an antidote to the fanciful theories and erroneous practices of the present day.——Dr. H. MACCORMAC, of Belfast, contributes "Fifty Aphorisms in respect of Tissue Metamorphosis, as illustrating the Production of Tubercle." His leading principle is, that tubercle is caused by the retention of carbon in the system, and that the elimination of the carbon is, therefore, the best cure for tuberculosis.——Dr. A. B. BUCHANAN relates a case of "Malignant Fibro-Cellular Tumour involving the Ileum;" and MR. EDWARDS offers some "Notes on Cases of Injury to the Skull and its Contents," the cases being four in number, three being fracture of the skull, and one abscess in the cerebellum.

THE 'JOURNAL OF MENTAL SCIENCE.' April, 1864.

The present number of this Journal contains "Some Stray Notes on Foreign Asylums," by Dr. W. CARMICHAEL MCINTOSH, who describes a few of these institutions in Savoy and Switzerland. Dr. Guggenbühl's Institution for Cretins at the Abendberg is represented as being almost deserted since the death of its founder; and its efficacy in the cure of cretinism is doubted by the author of the paper. ——Dr. JOHN HITCHMAN relates the particulars of "An Interview with George Victor Townley, with Reflections thereon," the conclusion drawn being that the convict was not insane.——The Rev. W. G. DAVIES contributes a paper "On Memory and the Brain," the object being to show the connexion of this faculty both with the cerebral organisation and with the other faculties of the mind.——Dr. H. G. STEWART contributes a very elaborate paper "On Hereditary Insanity," founded upon and illustrated by a great mass of statistical evidence.——BARON MUNDY, M.D., in "An Oasis in the Desert of Non-Restraint," gives an analysis of Dr. Ludwig Meyer's paper on the non-restraint system, Dr. Meyer having visited this country and seen the good effects of the English treatment of insanity, and having written an article on the subject in the 'Allgemeine Zeitschrift für Psychiatrie.'—— The clinical cases comprise "A Case of Primary Cancerous Tumour of the Brain," with remarks, by Dr. G. MACKENZIE BACON, and the particulars of "A Case of Sudden Death at Hayward's Heath Asylum," by Dr. C. L. ROBERTSON. The latter patient had been treated by the wet sheet and the tincture of digitalis, but after death it was discovered that a large vessel had been ruptured in the brain, and this result was in no way attributable to the treatment pursued. The rest of the number is filled up with reviews of British and foreign works relating to psychological medicine.

'JOURNAL OF PRACTICAL MEDICINE AND SURGERY.'

(Continued from page 401.)

Let us now turn to the history of lumbrici, a class which has been assumed by writers on the subject as the prototype of entozoa.

We have alluded to their mode of generation and propagation. Mr Roger neither agrees with the optimists, who consider them useful, nor with the pessimists, who ascribe to them the most serious consequences, but assumes an intermediate position. In his opinion the alleged dangers are a question of number, and few children have not two or three lumbrici wandering without injury in the intestinal cavities. In one instance a child passed in the course of five months as many as two thousand five hundred lumbrici without apparent detriment to his health. It may, however, be stated as a general fact, that the symptoms indicative of their presence are proportionate in gravity to their numbers. Ten or twelve of these entozoa, for instance, give rise to few, if any, morbid manifestations. Diminution of appetite and some slight diarrhœa of a mucous character may be observed, forming an aggregate of symptoms of slender import, far different from the formidable descriptions to be found in classical treatises. The dotted aspect of the tongue, foul breath, capricious appetite, peculiar cast of countenance, the dilatation of the pupils, dull colour of the skin, dry cough, and lactescent urine, are all, in Mr. Roger's opinion, purely chimerical. These signs may coincide with the presence of tape-worm, but never with that of lumbrici, however numerous. The latter can only occasion the symptoms of enteritis, from mechanical irritation, which may, if very intense, impart to the case the aspect of typhoid.

Bretonneau has asserted that, in subjects who during life have suffered from verminous diseases, the gastric mucous membrane is usually found in a softened and disorganised condition. This appears improbable, from the well-known fact that lumbrici habitually dwell in the small intestine, from which they seldom ascend towards the stomach. They more usually follow the course of the bowels, and seldom give rise to the agglomerations viewed by Wedekind as a cause of obstruction and vomiting of fæcal matter. These formidable symptoms have, however, been observed by Messrs. Guersant and Charcelay in two children, who recovered after having passed, the first thirty-seven, and the second sixty lumbric worms. We may not unreasonably admit that, under the influence of slight intussusception, the accumulation of a dozen or fifteen lumbrici in one spot may induce symptoms of obstruction; but Mr. Roger is less inclined to grant implicit belief to the sympathetic disturbances alleged to be due to the existence of these entozoa. It is on this point especially that authors have indulged in flights of fancy, and have mistaken coincidences for cause and effect. Cerebral symptoms, for instance, were contended with by the exhibitions of calomel, which is an excellent parasiticide; worms were passed, and the cure was ascribed to their removal. If convulsions, consequent on indigestion, supervene during the evolution of the teeth, an aperient is prescribed; the child passes worms, and the helminths are represented as having occasioned the convulsions. Mania, hysteria, eclampsy, catalepsy, tetanus, chorea, epilepsy, palsy, hydrophobia not referable to rabies, amaurosis, and even deaf muteness, have all been attributed to the presence of helminths. Some of these functional symptoms may doubtless have supervened in persons afflicted with tænia, but we are treating at present merely of lumbrics; and Mr. Roger distinctly asserts that he has never observed even convulsions, the most frequent of all the sympathetic affections above enumerated, which could

fairly be accounted for by the existence of these worms. We must, in addition, remark that it is very difficult positively to ascertain the amount of influence exercised by the entozoa, because, on the one hand, the diseases alluded to are sometimes obviously unconnected with any such cause, and because, on the other, children often pass a large number of worms, although they have never suffered from convulsive, eclamptic, epileptic, or choreic fits of any description whatever.

With regard to verminous (so-called) meningitis, its existence might be admitted at a period when, the study of morbid anatomy being more neglected than at present, meningeal granulations were passed over unheeded, and the symptoms occasioned by their presence were referred to a few inoffensive lumbrici found in the small intestine. The cases in which a cure was effected after the expulsion of worms must be viewed as instances of mere coincidence. Dr. Mangin has placed on record the history of several children, between the ages of three and nine years, who were all affected with convulsions and passed a large number of entozoa. Three recovered and two died, the latter being affected with acute hydrocephalus. "It is obvious," observe Messrs. Rilliet and Barthez, "that in these subjects the cerebral symptoms were entirely unconnected with the presence of the lumbrici."

In conclusion, Mr. Roger absolves the entozoa from the production of the sympathetic symptoms which have been laid to their charge. He does not, however, acquit them of the accusation of causing mechanical irritation. We have alluded to their evil effects in the intestinal tube; we now turn to the consideration of the mischief induced by their migrations from one organ to another.

They sometimes, for instance, wander into the stomach, and may give rise to pain and nausea, and occasionally induce emesis, during which the helminth is rejected. In the œsophagus, the lumbric causes a sensation analogous to that produced by the presence of a foreign body ascending towards the pharynx, and the patient complains of a distressing titillation in the duct. A lumbric may possibly enter the cystic duct, but only in adults in whom the biliary passages have been enlarged by the previous escape of a gall stone; it is at least doubtful if such an occurrence is possible in children. We should not omit to state that entozoa, on reaching the pharynx, may penetrate into the nasal fossæ, the Eustachian tube (Winslow), and subsequently work their way out through the auditory duct (Bruneau), or pass into the larynx and trachea, giving rise to fatal suffocation unless the worm is promptly expelled in a fit of coughing—a fact observed by Mr. Davaine in one of the fourteen cases collected by Mr. Arronssohn and himself. Mr. Davaine remarks that, by the process of elimination, the practitioner is soon led to suspect the presence of a lumbric—a suspicion promptly converted into a certainty if, by direct inspection with the finger or eye, the worm is found partially extruding from the glottis, a circumstance which has been noted in almost 50 per cent. of the patients.

In another class of cases the helminth passes into organs which are not its customary habitat, subsequently to a morbid process in which the parasite has had no share. Thus, ulceration of the stomach or intestine, or vesico-vaginal fistula, may explain the admission of worms into the peritoneum or bladder. The lumbric, however, is not the agent of the perforation. The spiculæ of the helminth are not sufficiently powerful to break through a texture not previously softened by disease. Mondière contended that the worm might work its way by merely parting, without dividing the fibres, and adduced in proof of this view the presence of worms in abscesses; but these puriform collections are not the result of the passage of the entozoa, but of causes foreign to the existence of the helminths; and when the latter reach the cavity, adhesions have already formed which diminish the gravity of the disease, and are even conducive to its ultimate cure.

The diagnosis cannot, at the present day, be allowed to repose on the fantastic semeiology to be found in classical works. The itching of the nose is a mere popular indication without value. The practitioner should never assert the presence of worms, unless they have been seen, or unless the ova have been recognised with the microscope in the fæces—a mode of investigation which Mr. Davaine has shown to be possible. When, however, parents suspect that their children are affected with worms, it would be injudicious utterly to deny their existence. In doubtful cases it can do no harm to prescribe a proper vermifuge, and this is a safer practice than to incur the risk of learning that an unsuitable one has been exhibited immediately after the physician's departure.

The treatment thould address itself to a twofold indication, viz., the expulsion of the worms, and the prevention of their reappearance.

In the first place, Mr. Roger rejects all anthelmintics which act mechanically, such as zinc grains or iron filings, alluded to by Bremser. The most reliable medicines are Gigartinia helminthocorton, semen-contra, wormwood, and soot for the poor, and santonine for subjects in easy circumstances.

The *Corsican moss*, or *Gigartinia*, may be prescribed in powder in doses of gr. xv.—xxx., in preserves or baked apples. A filtered infusion of ʒj.—iv. of the moss in eight ounces of milk is a most effective remedy, of not unpleasant taste.

Bremser recommends the coarse powder of *Semen-contra*, recently bruised, in ten or fifteen grain doses, or an infusion of two or three drachms in milk or beef-tea.

Wormwood (Artemisia absinthium) may be given in the shape of an infusion of ʒj.—iv. in four ounces of water or milk.

A mixture of two drachms of *soot* with an equal amount of coffee, infused in four ounces of boiling water, sweetened and strained, forms a not very tempting, but a cheap and efficient beverage.

A paste of *pumpkin seeds*, prepared with one or two ounces of seeds boiled, bruised in a mortar and mixed with honey, has also been recently recommended.

Santonine, a more expensive remedy, may be exhibited in the shape of sweetmeats or drops, flavoured with chocolate; each drop or *dragée* contains one grain of the remedial agent; one, two, three, or four grains of santonine may be given. Mr. Roger seldom exceeds this quantity.

The Professor also alluded to Mr. Cruveilhier's vermifuge syrup, which he and Messrs. Rilliet and Barthez have always found beneficial. It contains one drachm of each of the following substances—viz.: Senna leaves, rhubarb, semen-contra, southern-wood, Corsican moss, tansy, and artemisia; these drugs are infused in eight oz. of water, and a sufficient quantity of sugar is added to form a syrup, a table-spoonful of which is taken for three successive mornings.

Mr. Cruveilhier states that this syrup has sometimes caused the expulsion of as many as sixty lumbrici in one day. Messrs. Rilliet and Barthez prefer this preparation to Bremser's electuary, which is efficient it is true, but so intolerably disagreeable to the taste that children often cannot be induced to take it.

Whatever vermifuge may have been selected, some aperient—calomel or castor-oil, for instance—should subsequently be prescribed. It is then judicious to administer a spoonful of bark wine every evening for a week, in accordance with a precept laid down by Mr. Cruveilhier.

This method of treatment generally relieves the child for a time, but it is further necessary to prevent the reproduction of the worms; and strict rules of hygiene, especially as regards the water used as a beverage, must then be attended to. In this point lies the whole gist of the preventive treatment, and the attention of local administrations cannot be too earnestly invited to the important practical facts on which Mr. Davaine's researches have thrown unexpected light.

PRIZE ESSAY ON ANÆSTHETICS.—The Mississippi Valley Association offers a gold medal of the value of one hundred dollars for the best essay on anæsthetics and their use. It is open to the world for competition.—'Amer. Med. Times.'

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 22, 1864.

THE ARCHBISHOP OF YORK ON MEDICAL EDUCATION.

On the occasion of the late distribution of Prizes and Certificates of Honour at the St. Mary's Hospital Medical School, the Archbishop of York, who presided, offered some remarks upon the subject of Medical education, which are deserving of notice as coming from a prelate who is possessed of undoubtedly high talents, and who has had, moreover, very great experience in the work of education from his long connexion with the University of Oxford. Nevertheless, many of his remarks are inapplicable to the subject of Medical education, in consequence of the wide difference which exists between the training necessary for our Profession, as compared with the system with which the Archbishop is most cognisant; and indeed it is almost impossible to draw a comparison between them, as the elements of the two cases are so exceedingly dissimilar.

The species of education with which the Archbishop of York is most familiar is no doubt that which has long been pursued at our two principal English Universities, especially that of Oxford, in which he has held several high official appointments. The leading studies at these great seats of learning, until very lately, have been the classics, mathematics, logic, and a little divinity; and although very energetic efforts are now being made to introduce modern sciences and modern languages into the curriculum of education, classics, mathematics, and logic still hold the most prominent position. The chief part of the student's period of residence at either University is spent in reading or attending lectures or demonstrations (given by the College tutors) on classics, mathematics, or logic; and, as is perfectly well known, hundreds and thousands of Cambridge and Oxford graduates have studied and learned little else at their alma mater, and their special professional information, if they have acquired or needed any, they have picked up somewhere else. Now we do not in the least undervalue this kind of knowledge; on the contrary, we highly prize it, and we readily admit that the training of the English Universities is one of the best ever devised to develop a youth into a scholar and a gentleman. We even hope that the members of our Profession will avail themselves more and more of the opportunities now opening to them, for pursuing their Medical studies at Oxford and Cambridge, the authorities of which are daily offering new facilities for the acquisition of natural, including Medical science, on the part of students.

All we assert is, that the Archbishop, in offering his observations on the course of Medical education in the London schools, is hardly a competent adviser, inasmuch as he knows but little either of the system pursued or of the persons who direct or follow it. We must state at once that the Archbishop, with graceful and becoming modesty, admits his incompetence in this respect; and in commenting upon his remarks we do so with the utmost regard for the general good sense which they contain, and for the soundness of the views on which they are based.

We have, on former occasions, disposed of the absurd complaint as to the enormous number of lectures supposed to be enjoined upon, or attended by, the modern Medical alumnus, and we have, therefore, not much sympathy with the students who are stated to have cheered most vehemently when the Archbishop pleaded for mercy to be shown them on account of the labours of this kind which are imposed upon them. We do not personally know the system pursued at the St. Mary's Hospital Medical School, because we have neither studied there nor held any appointment within its walls; but, at the risk of being reproved for ignorance, we may assert that the plan does not materially differ from that pursued at other Hospital Medical Schools, and that the students do not attend more lectures than are enjoined upon them. If they do so, then they act of their own free choice, and have, of course, no ground of complaint. Now, supposing that the students of this institution are intending to become Doctors of Medicine of the University of London, or Members or Licentiates of the College of Physicians, or Members of the College of Surgeons, or Licentiates of the Society of Apothecaries, we really do not observe, on perusing the published Regulations of any of those bodies, that there is such an herculean weight of lectures heaped upon them that they have any just ground of remonstrance. The University of London requires them during four years to attend some five courses of lectures, the subjects to be chosen by themselves; the College of Physicians, spreading its curriculum over three or four years, indicates the subjects to be studied, but not the number of lectures to be delivered; the College of Surgeons, with rather more precision, requires the students to attend lectures on anatomy and physiology, the former four times a week, and the latter *twice* a week (no very grievous task), during two winter sessions, and also lectures (number not specified) on surgery and other subjects; the Society of Apothecaries requires the students to attend lectures and hospital practice, but specifies no number of lectures. In fact, nearly the whole of the subjects are practical, as anatomy, chemistry, materia medica, botany (which are all purely practical subjects in their very nature and essence); and in order that there may be no mistake as to the practical character of the other pursuits, the printed Regulations enjoin *Practical* Chemistry, Dissections and Demonstrations, Clinical Medical *Practice*, *Practical* Midwifery and Vaccination, &c. In a note on one of the subjects it is added, for the further information of those who may be obtuse in their perceptions:—"By practical chemistry is intended a specific course of instruction in the laboratory, with an opportunity of *personal manipulation* in the ordinary processes of chemistry

and of acquiring a knowledge of the various re-agents for poisons."

Now, any persons in their senses who read the foregoing Recommendations of the Metropolitan Medical Licensing Boards, must surely see that if any of the Medical Schools overburden their students with lectures, and neglect to afford them the means of practical instruction, they are acting in opposition to, and not in conformity with, the Regulations with which they are bound to comply; and as a necessary consequence of this corollary, it follows that if the students allow their minds to be so overweighted they have only themselves to blame. The worthy and learned Archbishop evidently seems to think that the modern teaching of chemistry and anatomy consists in the delivery of long-winded and dry dissertations on such matters as the opinions of Hippocrates, Galen, Celsus, Boerhaave, Stahl, Paracelsus, Van Helmont, and so forth, while the real work is done by the student himself. "I take it," says the Archbishop, who, however, admits that he knows little of chemistry, "that in the case of chemistry, you cannot leave all your test-tubes and retorts simmering and fizzing, go off to lectures, and return, without a certain interruption and loss of time and material, and without a certain fret and worry of one's thoughts. I presume the same is the case with regard to dissection," &c.

Now, these are most unfortunate illustrations on the part of the Archbishop, for the fact is that practical anatomy and chemistry cannot be pursued by the student in his own room, and that he must, and ought to pursue them under the guidance of competent teachers, who instruct him in the proper use of test-tubes and retorts, and in the proper way of dissecting; and his duty at home is to note down what he has heard and seen in the laboratory or the dissecting-room, or to read in manuals or other books provided for him the explanation of the phenomena or the dissections he has witnessed. So in medicine and surgery, he is indeed (and we think very properly) required to attend some lectures in order to obtain an idea of arrangement of the subjects of study, but he is also required to attend at the bedside of the patient, to listen to the clinical observations of the physicians and surgeons, to witness or to assist at the post-mortem examinations and the demonstrations of morbid anatomy, and to handle the different instruments used for the detection or the treatment of injuries and disease.

To allege, then, that the student is obstructed in his progress by the number of lectures he is compelled to attend, or that he deserves any pity on this account, is perfect nonsense. He is required, it is true, to study a great number of subjects, but they are mostly practical, and he is enjoined, at least by the English Corporations, to study them *practically*. When candidates are remanded to their studies by the examining bodies, it is chiefly from the want of this practical knowledge, which the hospital authorities are called upon to provide, and we believe do provide, and of which the student is bound to avail himself.

SUMMARY OF THE WEEK.

CONVERSAZIONE AT THE COLLEGE OF PHYSICIANS.

On Saturday evening the President and Fellows of the College of Physicians of London held their annual *conversazione*, which was very numerously attended, the attraction being increased by the anticipated visit of royalty. With the praiseworthy punctuality so characteristic of the present royal family, the Prince of Wales arrived exactly at nine o'clock, the hour fixed for the commencement of the proceedings, and many of the visitors who came in late did not obtain a sight of him at all. He was looking remarkably well, and took a lively and intelligent interest in the objects of art and science presented to his notice. He was accompanied by Prince Louis of Hesse, and was conducted through the rooms by the President of the College, Dr. Watson. Besides the fellows and members of the College, there was a large gathering of the Surgical Profession; and among other notabilities we observed Lord Wensleydale, Lord Chelmsford, Lord Belper, the Lords Justices Turner and Knight Bruce, and many others. Among the curiosities of the evening was the veteran William Lawrence, who was looking very well, and who, we are informed, entered the College arm in arm with a bishop, whose title we could not catch, but we were assured it was not Bishop Colenso. The exhibition of articles of scientific and artistic interest was copious and attracted great attention, an array of microscopes forming, as usual at such meetings, a prominent part of the display. Messrs. Powell and Lealand exhibited the beautiful phenomenon of the circulation of the sap in the cells of the Vallisneria spiralis with 1-25 object-glass, and living specimens of the Volvox globator, a creature standing on the confines of the animal and vegetable worlds, but now referred to the latter; and the circulation of the blood in the branchia of the newt. Mr. Ladd, besides the exhibition of microscopes, showed his interesting experiments on the vibration of sonorous bodies, the waves of sound being shown by means of lenses to assume definite and visible forms. Mr. Jabez Hogg exhibited, under the microscope, specimens of the Trichina spiralis, the entozoon lately described as having committed great ravages in Germany, and Dr. Thudichum presented the same parasite in several stages of its development. Mr. Ross exhibited his binocular microscopes, showing minute objects both achromatically and by polarised light; and Dr. Lionel Beale displayed his microscopic preparations of the liver, kidney, and medulla oblongata, and the healthy and inflamed circulation in the web of the frog's foot. Among the literary curiosities was the first book printed in England by Caxton: this precious relic is the property of the College, and is in excellent preservation, the type being clear and legible and the pages bearing no appearance of its great antiquity. It should be mentioned that the refreshment department of the *conversazione* was served with great liberality, enormous and tasteful bouquets of flowers and a cornucopia of choice fruit crowning the tables. The latter gift of Pomona was not merely intended for exhibition, but was distributed

among the guests of the evening. The company, which numbered somewhere about six hundred, did not separate until a late hour, and the proceedings afforded universal satisfaction.

THE NAVAL MEDICAL SERVICE.

It would appear that "in the lowest depths there is a deeper still," for a writer in the 'Medical Times and Gazette,' who signs himself R. N., thus contrasts the position of a Medical Officer in the Army and Navy respectively :—

POSITION AND PROSPECTS OF A MEDICAL OFFICER.

In the Army.	*In the Navy.*
Roomy quarters, and all the comforts of a life on shore uninterrupted.	A hammock in the cockpit and no cabin; or, at the best, a dark, unventilated room, six feet by four, with innumerable annoyances.
Duty done, he is free to walk out where and when he pleases, unrestrained by any cause whatever.	Unable to move without a boat, which may be, and is often, refused, and which, if not refused, is pretty certain to be ill-appointed and unfit for the accommodation of officers.
Commodious hospital and an efficient staff, completely apart from the barracks, and free from all petty annoyances.	Insufficient accommodation for the treatment of the sick, and unavoidably exposed to the chances of a thousand-and-one petty annoyances at the hands of the executive.
Continued service on full pay, and, therefore, ability to serve the allotted period without a break.	Frequent compulsory loss of time on half-pay, thus protracting the period of service indefinitely.
Considerable increase of pay on foreign service and in the field, with an equitable share of prize money according to relative rank.	No increase of pay on foreign service or otherwise, and a marked distinction to their prejudice in the distribution of prize money relatively with other officers.
The rank of Surgeon-Major acknowledged in the 'Gazette,' and promotion to the higher grades tolerably certain, and pretty free from the taint of favouritism from any quarter.	No acknowledgment by 'Gazette' or separate list of the rank of Staff Surgeon, and promotion to the higher grades to be obtained almost exclusively by the sacrifice of independence necessary to secure the favour of some powerful naval influence.

THE GRIEVANCES OF THE ARMY MEDICAL OFFICERS.

An important meeting of the Metropolitan Counties Branch of the British Medical Association was held on Monday, the 13th inst., in Soho square, on the subject of the grievances endured by the medical officers of the army, and a series of speeches were made, and resolutions passed (an abstract of which we have given elsewhere) in favour of redress. We are glad that this meeting has been held, and we hope that the example will be followed by other local associations throughout the empire; for it is only by such means that the complaints of the Army medical officers can be heard and their wrongs represented to persons in authority. It now clearly appears that great dissatisfaction prevails throughout the service, and that the officials at the Horse Guards are endeavouring to stifle the voice of complaint and remonstrance. It has been broadly asserted in some quarters that the chief fault lies at the door of the Director-General of the Medical Department, who is betraying the interests of his profession while keeping himself in favour with his military superiors; but we have been informed, on authority which we cannot discredit, that such is not really the case. We are led to understand that Dr. Gibson is in no way responsible for the breaches of faith on the part of the Horse Guards towards the medical branch of the service, of which the latter so loudly complain, and that, on the contrary, he is strenuously exerting himself (although, unfortunately, in vain) to procure justice for his professional brethren. We are told on the same authority, however, that the Horse Guards are pursuing a most offensive course towards the whole of the medical service, the chiefs of that service included, and that the Commander-in-Chief is surrounded by advisers who, in the matter to which we allude, are exercising a very prejudicial effect on his mind. On this and other grounds, we rejoice that the voice of the Profession in general is making itself heard, and we learn that no time will be lost in seeking interviews with the Secretary of State for War, to represent to him the present state of the Army Medical Service, and to make him acquainted with the real facts bearing upon the important questions connected with that division of the army.

THE POOR-LAW MEDICAL SERVICE.

The following extract from a report of a Select Committee of the House of Commons, published last week in the newspapers, represents, we fear, the whole of the concessions which are likely to be made to the Poor-law Medical Officers :—

"There are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select committees of this House in the years 1844 and 1854. The recommendations of those committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the guardians, subject to the orders and regulations of the Poor-law Board."

This is truly a munificent concession, for which our medical brethren will, no doubt, be duly grateful, and which the Poor-law Guardians will probably interpret into a pretext for reducing the present miserable salaries doled out to the medical officers. In the same report, also, an apparent boon is conferred upon the medical officers by placing the power of dismissal of officers solely in the hands of the Poor-law Board; but the value of this arrangement will be apparent to everyone who knows the manner in which the Board always takes the part of the local guardians. Still, it is true that *something* has been gained; and we agree with some of our contemporaries, that more might have been achieved, if the Profession had been true to one another. Very great merit is due to our indefatigable friend, Mr. Griffin, for the unwearied zeal he has evinced in fighting an up-hill battle on behalf of his Poor-law medical brethren; and we are glad to learn that a testimonial is to be presented to him, in acknowledgment of his devotion and his self-sacrifice in the cause. We shall

be glad to promote the objects of Mr. Griffin's friends by every means in our power.

GENERAL CORRESPONDENCE.

THE USE OF MERCURY.

To the Editor of the Medical Circular.

SIR,—As you have been kind enough to allow me space, in one of your former numbers, to make a few remarks upon a paper that was read before the Harveian Society, some time ago, by Dr. Charles Drysdale, entitled "Evidence against the Internal Usè of Mercury in Syphilis and other Diseases," I hope you will be good enough to permit me, once more, to make a few further remarks upon a letter which appears in the MEDICAL CIRCULAR of the 25th of May last, from the same gentleman, speaking on the same subject. I may beg to remark, in the first place, that Dr. Drysdale seems to me to forego or modify now, in a great measure, some of his former untenable arguments respecting the internal use of mercury in syphilis and other diseases, when he does condescend so far, even, as to attach any weight or importance whatever to the opinions of your London Physicians respecting the nature and action of mercury in syphilis and other diseases. "I believe," says Dr. Drysdale (in his last letter), "that I am only speaking the general opinion of London Physicians at the present moment, when I state that mercurials are considered as quite contra-indicated in all states of the constitution coming under the category of scrofulous, whether hip-joint or other disease." So it is well to see that Dr. Drysdale has, at last, come to terms with the London Physicians upon even one very important point at least—viz., the great danger of using mercury in scrofulous diseases. "And it appears to me," says Dr. Drysdale, "to be a most ill-judged practice to ingest a most destructive drug for weeks or months into the system, in order to try experiments on the solution of an indurated mass, such, for instance, as the solvent powers of the bichloride of mercury on the induration of the cervix uteri." So I do not believe that many of the London Physicians will be inclined to dispute this point either with the learned gentleman, Dr. Drysdale. And when the body of the Profession shall consent to treat syphilis in the manner recommended by Mr. Syme, "I, for one," says Dr. Drysdale, "shall have nothing further to say." Then, again, he says: "My attacks are levelled against those who treat syphilis by the ingestion, for several months, of a daily dose of this most dangerous drug." Now, surely Dr. Drysdale must forget himself here, as we all know that his attacks were levelled against the internal use of mercury under any shape or form whatsoever. "But with the mild mercurial school it is difficult to come to terms," says Dr. Drysdale, "as they do not assert anything categorically, but merely state, in general terms, that mercury does good in syphilis; to which all I can reply is, that I do not think it ever does any good; but I also do not think that a few mercurial pills, given for a week or so, are worth speaking about either for or against." Now, surely Dr. Drysdale ought to have known, before making such a rash assertion, that a few mercurial pills, being given regularly every night and morning, for only one week or so, would be quite sufficient to effect and salivate most persons, and might, therefore, act as a perfect antidote to the venereal virus. But well may Dr. Drysdale begin to tell us that we do not assert anything categorically, but merely state in general terms that mercury does good in syphilis, while he himself can bring nothing forward to prove his arguments, unless we take for granted that a certain Dr. Fricke, a German doctor, did really cure 15,000 cases of syphilis, in the Hamburg Hospital, without ever having used a single grain of mercury, which shows clearly, and makes him (Dr. Drysdale) believe, that Fricke has completely put to rout the believers in the absolute necessity of treating syphilis with mercury. Now, how Dr. Drysdale has been led to believe all this, or to put such implicit faith in the mere statements of foreigners, is really more than I can comprehend. So Dr. Drysdale sums up and concludes, at last, by thanking Drs. Griffith and Sisson for their determination to discover flaws in his evidence as to the injurious effects of the internal use of mercury in all diseases, and by bestowing also upon these two most worthy gentlemen a very high eulogium, both for their single-mindedness and candour as compared with the rest of the Profession, either in London or elsewhere. But why Dr. Drysdale has thought fit to extol, in such unmeasured terms, the great merits of these two, at the expense of all the rest of the Profession, is more than I can conceive. So, as I have trespassed too far already on your valuable time and space, Sir, I must not trouble you at present by bringing forward a number of cases—both of syphilis and other diseases—which I do know and have seen to be cured by the skilful and judicious use of mercury, after many other kinds of medicines had been tried on the same, but to no use or advantage whatever.

Then all that I need now say on the subject is, that I think mercury will stand its ground always as a most useful therapeutic agent, notwithstanding the violent and one-sided attacks that Dr. C. Drysdale has levelled against it; and this has been told to him more than once already, even in presence of the Harveian Society, both by Mr. Ernest Hart and Dr. Graily Hewitt; and although the latter gentleman, Dr. Graily Hewitt, does not consider mercury to be a proper remedy in acute hydrocephalus or puerperal peritonitis, still he thought it a most useful remedy in syphilis and other diseases: so it is scarcely fair, then (to say the best of it), for Dr. Drysdale to fly off to all parts of the globe in search of evidence to prove against poor little Hermes, once the most obedient and winged messenger of the gods—and a most upright and straightforward little gentleman he is always found to be. Go where you will, or find him where you may, you shall find him to act and conduct himself always in the same most decided and uniform manner, and always anxious to be seated on the neat, clean little shelves of the apothecary, clothed in his lovely little jacket of the red, white, and blue. But why, then, does Dr. Drysdale go and fly round all the world in search of evidence to bear witness against poor little Hermes?—"Mutant cœlum, non animum, qui trans mare currunt." And so it is, and always will be, with Mercury, who will stand his ground, I have not the least doubt, against all the attacks that have been levelled against him, and the cruel ordeal to which he has been subjected of late through the instrumentality of Dr. C. Drysdale.

I am, &c.,
N. MCGREEVY.

Lurgan, June 11, 1864.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—JUNE 13.

VACCINATION.

Sir J. Pakington asked the Vice-President of the Committee of Council on Education whether, in accordance with the statement of the Lord President last year, "that the Government were considering the best means of effecting an improvement in the Vaccination Law," and having regard to the great loss of life from small-pox which had lately occurred in London, it was the intention of her Majesty's Government to introduce any measure on that subject in the present session.

Mr. Bruce said there could be no doubt that a very large and unnecessary loss of life resulted from neglect of the provisions of the Vaccination Act. The right hon. gentleman was aware that, although obligatory, the successful application of the Act depended on the active concurrence of boards of guardians, vaccinating surgeons, and parents of the children. A similar question having been put this year to his noble friend the President of the Council, he stated that in his opinion there were only two methods by which the disease could successfully be grappled with. One was by increasing the compulsory powers of the Act, the other by offering pecuniary inducements to the vaccinating surgeons. Parliament, the noble lord thought, would not sanction greater compulsory powers, and he did not see his way to the application of the other alternative. He understood that notice had been given in the other House

of an intention to introduce a Bill on the subject which would be referred to a Select Committee. He hoped that measure would have the effect of strengthening the law and removing the evil now complained of.

LUNACY (SCOTLAND) BILL.

The Lord Advocate obtained leave to bring in a Bill to continue the deputy commissioners of Lunacy in Scotland, and to make further provisions for the salaries of the deputy-commissioners, secretary, and clerk of the General Board of Lunacy. The Bill was subsequently brought in and read a first time.

THE GRIEVANCES OF THE ARMY MEDICAL OFFICERS.

SPECIAL GENERAL MEETING OF THE METROPOLITAN COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

A special general meeting was held at 37 Soho square, on Monday, June 13th, at 4 p.m.; Francis Sibson, M.D., President, in the chair. The object of the meeting was "to consider the present position of the Army Medical Department, and to take such steps in the matter as might seem advisable."

The President, in opening the proceedings, remarked that the meeting had been called to consider a subject of the greatest importance. The state of the medical service of the army had become such, that for about two hundred vacancies, there were but few or no candidates; and the authorities, in this state of things, had applied an extemporaneous remedy, by appointing acting assistant-surgeons for home duty. It must be plain that, when a service of such high position as the medical department of the army was not supplied, there must be some fault at the bottom. The army medical officers were placed in a disadvantageous position, in being disabled from standing on their own defence; and, therefore, they had a special claim to such protection and advocacy as could be afforded them by this Branch, and by their professional brethren in all parts of the kingdom. He would remind the meeting, that the British Medical Association had had a great share in obtaining for the naval medical officers the Warrant of 1859; the provisions of which, he believed, were still carried out. He called on Dr. Stewart to move the first resolution.

Dr. Stewart supposed that the members were well aware of the dissatisfaction which existed among the medical officers of the army, arising out of the circumstance that the distinction between combatant and non-combatant officers was kept up resolutely, and very injuriously to the position of the medical men and interests of the soldier. The disastrous results of the conflict between the military department and the medical had been shown in the Crimean war, where the military authorities had positively refused to give effect to the recommendations of the medical officers. In the Peninsular war, the recommendations made by Sir James McGrigor to the Duke of Wellington were carried out; for, if there was any hesitation, Sir James used to remark that he had advised what he thought right, and that the responsibility of carrying it out or neglecting it lay with the Duke. But now the position of the medical department of the army was such, that the lowest step had been reached; at least, it was by many hoped that matters had become so bad, that the intervention of the medical profession could not but be successful. After the Crimean war, a commission had inquired into the state of the medical department of the army; and the result of their labours was the granting of the Warrant of 1858. This warrant placed matters on such a footing, that universal satisfaction prevailed both among medical men in the army and in civil practice. It was thought that there would be no recurrence to the former unsatisfactory state of matters; but the warrant had been obtained in spite of the army authorities; and these, by a series of partial regulations, had retracted that which was most valuable in it. Dr. Stewart dwelt, *inter alia*, upon the alterations made in Clause xvii. of the warrant; and observed that he thought enough had been said to make it by no means wonderful that there should be a deficiency of candidates. As to the employment of civilians to perform the duties of military medical officers, this was thought bad enough during the Crimean war; but what could be said, when the army medical staff was not sufficient even in the time of peace, and recourse was had to an expedient which should be regarded only as an extreme war-measure? The true reason why men entering the medical profession would not look to the army as a career, was a want of confidence in the good faith of the army authorities. The Warrant of 1858 had been so often altered, and so extensively abrogated, that medical men were unwilling to place themselves in a position in which they could be subjected to indignity. It was a remarkable fact that, while the army authorities had raised the standard of medical education for the army, they had diminished the inducements to enter the service; so that, as was lately shown by Dr. Parkes, a considerable proportion of the few candidates who applied for admission were men of such inferior attainments, that it was impossible to admit them. He moved the following resolutions—"That, owing to the successive changes in the Warrant of 1858, which gave general satisfaction, and to the practical departure from that warrant by the Executive, the medical profession have lost confidence in the good faith of the military authorities, and have, in consequence, ceased to apply for admission to the medical department of the army.

"That the frequent non-enforcement of the precedence granted by the Warrant of 1858, and its modification by the Warrant of 1863, which disqualifies the medical officer from presiding at boards (although on other than purely military matters), even when he is the senior officer present, have, by lowering his status, done more than any other grievance to deter the profession from joining the service."

Dr. Markham seconded the resolution. He hoped, however, that the meeting would not be satisfied with merely attacking what the Government had done. He had good evidence that much of the fault lay with the heads of the army medical department. The grievances to be amended were not only those which drove men from joining the army, but also those which were suffered by medical officers in the service.

Mr. Holmes Coote, having had an opportunity of witnessing the services of the army medical officers during the Crimean war, felt deeply for the grievances under which they laboured. As a lecturer in a large medical school (St. Bartholomew's), he had always exerted his influence with his pupils to prevent them from entering the army until the grievances complained of should be redressed; and, he believed, other lecturers acted in a similar manner. The idea had been expressed, that the diminution in the number of applications for the army medical service arose from a lessening in the number of students; this, however, was quite incorrect. The reason why more medical men did not enter the army was, that many other and more attractive fields of occupation were open to them. As to the annoyances to which army medical officers were subjected, he was well acquainted with them. The authority possessed by the army medical department was not sufficiently independent, and ought to be increased. He hoped that this meeting would be but the prelude to larger meetings of medical men for the purpose of advocating the claims of the army medical officers.

Mr. Gant supported the resolution.

Dr. G. Webster observed that on a former occasion—during the Russian war—the Branch had appointed a committee in regard to army medical matters. He had himself taken much interest in the matter, and had had an interview with the then Director-General, Dr. Andrew Smith, who acknowledged to him that, although nominally director, he had four or five masters. The result of the inquiry of the parliamentary committee had been to find that the disasters of the Crimean war did not arise from the fault of the medical officers, but from the manner in which they were impeded by other departments. As to the effect produced by the Branch Committee, he believed that, out of about eight or ten grievances pointed out by a

deputation to Lord Panmure, six or eight had been amended in the Warrant.

The resolution was carried unanimously.

Dr. Sieveking moved—"That, in the opinion of this meeting, in future the warrants which express the terms of service under which medical men enter the army shall be perfectly defined, so that no misapprehension can arise; and that no alteration shall be made in such warrants without an inquiry, which shall be open to the medical service, of the same extent and care as that which led to their first promulgation; and, moreover, that any such alteration shall be made with formality and publicity, and after an explanation to the medical officers of the grounds on which it has been considered necessary to alter the terms of service." He believed that the army medical service was generally entered for the purpose of avoiding the harass of ordinary practice; and, unless a medical man in the army could have a proper position secured to him, he lost all that for which he entered the service—for his pay and provision were but small, and his means of bringing up his family were limited. If, too, the value of the British soldier were remembered—a value which exceeded that of the soldiers of other nations—we ought to take care that the army medical officer was properly supported. He held that it was the privilege and duty of himself and the meeting, not only as members of the British Medical Association and as medical men, but also as Englishmen, to support any measures which aimed at improving the condition of the medical officers of the army.

Dr. Webster seconded the resolution, which was carried unanimously.

Mr. W. Martin proposed the following resolution—

"That, in the opinion of this meeting, the Warrant of 1858 should be the basis of future regulations for the Army Medical Department, subject to the following modifications:

"1. The proper definition and enforcement of the precedence of the medical officer, in accordance with his rank, at boards, mess, and committees of all kinds.

"2. Increased pay of assistant-surgeons and surgeons.

"3. Promotion to the rank of surgeon after, at most, ten years' full-pay service.

"4. Optional retirement after twenty years' full-pay service on an adequate pension.

"5. Controlling power and free agency in his own department, especially in times of emergency.

"6. Regular leave for medical officers, and sick leave on the same footing as is granted to all other officers.

"7. Non-deduction of pay for expenses incurred in the execution of his duty.

"8. The abolition of the system of 'confidential reports' on the conduct of medical officers.

"9. That all punishment inflicted by order of the military authorities should be carried out by them; the medical officer's duty on such occasions being limited to the protection of the soldier."

Mr. Martin said he would enter into but few details. There were two warrants at present in operation; that of 1858, which had been partially altered; and that of May 1st, 1863, which had been substituted for the seventeenth clause of the warrant of 1858. He read the clause and the new warrant; and observed that, while the former was clear and precise, the latter was very unintelligible, and appeared to deprive the medical officer of the presidency, not only of courts-martial (which no one wished him to have), but of boards of all kinds. This was the first point suggested for improvement, and it was very important; but he feared that the medical officers of the army would not now be contented with such a simple redress of grievances as would have satisfied them in 1860. The pay of assistant-surgeons might be sufficient at the commencement; but it was not so for them, nor for surgeons, when they had been some time in the army. With regard to the third point, he observed that promotion was sometimes very rapid, at other times very slow; and must always be retarded if made dependent on the occurrence of vacancies. If, too, a reduction in the army medical staff were made, the chance of promotion would be thereby diminished. It was therefore suggested that, in all cases, promotion should take place after a maximum period of ten years' service. The question of retirement was a very important one. Medical men entered the army late in life, as compared with ensigns; but were required at present to serve twenty-five years. The importance of the sixth recommendation was evident. As to leave, it was a very great grievance that, from the small number of medical officers in the service, leave could not be obtained by them. The army medical officer was, he considered, specially entitled by the nature of his duties to fixed terms of leave, and especially to a more liberal allowance of sick-leave. The explanation of the seventh recommendation was that, in many cases, where extras for the sick soldiers had been ordered by the medical officers, these had been disallowed on frivolous pretences, so that the medical men were fined for expenses incurred by them in performing their duty. As to the eighth recommendation, a system of confidential reports on the conduct, sobriety, &c., of the assistant-surgeons, was expected to be carried on by the surgeons; but this was often thought to be so great an injustice and hardship, that many surgeons had refused to perform it, and had consequently fallen into disfavour. The ninth and last recommendation was intended to include the operation of branding deserters, which was required to be performed under the superintendence of the medical officer. The special points to be borne in mind were: first, that the rank of the medical officer ought to be strictly defined; and secondly, that, as the soldier was entitled to the best surgical aid, every means should be taken to ensure this for him.

Dr. Henry seconded the resolution, which was unanimously carried.

Mr. Martin also moved, and Dr. Henry seconded, the following resolution, which was carried unanimously:—

"That it is deemed inexpedient that the systematic employment of deputy or acting assistant-surgeons without examination be continued; since it will inevitably introduce an inferior class of medical men into the service, and at the same time inflict great hardship on the military medical officer by increasing indefinitely the period of foreign service; and so still further deter medical men from entering the medical department of the army."

Mr. Propert moved, Mr. Henry Lee seconded, and it was resolved—

"That every means should be taken, through the medium of the military journals, and otherwise, to explain to the combatant officers that, if they desire to secure, for the promotion of the soldier's welfare, the services of the better members of the profession, they must receive as one of their own body, and cease to treat with jealousy, the medical officer who, equally with themselves, is a gentleman, and is exposed in time of war to the risks of the field."

Mr. Lord moved, Dr. Harley seconded, and it was unanimously resolved—

"That these resolutions be embodied in a memorial, to be presented (as a petition) to the Houses of Lords and Commons, and to the Prime Minister, the Secretary and Under Secretary for War, the Commander-in-Chief, and the Director-General of the Army Medical Department; and that the members of both Houses be personally requested to support the prayer of the petition.

"That these resolutions be communicated to the Executive Committee of Council; and that the other Branches of the Association be invited to take early steps towards the promotion of the movement."

Dr. Camps proposed, Mr. Gant seconded, and it was resolved—

"That the Council of this Branch be requested to carry into effect the resolutions carried by the meeting."—'British Medical Journal.'

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

APRIL 6TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows: J. M. Granville, Esq., Dr. J. F. Leeson, Dr. H. C. Phillips, and Dr. A. Wynn Williams.

Dr. OLDHAM exhibited an ovarian tumour removed from a lady under his care by Mr. Spencer Wells.

Dr. GREENHALGH exhibited a specimen of simple hypertrophy of the cervix uteri, removed by the wire rope écraseur.

After some remarks by Dr. HICKS and Mr. BAKER BROWN,

Dr. RITCHIE exhibited, and described the mode of using, Dr. Braun's cephalotribe and perforator.

Dr. BARNES considered it an objection to the perforator that it required two to work it, and was complicated. He thought the cephalotribe of Dr. Braun better than the French, and that the instrument had been perhaps too much overlooked in this country.

Dr. GRAILY HEWITT showed a cephalotribe from Paris, used by Pajot, which he considered more simple than Braun's.

SPONDYLOLISTHESIS; WITH AN ACCOUNT OF A CASE OF PELVIC CONTRACTION, IN WHICH PREMATURE LABOUR WAS INDUCED BY THE AUTHOR'S METHOD.

Dr. ROBERT BARNES read a memoir which embraced a history of the literature of this affection and a summary of the cases hitherto recorded. It was first described in 1853, by Kilian, who defined it as a slipping downwards and forwards of the last lumbar vertebra upon the sacrum, so that one or more of the lumbar vertebræ fall into the cavity of the pelvis, encroaching upon the space required in labour. In several cases the Cæsarean section had been necessary in order to deliver. The author added a case in which he believed this form of distortion was the cause of difficult labour. A woman, previously healthy, had been injured in the back. Considerable contraction of the pelvic brim followed. There was a marked depression in the lumbar region, and a projection internally above the promontory of the sacrum. Dr. Barnes brought on labour by his method at about the eighth month. The child was extracted by turning with some difficulty, still-born. The entire labour occupied less than five hours. The mother recovered. The remainder of the memoir was devoted to the discussion of the causes of the deformity, concerning which very conflicting views were entertained in Germany.

Mr. W. ADAMS observed that he had listened to the paper with great interest, as the vertebral deformity or displacement described was but little known, and required further investigation. It seems to him that the condition described as spondylolisthesis might depend upon several causes. Rickets might give rise to it; but this would be at once apparent by the general evidences of rickets in the development of the skeleton, distortion of the legs, &c. Caries of the first sacral bone might give rise to it; and some years after destructive disease had ceased, and anchylosis produced, the prominence forward of the last lumbar vertebra might encroach considerably on the pelvic cavity. Mr. Adams had seen a few examples of this, and had one now under his care at the Orthopædic Hospital. In this case the girl presented extreme lordosis in the lumbar region, with corresponding projection of the stomach, and a sharp posterior angular prominence corresponding to the first and second sacral bones. In all probability this girl, now twenty-one years of age, could never have a living child, in consequence of the projection of the last lumbar vertebra into the pelvic cavity. Congenital dislocation of both hip-joints produces extreme lordosis in the lumbar region, and, therefore, would probably give rise to the condition described as spondylolisthesis; and Mr. Adams had also seen it produced to some extent by a sharp rotation movement, and lateral distortion affecting the lower lumbar vertebræ, as in a case described by him in the 'Medico-Chirurgical Transactions,' vol. xxxvii. It was evident that a variety of causes might produce the vertebral displacement mentioned by Dr. Barnes, whose analysis of the cases recorded in the paper would form the basis of further observations on this subject.

Mr. BRODHURST observed that this was a subject which had not received much attention in this country. He considered that the affection in question was not a true dislocation, as it was described by the author of the paper, and that it differed materially from ordinary lordosis, and from those forms of lordosis which are produced by congenital dislocations of the heads of the femurs by some very rare forms of caries of the bodies of the vertebræ, &c.; but it was induced, he said, by softening of the bodies of the vertebræ, and especially by softening and yielding of the ligaments which unite the lumbar vertebræ and the sacrum. Thus was occasioned some displacement of the bodies of the lumbar vertebræ downwards. The positions of the spinous processes showed that caries was not the cause of this affection, as had been suggested, and a section of the bodies of the vertebræ showed this fact still more clearly. He contended that this condition was due to rachitic inflammation and softening of the osseous and ligamentous structures.

Dr. BARNES said that in studying the subject he had felt the want of a more extended practical knowledge of diseases of the bones than he possessed, and was therefore glad to have the assistance of Mr. Adams in discussing it. He was quite prepared to believe that caries of the upper part of the sacrum might cause the deformity. It was one cause, and did not exclude the possibility of other causes; nor did he gather from Mr. Adams's observations that that gentleman regarded caries as the sole cause. The case of the child figured by Robert, of Coblenz, was not an undoubted case of spondylolisthesis; and he was much interested in the suggestion of Mr. Adams, that the deformity was probably due to disease of the hip-joints, causing extreme lordosis of lumbar vertebræ without dislocation. He wished it to be borne in mind that this deformity consisted in a real slipping down of the fifth lumbar vertebra from the sacrum. It was a true dislocation, and not simply a curvature, of the spine. It was seen quite independently of rickets. It caused serious obstruction to labour, even in cases where the pelvis itself was free from distortion. He believed that this and other vetebral deformities possessed a great obstetric interest, and would, when more attention was directed to the subject, receive further illustration.

OBITUARY.

THE LATE MR. CARTWRIGHT, F.R.S.

(From the 'Medical Times and Gazette.')

Although we believe that the late Mr. Cartwright was never actually a member of the Medical Profession, yet he was so successful a cultivator of one of its auxiliary branches, and deserved so well of us by his magnificent hospitality, that we cannot allow him to pass away into the ranks of the departed without one word of commemoration. Even the youngest members of our profession must have heard of Cartwright, as the most celebrated dentist of his day, whose doors were besieged by crowds of the aristocracy, and who realised a princely fortune. His fortune, too, was not merely saved, but enjoyed. His hospitalities were on the most princely scale. It is well-known that when Paganini, the celebrated violinist, was in London, thirty years ago, creating a *furore* amongst fashionable *virtuosi*, Cartwright issued cards for an ordinary dinner party. When the guest arrived at the well-known door in Burlington street, the porter announced, with his master's compliments, that an accident had happened in the kitchen, so that he must take the liberty of asking them to come on to the Clarendon close by, where he proposed to receive them. On they went accordingly, and then were conscious of the friendly artifice of their entertainer, who had taken this method of gathering together a much larger number of

guests than his own dining-room could accommodate, and then, after a most sumptuous entertainment, produced Paganini, who gave them a private exhibition of his musical skill. There is a moral of a very homely sort to be drawn from Mr. Cartwright's life, which we venture to impress upon our young readers. Some young men are apt to fancy that a fine figure, and flattering tongue, and ostentatious *ménage* may enable them to "get hold of the aristocracy," and make fortunes by adulation and other arts of humbug. That which led to Mr. Cartwright's rise and success was the direct contrary. He was a plain-looking, quiet man, who made his own way by simple means; he used the greatest industry in his profession; he strove to do everything in the best way; he got the credit of doing things better than any one else (and there could be no mistake where teeth were concerned); then, without running after success, success came to him. The writer of this notice well remembers that when a student, some years ago, he happened to be breakfasting with a well-known Professor, who, in the course of talk, said, "I'll tell you something that should be a model to you. Last night we elected Cartwright, the dentist, an F.R.S. There was a kind of row about it; some men said he ought not to be elected, but most of us felt that he was a very good fellow, and we carried him; and look here, here is his card; he called on me this morning before eight, and left his card in acknowledgment. That is the way to get on in the world. Be prompt and punctilious in acknowledging the slightest benefits. This shows you how Cartwright got on." So said our Mentor, who has now long since preceded us into the region of shadows. We bear witness to the benefits of Cartwright's splendid entertainments; how they brought men together, smoothed off asperities, cemented friendships, and gave some poor struggling scientific men a glimpse of the brighter side of life. When the recording angel sums up, and strikes the balance, we are sure that he will remember to Cartwright's credit that to be "given to hospitality" was pronounced on the highest authority to be a virtue even in a bishop.

PROFESSOR MILLER OF EDINBURGH.

We regret to announce the death of Mr. James Miller, Professor of Surgery in the University of Edinburgh, which took place at Corstorphine on Friday last, at the age of fifty-two. The deceased gentleman was the son of the late Rev. James Miller, minister of Monikie, in Forfarshire. He studied medicine in Edinburgh, and was the favourite pupil of Mr. Liston, with whom he resided for fifteen years—for five years as his assistant, and who, before leaving Edinburgh for London, introduced him to all his patients. In 1842, on the death of Sir Charles Bell, Mr. Miller was unanimously elected by the Town-Council to fill the Chair of Surgery in Edinburgh University, where he was a very popular and successful teacher. Mr. Miller was also Professor of Pictorial Anatomy to the Royal Academy, and was Surgeon-in-Ordinary to the Queen for Scotland. As a consulting surgeon his services were highly esteemed, and both in the scientific and practical parts of his profession he maintained a high reputation. He was the author of 'The Principles and Practice of Surgery,' which has passed through four editions in this country, and been several times reprinted in America. He was also the writer of the article "Surgery" in the 'Encyclopædia Britannica'; and the author of 'The Surgical Experiences of Chloroform,' and other works. He published a considerable number of tracts on temperance, of which he was a strenuous advocate. In philanthropic and religious agitations he took a very active part, both on the platform and through the press; and as an elder in the Free Church was an ardent supporter of its politico-ecclesiastical views, and of its missionary schemes. He was a man of lively and generous sympathies, and of kindly temper, and he enjoyed the affection and esteem of a wide circle of friends, accompanied by no small degree of popularity in public life. He was a man of fine *physique*, and the sudden breakdown of his constitution gave a shock of surprise to many who had admired his manly vigour and envied his robust health. A few weeks ago he was seized with congestion of the brain, which, notwithstanding the most watchful care of his professional friends, entirely prostrated his strength, both mentally and physically, and rapidly led to a fatal result. Professor Miller married in 1834 a daughter of the late Major Gordon, of Rosiburn, Aberdeenshire, who, with a numerous family, survives him.

DEATHS.

BEWS.—On the 8th ult., at Jersey, J. H. Bews, L.R.C.S.I., Staff Surgeon Army.

FREEMAN.—On the 27th ult., T. D. Freeman, Surgeon, formerly of Leigh, Worcestershire, aged 69.

MACDOWALL.—On the 10th inst., at Helensburgh, Dumbartonshire, Alex. A. Macdowall, M.D.

PENNINGTON.—On the 6th inst., at Needham Market, Suffolk, James Pennington, M.R.C.S.E.

SMITH.—On the 5th inst., at the Rectory, Richmond, Yorkshire, E. Smith, M.D., of Ilkley Wells House, near Otley, Yorkshire, aged 59.

WALLACE.—On the 8th inst., at Morningside, Edinburgh, Wm. Wallace, M.D., late 14th Regiment of Foot.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 9th inst.:—Henry Todd Broughton, Bradford, Yorkshire; John Holden, Ardwick and Ancoats Dispensary, Manchester; Edward Maundrell, Rutland street, Hampstead road; George Edmund Legge Pearse, Regent street, Westminster.

The following gentleman also on the same day passed his first examination:—Charles Meymot Tidy, London Hospital.

UNIVERSITY OF CAMBRIDGE.—DOWNING COLLEGE.—At a meeting of the Master, Professors, and Fellows, on the 10th instant, the following elections took place:—Collins and Schrœder, to foundation scholarships of 50*l.* a year with rooms and commons; * Brailey, † Hare, * Lankester, and ‡ Payne, to minor scholarships of 40*l.* a year. 20*l.* was awarded to Dickson for distinction in Natural Science. At the same meeting it was agreed that a chemical laboratory should be built upon the College grounds for the use of Students in Medicine and Natural Science, and be placed under the superintendence of Dr. P. W. Latham.

* Distinguished in Natural Science. † Distinguished in Classics. ‡ Distinguished in Law and French.

THE AMERICAN MEDICAL ASSOCIATION.—Every medical man, solicitous for the honour, dignity, and progress of his Profession, seems cordially to welcome the return of the annual meetings of the American Medical Association. Like the French and English national associations, it gives compactness and uniformity to the great mass of medical minds, and concentrates their sympathies and efforts on all reforms and improvements. But the American Medical Association serves a still higher and nobler purpose than other similar societies. It is our Court of Appeal in all questions relating to medical ethics, the status of schools, individuals, voluntary organizations, &c., &c. Such an organization is eminently necessary to preserve the integrity and harmony of the Profession. England has its Medical Council, which under the statute legislates with the power of a corporate body, and this is in accordance with her institutions. But the nearest approach to such a medical governing body we can attempt, is a voluntary organization which carries sufficient inherent moral force to render its decrees binding. Such is the position attained by the American Medical Association, and such is the character with which every one should strive to clothe it; to this end we must foster its growth, and the extension of its influence. Every question affecting the great body of the Profession, and every cause of dissension that cannot be settled by local societies without creating discord, should be referred to this body, and its decisions should not only be respected but faithfully followed. Thus the Association will truly become a great National Medical Congress in

which every interest is represented, and whose annual legislation will elevate, purify, and strengthen the Profession, and bind more closely the bonds of fellowship.—'American Medical Times.'

PRINCELY BENIFICENCE.—The Hon. Rustomjee Jamsetjee Jejeebhoy, member of the Legislative Council of Bombay, son of the late Sir Jamsetjee Jejeebhoy, placed some time since at the disposal of Mr. Crawford, M.P. for London, the sum of 15,000*l.* for the purpose of appropriation to charitable purposes in London, in connexion with the name of his late father, more especially the charities of the city of London, of which his father was a freeman, under the following condition :—"The charities selected to be those which have in view the alleviation of the wants of the poor and indigent, the infirm and helpless, and not societies which are of a religious character." The charities so selected are enumerated in the following list, the ruling principle of the appropriation being the selection of those institutions whose doors are always open to every class of sufferers on the instant, without reference to any other consideration than the merits or urgency of the particular case in need of help. The appropriation to the London Hospital is in connexion with the new wing, of which the foundation-stone is to be laid on the 4th of July by the Prince of Wales, and the fact that the London is pre-eminently the hospital of the commerce of the port of London. Amongst the medical charities which will derive benefit from the princely munificence of the great Bengalee benefactor are the following:—Hospitals.—London, 2,000*l.*; University College, 1,000*l.*; Metropolitan Free, 1,000*l.*; Royal Free, 500*l.*; Middlesex, 500*l.*; King's College, 500*l.*; London Fever, 500*l.*; City of London, for Diseases of the Chest, 500*l.*; for Sick Children, 500*l.*; Royal, for Incurables. 400*l.*; British Home for Incurables, 400*l.*; Asylum for Idiots, 400*l.*; for Diseases of the Skin, 300*l.* : total, 8,500*l.* Dispensaries.—City, 500*l.*; Farringdon, 500*l.*; City of London and East London, 400*l.*; Royal General, 400*l.*; Metropolitan, 400*l.*; Western City, 200*l.*; Finsbury, 200*l.*; City Orthopædic, 200*l.*; Queen Adelaide's Dispensary, Bethnal green, 200*l.* : total, 3,000*l.*

AID TO THE WOUNDED IN AMERICA.—The Volunteer Corps of Surgeons from New York and the States in the vicinity have readily responded to the call for aid to the wounded in the recent battles of the Army of the Potomac, and are now rendering efficient service at Fredericksburgh, Belle Plain, and Washington. The number of wounded, however, is increasing from day to day, and the need for even more help is very urgent. A great many additional surgeons have volunteered their services and there is still work for more. We hope that the supply will be equal to all demands, that numbers will avail themselves of the opportunity for doing a good work by giving every aid in their power, and relieving those who are already there, and who, ere this, are worn out by arduous services. The Surgeon-General of this State, Dr. Quackenbush, has recently been in the city to perfect arrangements for sending on all the additional help which may be called for, and too much praise cannot be given him for the manner in which he has performed his duties. We have great confidence in the workings of the volunteer system, and think it safe to say that the assistance which they will be enabled to furnish their brethren in the field cannot be lightly estimated. We understand that there is also a want for younger men in the hospitals around Washington, and we need not urge those who are anxious to study their profession to improve the opportunities which are now offered them.—'American Medical Times.'

A FRENCH MEDICAL MUTUAL BENEFIT SOCIETY.—The Dean of the Faculty of Paris, Dr. Tardieu, has had the felicitous idea of establishing a mutual benefit society among the students of medicine. This scheme, which has met with the cordial sympathy of the Profession, is now in course of realization; and we seize this opportunity of assenting to the unanimous approbation expressed in the medical periodicals. A public and general meeting of the students was called by the Dean on the 24th of April, in the principal amphitheatre of the School of Medicine, and large numbers were present. Professor Tardieu stated that he had already received 652 adhesions, and gifts and subscriptions to the amount of 242*l.* He then briefly described the systems adopted by various mutual benefit societies, and the respective advantages of each, and stated that the object of the present meeting was the nomination of a committee for the preparation of rules and regulations subsequently to be adopted after discussion. The Dean remarked that the students were now called on to manage their own affairs, and to secure the prosperity of an institution, the utility of which they had appreciated from the first. He observed, in addition, that he was empowered to offer the assistance and advice of gentlemen of liberal tendencies, and well versed in all questions connected with the subject of associations, Messrs. Paul Andral, Balbie, and Paul Bethmont. The Dean expressed his own readiness to be present at the meetings of the committee, not for the purpose of influencing its decisions, but merely to offer the assistance of his experience and efforts. A debate ensued on the mode of voting, and on the impossibility of electing the committee without previous agreement. The discussion was animated, but perfectly courteous and moderate, and terminated in the adoption of the following resolution: "The number of the members of the committee is limited to fifteen." The election took place by ballot on the 1st of May. The following gentlemen have already entered their names as subscribers: Mr. Louis Veron, the well-known journalist, forwarded 500 francs, and Messrs. Mialhe, Roger, and Diday each presented a similar sum. The Dean has, moreover, received from an anonymous contributor 40*l.*, with the following designation :—"*For services rendered by Mr. Tardieu.*"—'Journal of Practical Medicine and Surgery.'

PROPOSED MEMORIAL TO SIR HUMPHRY DAVY.—On Friday, the 10th inst., a numerous and influential meeting was held at Penzance to promote the erection of memorial almshouses and a statue to the memory of the late Sir Humphry Davy. The proposal originated, about three years ago, with some working men, who thought that the inhabitants of Penzance ought to pay some tribute to their great fellow-townsman. Subscriptions, however, were received but slowly, until, about three months since, a lady generously volunteered 1,000*l.* for the purpose. The Chairman, Mr. William Coulson, of Kenegie, the distinguished London surgeon, himself a native of Penzance, in an eloquent address recounted most interesting particulars of the life of Davy, and gave an elaborate and striking description of the claims of the great chemist to the respect and honour of his townsmen. The mayor and several other gentlemen ably supported the object of the meeting, and there is no doubt that the result will be worthy of the great man to whom science is so much indebted. That the Chairman had peculiar claims to the position which he so worthily filled was proved by Mr. W. D. Mathews, who, in moving a vote of thanks to him, said that "by his eloquence he had fulfilled the phrase of 'the right man in the right place.'" He had promptly responded to the invitation from the working men of Penzance, and they had seen how much they had reason to be indebted to him. Sir Humphry Davy was a personal friend of the father of the chairman. Mr. Thomas Coulson was in business in Penzance until 1803, when he lost his wife, and desired to obtain a situation under Government. Through Sir Humphry the appointment was got, and in answer to a letter of thanks Sir Humphry wrote a letter, the original of which he held in his hand, and which concluded—"You cannot well be in London too soon. When I see you I will discuss the business more fully. I am heartily glad that my labours in your behalf have been successful. There is no pleasure in life greater than that of finding free scope for the most active part of the most powerful mind. Yours sincerely, HUMPHRY DAVY." These were facts worth mentioning, and which the chairman would not, perhaps, have referred to. It was a fact too, that Mr. John Bingham Borlase, with whom Sir Humphry Davy was apprenticed, was a maternal uncle of Mr. William Coulson, of Kenegie, their chairman.

THE PAY OF ACTING ASSISTANT-SURGEONS IN AMERICA.—On account of the present depreciation in paper currency,

the pay of our surgeons is necessarily narrowed down to quite a small figure, and the acting assistant-surgeons, who, as far as remuneration is concerned, are at the bottom of the list, necessarily suffer the most. This being the case, we can easily understand why the demand for this class of medical labourers is still urgent. Until the government chooses to increase the pay, it cannot expect to have its wants supplied. No respectable practitioner can, for simply a hundred dollars a month, be tempted to leave his business for any length of time, even for temporary service; and the hospitals of the country will necessarily soon get filled with young irresponsible medical striplings. If the government wishes first-class men, it must pay first-class prices.—'American Medical Times.'

MEDICAL STATISTICS AND CHLOROFORM.—Sangrado was described wittily as a man who used his patients as a vintner does his wine vessels, by letting out their blood and filling them up with water: he was only following the lancet routine of his day. Roger Bacon places, indeed, the chief impediment to the progress of knowledge in the world in the influence of authority. Yielding to such seductive influence, however, we have had this

"Macies et nova febrium
Terris incubuit cohors,"

this chapter of horrors, where everything ever said against chloroform has been curiously and industriously compiled. I would only say, in conclusion, as to statistics and medical prejudices, but open to conviction otherwise, that I very much doubt the alleged great value of the "numerical method" as at all applied to this subject of the use of chloroform in midwifery. Chloroform is a matter of charity to the woman in labour, and I would as soon be led by figures in giving charity to a destitute man in the street or to a ragged school: it is also perfectly free from danger. Even since I came to understand the medical statistics of the Registrar-General in England, to meet popular prejudices on such subjects as chloroform, change of type in disease, danger of feeding prisoners in gaols on too much bread and water, for fear of increasing crime and sthenic inflammations, the danger of wine in typhus, &c. When we know that as in the figures in a wall-paper the weekly statistics are filled in always to the same pattern, one ceases to have much faith in figures. I know there is not one well-attested death from chloroform in midwifery in all our journals; three such cases have recently been quoted, or alleged in America from England; but I have examined into the cases: in one, for instance, the death occurred seventeen hours after the patient had perfectly recovered from the chloroform; she died of laceration of the vagina, from crotchet or forceps. And so of the others. "All superstitions," says John Stuart Mill, "are inductions of the Bacon kind; and we have venerable popular inductions of this kind, not to be disturbed, that chloroform is most fatal in midwifery. Insurance actuaries, who know nothing of medical prejudices one-sided and journalistic, are the only men who get any good out of medical statistics. If we visit the accidents of crotchet or forceps on a thing running parallel with them, namely, chloroform, it is not fair or logical. I am willing to give Dr. Johns the benefit of his inductions or hasty generalizations; but he surely ought to know that they are but coincidences after all. I had a conversation once with M. Quetelet, at Brussels, on medical statistics. "They are but finger-posts in the cross-roads of medical journalism," said this deep observer. We have parallel roads too—I often think parallel lines—that have no connexion, that never touch; and some such are the alleged facts I have felt it my duty to comment on. We compare a few of the worst cases requiring chloroform for versional deliveries, or instruments, or puerperal convulsions, with others (16,414) of much less gravity, where chloroform was not required (for chloroform, it must be remembered, is not given as a luxury or charity in hospitals, but as a necessity). We have taken as a standard this (1 in 100) one per cent. of deaths in a healthy year of a mass of simple labour cases in the early part of the present century, when the population of Ireland were well fed and nourished, and nature effected the cure, and, no doubt, without chloroform; and we have contrasted this standard with a higher mortality in an unhealthy year, then the Irish population deteriorated, puerperal fever epidemic.—Dr. KIDD, in 'Dublin Quarterly.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JUNE 22.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JUNE 23.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JUNE 24.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JUNE 25.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JUNE 27.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JUNE 28.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Selections from Physicians' Prescriptions. By Jonathan Pereira, M.D., F.R.S., &c. Fourteenth edition. London: John Churchill and Sons, New Burlington street.

Contributions to Practical Medicine and Surgery. By James Arnott, M.D. London: John Churchill and Sons.

Entoptics; with its Uses in Physiology and Medicine. By James Jago, M.D. London: John Churchill and Sons.

A Companion to the British Pharmacopœia. By P. Squire, Esq., F.L.S. London: John Churchill and Sons.

The Principles and Practice of Medicine; designed chiefly for Students of Indian Medical Colleges. By John Peet, M.D., F.R.C.P., Principal and Professor of Medicine, Grant Medical College, Bombay. London: Churchill and Sons. Bombay: Thacker, Vining, and Co. 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. SQUIRE.—The book has been received.

DR. H., *Cambridge*.—The letter has been received.

THE OBSTETRICAL SOCIETY.—The report has been received.

A SUBSCRIBER.—The 'Social Science Review' is published at 10 Whitefriars street, Fleet street, London, E.C. The first number of the present series appeared on January 1 of the present year, and the price of each monthly number is one shilling.

EDINENSIS.—We have read the account of the trials alluded to, and should feel obliged by some further particulars. The points raised are very important.

INSPECTOR-GENERAL.—It is not likely that the College will take any active steps in the matter.

MR. E. H. MOORE'S letter shall be inserted next week.

THE HARVEIAN SOCIETY.—The report has been received, and shall appear next week.

A VESTRYMAN.—We are sorry to be unable to give a perfectly satisfactory answer to the question put to us. Only a graduate of a University can legally call himself a Doctor of Medicine, and a member of the College of Physicians of Edinburgh has no legal right to that title. The gentleman named *is* a graduate of a University. Many persons style themselves Doctor, or are so styled by their friends, who have legally no right to the title.

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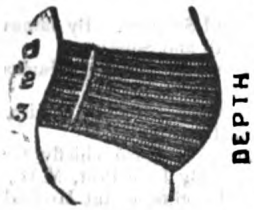
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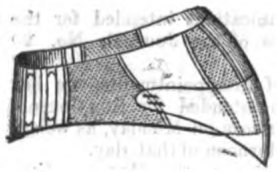
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HOSPITAL REPORTS.

KING'S COLLEGE.

OBLIQUE INGUINAL HERNIA.

J. B., æt. forty-two, admitted Feb. 8th, 1864, into the Fisk Ward, under the care of Mr. Partridge, suffering from strangulated inguinal hernia on the right side.

History.—Is married. States that he has been ruptured since he was ten years old, at which time he got a kick in this region—about the site of the right inguinal canal; to this kick he attributes the rupture.

When it first presented it was about the size of an egg, and continued so till about five weeks since, when, as he was walking along the street, he felt the rupture come down and at the same moment experienced great pain—so much protruded that it was in size equal to about two hands placed together in such a manner as with the fingers to form a circle. Immediately after this sudden prolapse he applied for relief at the hospital, and Mr. Pollock at once placed him in a warm bath and attempted reduction, but not succeeding, he had the patient put to bed, and then, while making a second attempt, succeeded in getting it up. The patient never wore a truss, because he never had felt any inconvenience; after this return of the hernia into the abdomen he wore a truss, but as it did not succeed in keeping up the protrusion he again applied to Mr. Partridge, who advised him to support it by means of pads and bandages. This he did for a few days, and then tried the truss again; he returned to his work, worked all day, and as he was walking the bowel slipped down again, and he could not get it back into the place. On applying for relief he was put into a warm bath and the taxis resorted to, but it failing, he was placed in bed and ice applied for an hour, after which reduction was effected. He complained of a severe cutting pain round his waist at the time of the prolapse; upon both occasions of the accident he had become sick. He has no children; none of his family suffer from rupture.

Mr. Partridge saw him on the Sunday when the rupture came down on the first occasion; on the second it came down on Feb. the 8th. He states that he was always able to get it back except on these occasions just noted.

Feb. 17th.—The patient placed under the influence of chloroform, Mr. Wood proceeded to operate for the radical cure.

He made an incision into the scrotum and dissected the skin from the subjacent tissues, which latter he invaginated by means of wire. After passing the wire, as usual, through the pillars of the ring and through the sac in front of the cord, he again introduced the ends through the pillars; pads were applied to make pressure on the walls of the canal under the wire, and the patient bandaged, &c., and sent to bed.

Feb. 18th.—Had some pain in the belly on the night of the operation, also flatulence and nausea. Was ordered pil. saponis co., gr. v., quarta quâque horâ and fomentations to the abdomen. The pain in the belly gets better at times. His tongue is coated.

Feb. 20th.—Large poultices over the wound in the belly. Dressings and pads removed.

Feb. 21st.—Ordered

Ol. ricini, ℥j.;
Ol. rutæ, ℥j.;
Decocti avenæ, Oi. ft. enema statim administr.

Feb. 22nd.—The enema has just given him relief; he has now no flatulence or sickness; his tongue is cleaner, and the sickness was checked last night. He slept pretty well; the pain in the abdomen is almost quite gone, and he enjoyed a basin of beef-tea.

Feb. 29th.—One of the wires removed. The discharge is quite healthy.

March 11th.—The second wire was removed three weeks after the operation. There is very little discharge, much consolidation, and no impulse on coughing.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XIX.

CALX AND CALCIS HYDRAS.—Lime is described in the Materia Medica as occurring in light lumps, externally of a dirty white colour, but white within. Lime varies somewhat in its characters in different parts of the country; but there are generally two varieties to be met with, namely, white lime and grey lime. The Pharmacopœia evidently intends the former, which is decidedly the purest, to be used.

The introduction of hydrate of lime into the Pharmacopœia as a distinct preparation is a decided advantage, for it affords the means of ordering the use of a purer and more definite substance than was possible in previous Pharmacopœias. When good lime is slaked with a proper quantity of water, it evolves much heat, which volatilizes a portion of the water as steam, crackles, swells up, and ultimately forms a fine light powder. There are always present, however, some had pieces which will not absorb the water, and also occasionally a few stones, pieces of cinder, &c. These could not be separated when, according to former Pharmacopœias, a quantity of lime was ordered to be weighed, then slaked and used. Now, however, we are in all cases directed to use hydrate of lime which has been previously prepared by the process given.

By this process two pounds of recently burnt lime are to be slaked with one pint of water. When the disengagement of vapour has ceased, the vessel containing the hydrate is to be covered until its contents are cold. Then the powder is to be passed through an iron wire sieve and preserved in a corked bottle.

By this sifting the unslaked pieces, the cinders, &c., will be separated, and a practically pure hydrate of lime having the composition CaO, HO will be obtained.

The impurities present in lime are carbonate, sulphate, and phosphate, with silica, iron, and alumina.

LIQUOR CALCIS AND LIQUOR CALCIS SACCHARATUS.—It is a remarkable peculiarity of lime that it dissolves to a greater extent in cold water than it does in hot. Mr. Phillips has given the following table of solubility:—

1 pint of water at	32°	dissolves	13·25	grs. of lime.
„ „	60°	„	11·6	„
„ „	212°	„	6.7	„

Consequently, water at the freezing point dissolves twice as much lime as it does when boiling. Lime-water is to be made by shaking up two ounces of slaked lime with a gallon of distilled water, and afterwards decanting the clear solution. Ten fluid ounces of this solution should require for neutralisation at least twenty measures of the volumetric solution of oxalic acid. In other words, ten ounces should contain 5·6 grains of lime, or 11·2 grains in a pint.

The quantity of alkali which can be thus dissolved is however, inconveniently small; Mr. Bastick therefore, some time back, introduced into Pharmacy a "Concentrated Lime-water," which has certainly proved a useful preparation. The Pharmacopœia has now adopted a similar solution, under the name of *Liquor Calcis Saccharatus*. It is well known, in fact, that lime is freely soluble in the solution of several saccharine principles, such as sugar, glycerine, mannite, sugar of milk, &c. In order, therefore

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

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(Continued from page 392.)

Endocardial Murmurs.—Organic Murmurs.—Having previously pointed out the principal distinctions existing between murmurs arising from functional causes and those produced by organic disease, I next proceed to describe, as far as possible, the exact nature of the organic lesions which give rise to cardiac murmurs, and the special seat of disease which is indicated by those abnormal sounds heard on certain external parts of the præcordial region. In this department of practical medicine, a remarkable degree of accuracy has been attained; and thanks to the repeated examinations made and recorded during life, as compared with the appearances observed after death, the seat of disease within the heart may be determined almost as exactly as if the parts were exposed to view. But while the seat of the disease may thus be very accurately ascertained by stethoscopic examination, its extent or severity can unfortunately by no means be predicated with equal certainty, nor, as has before been remarked, can the loudness or the distinctness of a murmur be regarded as a necessary exponent of its pathological importance. All we can assert is, that the presence of a murmur heard at a certain time, or over a given spot, indicates very accurately both the seat of endocardial disease, and the nature of the obstacles which the blood encounters in its onward passage through the cavities of the heart.

It may be stated generally that organic cardiac murmurs arise from two distinct causes—namely, from the obstruction offered to the passage of the blood, or from its regurgitation through apertures which it has once already passed. The seat of these murmurs is now almost universally admitted to be the cardiac valves, although it was once supposed that the abnormal sounds might be caused by disease of the heart, independent of valvular lesion. The valvular affections giving rise to the murmurs may be classed under the two heads of *contraction* and *insufficiency*, the former condition offering an impediment to the flow of blood, the latter allowing the blood to flow back through the floodgates which ought to have arrested its progress.

By reference to the normal action of the heart and the synchronism of its movements, the significance of the morbid sounds will be easily appreciated. The murmur may be heard coincidently with the first sound, or with the second, or with both; it may be heard over the region of the aortic valves or over that of the mitral valves. These are the valves most commonly affected with disease, but it should be recollected that the pulmonary semilunar valves and the tricuspid valves *may* be affected also, and that the former lie on the same plane with the aortic valves, and the latter on the same plane with the mitral valves. The tricuspid valves, however, lie more on the right side than the mitral.

Now, a murmur heard with the first sound of the heart is synchronous with the contraction of that organ, and is consequently named a *systolic* murmur. At this period, in the healthy heart, the blood is propelled by the muscular walls of the heart through the orifices of the aorta and the pulmonary artery; and on the other hand, it is shut off from the cavities of the auricles by the closure of the mitral and tricuspid valves. But if the aortic or the pulmonary semilunar valves are contracted, or if the mitral and tricuspid valves are incompletely closed, then the blood will be obstructed in its passage through the first, and will regurgitate through the second. Therefore a murmur heard with the first sound of the heart will indicate either a contraction of the aortic or semilunar pulmonary valves, or an insufficiency of the mitral or tricuspid valves.

But if the murmur accompanies or replaces the second sound of the heart, it is synchronous with the dilatation of the organ, and is called a *diastolic* murmur. During the diastole, the blood is passing from the auricles into the ventricles through the mitral and tricuspid valves, while at the same moment the aortic and pulmonary semilunar valves are closed to prevent the reflux of the blood, which has been propelled by the ventricular contraction into the aorta and pulmonary artery. Hence, if the auriculo-ventricular orifices are contracted, and if the valves of the aorta and the pulmonary artery are insufficiently closed, the blood will be obstructed in the first case, and will regurgitate in the second. But practically it is found that a diastolic murmur almost always indicates an insufficiency of the arterial valves, because the blood does not pass through the auriculo-ventricular apertures with sufficient velocity and force to produce an audible sound.

Thus it has been shown that a murmur with the first sound indicates either contraction of the arterial or insufficiency of the auriculo-ventricular orifices; and a murmur with the second sound indicates an insufficiency of the aortic or pulmonary semilunar valves. The distinction will be drawn by reference to the region over which the abnormal sound is heard. The aortic and pulmonary semilunar valves are placed on the same level, and the mitral and tricuspid valves are also placed on the same level; but the level of the former is considerably higher than that of the latter, and hence it is now admitted as a general rule, that a murmur heard over the base of the heart indicates disease of the aorta or pulmonary artery, and that a murmur heard over or towards the apex of the heart indicates some morbid condition of the mitral or tricuspid valves. It should be further remarked that, when the aortic valves are the seat of disease, the murmur is often prolonged into the arteries; while in disease of the mitral and tricuspid valves, the murmur is more confined in its limits.

Thus, a murmur with the *first* sound, heard over the base of the heart, at the upper third of the sternum, and prolonged into the arteries, will indicate contraction of the arterial orifices; while a murmur with the same sound heard over the apex of the heart will indicate insufficiency of the mitral or tricuspid valves. A murmur with the *second* sound, which is usually heard only over the base of the heart, indicates a disease of the aortic valves, and affords evidence of insufficiency of those structures.

"In the majority of cases," says Dr. Bellingham,* whose remarks are borne out by general observation, "the *bruit de soufflet* is heard at the period of the ventricular systole, and replaces or accompanies the first sound of the heart; the force with which the blood is propelled by the left ventricle being much greater than that with which it enters it, the friction between the blood and the parts along or through which it passes must be much more considerable during the former action than the latter. In the former it is generally sufficient to generate a murmur, in the latter it only occasionally does so; and when a murmur is developed, it has a different character. For instance, when the mitral valve or orifice is diseased, so as to permit regurgitation, a *bruit de soufflet* will be heard at the period of the ventricular systole, which quite obscures the normal first sound of the heart; when the aortic valves permit regurgitation, a *bruit de soufflet* is audible at the period of the ventricular diastole, which likewise obscures the normal second sound of the heart. But the two murmurs have a different character—that which accompanies mitral regurgitation is usually loud, strong, and blowing; that which accompanies aortic regurgitation is usually soft and whispering, because the force with which the blood is propelled from the ventricle is much greater than that with which it enters it."

(To be continued.)

* 'A Treatise on Diseases of the Heart.' By O'B. Bellingham, M.D. 1853. Page 143.

SCIENTIFIC ARTICLES.

ON THE ACTIVE PRINCIPLE OF THE CALABAR BEAN.

The active properties possessed by the *Physostigma Venenosum*, or Calabar bean, have led chemists to suppose that these seeds owed their characters to the presence of an alkaloïd even more powerful than strychnia; and in fact, MM. Jobst and Hesse, of Stuttgard, have discovered an alkaloïd which they call *physostigmine*. According to their researches, the active principle of the seeds resides only in the cotyledons. They obtained it by treating the beans with alcohol, and then taking up with ether the residue remaining after the evaporation of the alcoholic solution. The ethereal solution, afterwards evaporated, left pure *physostigmine*, or as some have proposed to call it, *Kalabarine*. The alkaloïd appears as an amorphous brownish-yellow mass, and is at first separated under the form of oily drops. It is readily soluble in ammonia, caustic and carbonated soda, ether, benzine and alcohol, but less soluble in cold water. It is entirely precipitated from its ethereal solution by animal charcoal. The aqueous solution has a slightly burning taste, a decided alkaline reaction, and gives an abundant reddish-brown precipitate with iodide of potassium, and a precipitate of hydrated oxide of iron with a solution of chloride of iron; and fused with hydrate of potash, it disengages vapours which have a strongly alkaline reaction. Acids dissolve it easily, giving rise to solutions of salts which generally present a dark red colour, and more rarely a dark blue. The hydrochlorate of physostigmine gives whitish-red precipitates with tannin; pale yellow with chloride of platinum; bluish with chloride of gold, the metal being reduced; and reddish-white with bichloride of mercury. Twenty-one beans yielded only a small quantity of alkaloïd.

Two drops of a watery solution of the alkaloïd, placed upon the eye, caused contraction of the pupil, at the end of ten minutes, to about a twentieth of its primitive diameter; the pupil remained in this state about an hour, and at the end of from four to six hours it resumed its original dimensions. Taken internally, physostigmine is as poisonous as the most dangerous cyanides. A quantity of the alkaloïd corresponding to one bean having been administered to a rabbit, at the end of five minutes the animal fell down, remained motionless, and died twenty-five minutes afterwards, or about half an hour after having swallowed the poison.

Physostigmine causes contraction of the pupil even in the eye of an animal which has been dead for some time. Two drops of the watery solution having been placed upon the eye of a rabbit an hour after it had been killed by mechanical means, it was ascertained that the pupil was contracted by one quarter as compared with the opposite eye. A rabbit killed by physostigmine did not present this phenomenon; but it was ascertained to occur in a slight degree in another animal poisoned by cyanide of potassium. Hence it appears that the muscles, even after death, are still susceptible of being influenced specifically, not only by the galvanic current, but also by physostigmine.—Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'Brit. and Foreign Medico-Chirurgical Review.'

IODINE AS A DISINFECTANT.

A paragraph has been going the round of the public journals, having reference to Dr. Richardson's paper, read at the Newcastle Meeting of the British Association for the Advancement of Science. This has led to various inquiries as to the mode in which iodine should be used. The following facts may therefore be useful:—

1. Iodine is a metalloid, resembling much the scales of iron that fall from the blacksmith's anvil. It may be bought at the price of eightpence an ounce.

2. It is soluble in spirit, and may be used as a solution in spirit, in which case rags are dipped into the solution, and suspended in the room requiring to be disinfected. But the most simple way is to use it in the solid form, or in extreme cases in the form of vapour. Used in the solid form it is simply necessary to place one drachm, or the eighth part of an ounce, of iodine in a cup, glass vessel, or common chip box, and covering the vessel over with a piece of gauze or muslin, to place it on the mantelshelf of a room. Or a little iodine may be placed in a china or glass ornament on the mantelshelf. In time the iodine thus placed becomes diffused throughout the air of the apartment, which it thoroughly disinfects if any organic matter be present. When rapid disinfection is called for, the iodine may be placed on a porcelain or a common plate or saucer, and the heat of a candle may be applied underneath. The iodine is thus driven off in a violet-coloured vapour, which quickly diffuses through the air of the room, and immediately destroys all the organic products which are the cause of the disagreeable odours.

3. Iodine acts in the same manner as do chlorine, bromine, and active oxygen or ozone. It is nearly as powerful as chlorine, and when diffused by means of heat quite as powerful. It is much more readily applied than any other disinfectant, and does not seem to be deleterious, as chlorine is to animal life. It also appears to produce no deleterious effects on gilded and metal surfaces. Indeed, it may be placed in the solid form, in the way described, in every room in a house.

4. Iodine must not be understood at any time as replacing ventilation, for it has no chemical influence on the product of breathing known as carbonic acid, and it would be a mistake to suppose that because it destroys the bad smell of a close apartment, it prevents the necessity of opening the windows. But combined with good ventilation, it destroys organic impurities, and gives a freshness to the air of a house, like that which is experienced in the air passing over the sea. Indeed, it has been assumed that in sea air iodine is present, and that the value of sea air depends on this circumstance.

5. Iodine may be used successfully for another purpose, viz.: in cases where the breath is very fœtid. The metalloid may be placed in a common smelling bottle, and may be occasionally inhaled to such an extent as not to produce dryness or soreness of the nostrils or throat. We have known it thus applied with great and immediate advantage, and have found it destroy almost at once the disagreeable odours arising from the eating of onions and from smoking tobacco. We have also recently used it, on the suggestion of Dr. Wynn Williams, as an application to fœtid and indolent ulcers and sores on the human body. In hospitals, at the instance of Mr. Hoffman, of Margate, it is now employed in the beds of the sick in some cases, as where there are extensive bed sores. In these cases, the chip box is employed; the box containing the iodine, and covered with muslin, being placed under the bed-clothes. To this process there is one objection,—the sheeting becomes tinged of a brownish colour; the discolouration is easily removed, however, by washing the sheets with a little soda. In a word, iodine may be considered as the readiest and the best of all disinfectants; and as its supply is unlimited, we may expect to see it taking an important commercial position as a disinfecting agent.

Messrs. Garden and Robbins, chemists, of Oxford street, have recently undertaken to supply all the necessary and simple apparatus for the purposes named above.—'Social Science Review.'

ON THE CHEMICAL, PHYSIOLOGICAL, AND THERAPEUTICAL PROPERTIES OF IODOFORM.

Dr. Righini's researches in relation to iodoform have shown that this substance is superior to the other preparations of iodine, in possessing anæsthetic as well as antiseptic and antimiasmatic properties. Morétin and Humbert, as well as A. Maitre, have proved that iodoform may, in consequence of the large proportion of iodine which it contains, be substituted for the other preparations of iodine, as well as for iodine itself, in all the cases where this medicine is indicated; and they have also shown that the therapeutical application of iodoform possesses the advantage over the other preparations of iodine in not causing either the local irritation or the other unfavourable symptoms

which sometimes necessitate the discontinuance of this drug. Iodoform, in its chemical relations, resembles chloroform, being a teriodide of formyle, and it is prepared by the mutual action upon one another of iodine, alcohol, carbonate of soda, and water. It forms bright yellow, friable, soft scales of a slightly pungent taste, and having a smell of garlic. It evaporates in the air in small quantities at a low temperature, and sublimes at a higher one; and at 120° the vapour is decomposed into carbon, hydriodic acid, and iodine. It is very slightly soluble in water, but is easily dissolved in alcohol and ethereal oil.

A series of experiments was instituted to ascertain the presence of iodine with animal fluids and the excretions of persons who had been treated with iodoform. It was found in the blood of a woman who had been successfully treated for a swelling of the thyroid gland, followed by acute inflammation, and in the saliva and the sweat of several persons who had taken iodoform. It was discovered in the milk of nurses who had had iodoform administered for the purpose of acting therapeutically upon their scrofulous and rachitic nurslings. It was also found in the tears, the mucus of the nose, the menstrual blood, and in the urine, and even in the bile, the fæces, and the liquor amnii. By the administration of iodoform internally, an increase of the secretions of the liver and pancreas was observed, and still more of the secretions of the salivary glands and the kidneys. Emaciation was never observed, but, on the contrary, a slight increase of the deposition of fat. The tongue and œsophagus were not irritated by iodoform, and the mammary glands were not made sensitive and painful, as in the employment of iodide of potassium or iodine itself.

Iodoform may be given without danger in doses amounting to three grammes daily, but after very large doses Maitre observed appearances of iodism. In the lower animals it is poisonous in large doses. When employed internally, iodoform combines partly with the proteinaceous substances to form soluble albuminates, which are easily absorbed, and partly with starch, if the latter is used with food, to form iodide of starch, under the influence of the gastric juice, and probably to be expelled undigested with the fæces.

A long list of diseases is given in which iodoform is said to have been administered with advantage, as tubercle, scrofula, disorders of menstruation, tumours, stoppage of the secretions in the uterus and the breasts, impotence, ozæna, ophthalmic blennorrhœa, obstinate exanthems, periostitis, tuberculous affections of the skin and mucous membranes, deep ulcerations, &c. It is also stated that iodoform in solution in alcohol is used with advantage externally in chronic neuralgia, lumbago, and rheumatism. Suppositories are recommended containing oil of cacao and iodoform. Iodoform cigarettes, made of belladonna leaves and iodoform, are also described, together with liniments, salves, and gargles, in which this substance forms a constituent.—Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

KING'S COLLEGE.

CASE OF DISEASE OF THE FEMUR.

(UNDER THE CARE OF MR. HENRY SMITH.)

G. C., æt. nineteen, was admitted on 21st January, suffering from disease of the right femur.

History.—He states that four years ago, whilst working as an engine-cleaner, his right leg was caught by some portion of the machinery, the result being a wound in the inner part of the thigh, and at the upper part of the front of the leg. He was an in-patient at St. Thomas's Hospital for eight months, and went subsequently to Margate for seven months. The leg recovered itself perfectly, and occasioned him no inconvenience until about six weeks since, when one morning a stiffness suddenly came on, which increased towards night, and was attended with so much pain that he was obliged to lie up from it. The treatment adopted upon this occasion consisted of poultices applied to the whole of the inner part of the thigh; a large abscess pointed and burst on the fourth day from that on which he felt the stiffness and the pain; there has been a copious discharge of pus ever since, but the leg has not been painful.

On the 18th of January, an ulcer broke out just above the original opening, which was healing; the discharge escapes chiefly from the more recent aperture, which is now about the size of a shilling.

Jan. 31st.—Left the Hospital this morning. There is still a healthy ulcer, and it is healing up rapidly. The sinus has closed up altogether.

CASE OF SEBACEOUS TUMOUR.

E. D., æt. twenty-four; married; was admitted on Jan. 23rd as a patient, from a sebaceous tumour the size of a small walnut, and situated on the left cheek. She first noticed it twelve years ago, and since that time it has been growing gradually, sometimes, however, decreasing in size for a short interval and then again increasing.

Jan. 24th.—To-day it was removed by Mr. Smith.

Feb. 7th.—No bad symptoms having arisen since the operation, the patient was to-day dismissed, cured.

REMARKS ON DISEASES OF THE FEMUR.

Under the head of "Diseases of the Femur," we would include that form of morbus coxæ which originates in the head of the thigh-bone. The affection, though not altogether peculiar to children of a strumous diathesis, is yet most frequently met with in such subjects.

The disease commences in the head of the femur, and in many instances is in the beginning attended with little else than a feeling of stiffness or fulness in the joint; this sensation is succeeded by the acute pain which characterises the disease. The affection consists in a deposition of true tuberculous matter into the cancellous structure of the head and neck of the bone; this tuberculous deposit is of a soft and friable nature, and of a yellowish colour, and is analogous to the cheese-like deposit which occurs in various organs involved in strumous disease.

The symptoms are not at all well marked, and increase or become aggravated by very slow degrees; they are not of the acute character, assuming rather the subacute form. They will be generally found to be as follow:—The child is observed to walk and run in an unaccustomed manner; the gait, instead of being natural, becomes unsteady and shuffling; the child limps rather than walks; the knee is somewhat bent; the foot is not laid upon the ground, but the entire weight of the body rests upon the opposite foot and leg, or is supported partly by these and partly by the toes of the unsound limb. In walking, the child will be noticed to trip frequently, as though the floor or carpet were uneven; and when it runs, the limb of the affected side is raised from the ground, and the little patient hops, instead of using both the legs.

The unsound limb itself is apparently—but not really—shorter than that of the opposite side; there is eversion, abduction, and a flexing of the leg upon the thigh, so that the knee is slightly bent.

The apparent shortening of which we have just spoken is dependent upon, not any organic or actual structural change in the femur, in the pelvis, or in the soft tissues by which they are surrounded, but on the raising of the foot from the ground and the consequent elevation of the entire limb, in which elevation the pelvis participates and will on inspection be found to be placed obliquely; its anterior superior spine being turned forwards and placed on a level higher than the same process holds on the opposite side.

The spinal column will also be found to deviate from its normal curvatures; but this condition exists not from any actual disease, but merely from the elevation of the foot.

The shortening takes place early in the disease. It can easily be ascertained to be an apparent and not a real shortening; this is best done by taking the measure of the limb from the anterior superior spine to the knee-joint, or rather to the outermost edge of the patella; and, again,

from this point to the malleolus. Moreover, the obliquity of the pelvis is readily to be detected by placing the child on its back in bed, and then instituting an examination; and by keeping the child confined to bed this apparent shortening gradually passes off and is succeeded by an apparent lengthening, the cause of which is a lowering of the pelvis on the diseased side.

The knee-joint of the unsound limb is, in many instances, swollen and puffy, and the patient is often found rubbing it, as though all the disease were situated in it; it may, in fact, be so altered from its natural condition, and may be the seat of so much uneasiness and positive pain, that the surgeon, unless he be upon his guard and make a very careful examination, may easily fall into error, and, making a wrong diagnosis, may pronounce a wrong opinion as to the ailment of the child.

These are the objective symptoms; and the subjective will now be passed in review, and be brought under our consideration. They are:—A constant and dull aching pain in the region of the hip-joint; this may or may not have been preceded by a somewhat acute, stinging, darting pain in the same region. The pain, of what character soever it may be—but especially in the more advanced stages of the disease—is always increased by rotation of the limb, by abduction, by percussion on the heel or on the trochanter, or by deep pressure in front of the joint over the pectinæus muscle; it is also aggravated by walking, or even by any use of the limb, be it ever so gentle. There is likewise pain experienced in the inside of the knee-joint; and there is also some tenderness, owing to exalted cutaneous sensibility. This pain and this tenderness are communicated from the hip-joint through the medium of the articular branch of the obturator nerve, which, becoming engaged in the morbid action, sends to the knee, by means of a long descending branch, the peculiar pain, indicative of such morbid action, and of the implication of the trunk of the nerve in the same.

In making our examination of the spine, we cannot fail to notice that the buttock of the affected side is flattened, its natural fold obliterated, and that it is flabby to the touch, and is seemingly wider than before the disease invaded the joint, and that its natural fulness is lost. In the female the vulva of the unsound side hangs lower than it does on the unaffected side.

The disease progresses; abscesses form; the health becomes evidently impaired; the matter determines to the outer or inner side, to the back or front, of the joint: if to the back, it insinuates itself under or between the glutei muscles, and, after burrowing between these, points in the integument of the buttock; if, however, the pus determine anteriorly, it gets under the pectinæus, and causes excessive pain to the patient from the compressive force it exercises upon the obturator nerve. This pain is chiefly experienced down along the inner aspect of the thigh.

The limb now becomes really shortened; and this is due to degeneration and atrophy of the entire limb, or to an increase in the disorganisation of the bone, the processes of absorption and disintegration becoming the more complete as the disease continues; or to a dislocation of the head of the bone upon the dorsum ilii, or to a combination of all these conditions. At this time also, besides the shortening, there is an alteration in the position of the limb, the foot and thigh being inverted and adducted.

This alteration is occasioned by the fatty degeneration and subsequent absorption of the external rotators and abductors, as well as by the formation of collections of matter, which, acting as a stimulus to the muscles in the vicinage of which it lies, alters their normal action, and brings them into more powerful play; again, the adductor muscles, having lost all counterbalancing power, act unopposed, and so draw the limb upwards, at the same time that it is turned inwards and forwards. Unless active measures be adopted for the treatment of the diseased conditions, the health quickly succumbs beneath the combined lowering influences of hectic fever and discharges from the abscesses.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XX.

Leaving Calomelas to be noticed with the other mercurial salts and compounds, we come next to

CALX CHLORATA, the new name for Calx Chlorinata of former Pharmacopœias, and the Chloride of Lime of commerce. No directions for the preparation of this compound are given in the British Pharmacopœia, which seems strange, when we see the book to contain elaborate directions for slaking lime. Chloride of lime, however, as everybody knows, is made in this country in enormous quantities, by exposing freshly-slaked lime to an atmosphere of chlorine. When this is done, several reactions take place. Some of the lime parts with its oxygen, which unites with some chlorine to form hypochlorous acid, which again immediately combines with lime to form hypochlorite of lime, the deoxidized calcium uniting with chlorine to form chloride of calcium—

$$2\,(Ca\,O,\,H\,O) + 2\,Cl = Ca\,Cl + Ca\,O,\,Cl\,O + 2\,H\,O.$$

The lime must always be in excess; and thus, as the Pharmacopœia states, calx chlorata is a mixture of "hypochlorite of lime, chloride of calcium, and a variable amount of hydrate of lime." The value of chloride of lime, both as a medicinal and a bleaching agent, depends upon the amount of *available* chlorine it contains, which is, of course, only that present in the form of hypochlorous acid. This is ascertained indirectly by determining the amount of iodine which a known weight of the bleaching powder will set free from iodide of potassium. Ten grains of the powder, the Pharmacopœia says, when mixed with thirty grains of iodide of potassium dissolved in four ounces of water and acidulated with two drachms of hydrochloric acid, gives a red solution, which should require at least 85 measures of the volumetric solution of hyposulphite of soda to discharge the colour. This will indicate at least 30 per cent. of available chlorine in the sample, which is about the average amount in fresh well-made specimens of the compound.

The chemical changes which take place in performing the above test are as follows:—The chlorine liberated by hydrochloric acid sets free an equivalent amount of iodine from the iodide of potassium, and when hyposulphite of soda is added to a solution of iodine in iodide of potassium, iodide of sodium and tetrathionate of soda are formed—

$$2\,(Na\,O,\,S_2\,O_2) + I = Na\,I + Na_2O,\,S_4\,O_5.$$

LIQUOR CALCIS CHLORATÆ.—From what has gone before, it will be seen that this preparation is a solution of hypochlorite of lime, chloride of calcium, and a small amount of lime in water. The fluid ounce will contain about 44 grains of the chlorinated lime, and to answer the Pharmacopœia test should yield 13 grains of available chlorine.

LIQUOR CHLORI.—This is simply a saturated solution of chlorine in water, which, at ordinary temperatures, will retain twice its volume of the gas. It constitutes a yellowish green liquid which smells very strongly of chlorine.

The solution is made by passing slowly a current of chlorine through the water. The chlorine is to be obtained by gently heating in a flask binoxide of manganese with hydrochloric acid, when the following changes take place:

$$Mn\,O_2 + 2H\,Cl = Mn\,Cl + 2\,HO + Cl.$$

One fluid ounce of the solution, to which 20 grains of iodide of potassium have been added, should require 75 measures of the solution of hyposulphite of soda for its decolorization, which will indicate the presence of about 26 grains of chlorine.

CHLOROFORMUM.—Chloroform, we may state briefly, is obtained by distilling a mixture of water, rectified spirit,

slaked lime, and chlorinated lime. When these are heated together, some complex changes take place. In the first of these it is supposed that chloral (C_4 H Cl_3 O_2) is produced, and this, on coming in contact with hydrate of lime, produces chloroform and formic acid, the latter combining with the lime :—

$$\underbrace{C_4 H Cl_3 O_2}_{\text{Chloral.}} + Ca O, HO = \underbrace{C_2 H Cl_3}_{\text{Chloroform.}} + \underbrace{Ca O, C_2 HO_3}_{\text{Formiate of lime.}}.$$

Other changes, however, take place as well, which result in the production of some heavy volatile oils which are removed from the crude chloroform by treating it with sulphuric acid.

We need not go further into the chemistry of the formation of this important medicine, but proceed to what are of more importance to the practitioner—its characters and the tests for its purity.

It is a limpid colourless liquid, of an agreeable ethereal odour and sweet taste. The Pharmacopœia adds that it mixes with ether and alcohol in all proportions, but this is not quite correct. Mr. Squire gives the following list of solubilities :—"In rectified spirit, 10 in 6 ; in ether, 10 in 70 ; in water, 10 in 2,000 ; freely in olive oil and spirit of turpentine. Does not dissolve in glycerine."

The impurities in chloroform arise from two sources, carelessness in the manufacture and fraud. In the first case, chloroform may be supplied which has never been submitted to purification, or has been but imperfectly purified. This may contain alcohol and empyreumatic oils, which latter will be more abundant when the chloroform has been prepared from methylated spirit. They will be detected by sulphuric acid, which becomes coloured when agitated with chloroform containing them. They will also leave an unpleasant odour when chloroform contaminated with them is evaporated.

Alcohol, which may also be a fraudulent addition, will be detected by adding to the suspected chloroform a small quantity of sulphuric acid and a fragment of bichromate of potash, whereby a green colour will be produced by the reduction of the chromic acid. An easier method of discovering the presence of alcohol is by dropping a little chloroform into water. If it is pure, the chloroform remains clear ; but if alcohol is present, the surface of the globules becomes opalescent. Potassium, which the Pharmacopœia gives as a test, will reveal the presence of alcohol and any other oxygen compound by causing the evolution of hydrogen and the coloration of the liquid.

In all cases, however, the specific gravity will be a tolerably accurate test of purity. The Pharmacopœia puts it at 1·496 at 60° Fahr. ; and we need only state that it should never be below 1·490, nor above the Pharmacopœia standard.

It is only necessary to add that the vapour of chloroform should never be administered without first ascertaining, by means of test paper, that it gives no acid reaction. Under some circumstances, not well understood, chloroform undergoes spotaneous decomposition, resulting in the liberation of hydrochloric and other chlorine acids, which have produced seriously prejudicial effects on the patient.

REVIEW OF BOOKS.

Transactions of the Obstetrical Society of London. Vol. V., for the Year 1863. With a List of Officers, Fellows, &c. Pp. 325. London : Longman and Co. 1864.

The present volume of the 'Transactions' of the Obstetrical Society is in every respect equal to its predecessors in the generally interesting nature of its contents, and in the record of cases of special importance or rarity. We are happy to find that the condition of the Society itself is very prosperous, that its meetings are numerously attended, that its finances are flourishing, that its sphere of operations is extending, and that its list of fellows and contributors comprehends practitioners in all parts of the world. It appears that the library of the Society is rapidly increasing in extent, by the donations of the members, among whom Sir Charles Locock and Dr. Clay have been lately the most conspicuous benefactors, and that it is now desirable to find a place for the reception of the books and a librarian to take care of them. In the annual address of the President it is mentioned that the object of the Society is not to rival existing general medical libraries in the richness and extent of the collection, but to form a library of purely obstetrical works, which would be specially available for those who are engaged in the practice of midwifery.

Among the general subjects, that of ovariotomy occupies, as may be expected, a prominent position ; and Dr. Clay contributes an interesting paper containing the results of his experience in this operation, together with a very interesting case in which the uterus and its appendages were entirely removed with complete success ; and a second case of the same kind is alluded to in which the result might have been equally successful but for an unfortunate accident which happened to the patient as she was recovering. The employment of chloroform and other anæsthetics in midwifery practice forms the subject of an important discussion following a paper by Dr. Kidd, the general feeling appearing to be that the use of these agents was justifiable, and that it was not followed by any untoward results. It was not maintained that they should be always employed, but they were considered to be very valuable in difficult cases, and in puerperal convulsions they were found generally useful in quieting the system. Dr. Skinner, of Liverpool, recommends in one of the papers the employment of Faradisation, or the local application of the galvanic current as a galactagogue, and relates eight cases in which this plan was employed with success. Dr. Clay describes some cheap and simple appliances, in the form of wire-loops, horse-shoe wires, &c., for correcting anteversion, retroversion, obliquities, and prolapse of the unimpregnated uterus, the paper calling forth a variety of remarks upon mechanical uterine supports in general, Dr. Oldham expressing his disbelief in their efficacy altogether.

Among the cases of special interest are some very rare and curious instances of abnormal conditions of the generative apparatus in women ; in one there was a double pregnancy, one uterine, and the other extra-uterine or fimbrial, both advancing simultaneously to the full period of gestation, the result being fatal, one child having been born during the woman's life, the other being found after death in the peritoneal cavity. Other cases are recorded of tubal gestation, and extra-uterine fœtation, in which the real nature of the abnormity was revealed after death ; and a case of Cæsarean section is described, in which the usual result of the death of the mother supervened, but the infant survived.

We must not omit to notice that the volume is very well got up, and the illustrations are numerous and admirably executed.

On Combined External and Internal Version. By J. Braxton Hicks, M.D., F.R.S., one of the Lecturers on Midwifery and Diseases of Women at Guy's Hospital, &c. Pp. 72. London : Longman and Co. 1864.

The subject of this memoir was originally brought forward in the pages of a contemporary some years ago, and again before the Obstetrical Society during the past year, when the plan proposed by the author was received with favour by the members present. Since that time a considerable part has been re-written, new illustrative cases added, and the whole matter brought up to the present time. Those who are unacquainted with the practice now proposed by Dr. Hicks may be informed that it is an improvement upon the old method of turning in preternatural labours, and that its novelty consists in the use of both of the practitioner's hands, one within the uterus and the other outside the abdominal walls, by which means the fœtus is turned into a position convenient for delivery. The merit of originating this plan is due to a German physician named Wigand, who published an essay in 1807, recommending the practice alluded to. The title of the essay is, 'Von einigen ausseren Handgriffen, wodurch man, unter der Geburt, die regelwidrigen Lagen der Frucht verbessern Kann' ('Of some External Manipulations, by which, during Childbirth, the Preternatural Position of the Fœtus may be

rectified'); but great merit is due to Dr. Braxton Hicks for the able manner in which he has carried out the plan proposed, and has explained its applicability in certain cases. It is not maintained that this method is intended to supersede the necessity of turning in preternatural labours, but it is argued that there are certain instances in which it is safe and efficacious; and Dr. Hicks gives a very good summary of the reasons which justify its adoption in special cases.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor FERGUSSON continues his "Lectures on the Progress of Anatomy and Surgery during the Present Century," and an abstract of the present discourse we give in another place.——Mr. BAKER BROWN continues his "Lectures on Some Diseases of Women remediable by Operation," his present lecture being on uterine hæmorrhage, and the treatment consisting in incising the mouth and neck of the uterus. Several cases are described, in which this treatment was successful; but in one there was recurrent fibroid tumour which was removed by a series of operations, and perchloride of iron was subsequently employed locally as an astringent.——Mr. MCWHINNIE contributes "Some Observations on Certain Tumours of the Neck, with Notes relating to its Surgical Anatomy." He shows the danger of making an incision low down in the neck for the relief of various urgent symptoms, and relates a case in which a medical man, in his desire to restore life by admitting air into the lungs of a person who had been some time immersed in water, plunged a penknife into the trachea. As it happened, the patient was quite dead, but, on inspection of the body, it was found that the blade of the knife had entered the left brachio-cephalic vein. In another case, a scalpel was thrust through the middle of the neck into the trachea, to relieve urgent dyspnœa supposed to arise from some obstruction in the larynx; great bleeding followed and death very soon ensued. It was found, on examination, that the isthmus of the thyroid body had been cut, and the trachea was filled with blood; but the original cause of disease was ascertained to be a large aneurism of the aorta, pressing upon the bronchi. As a general rule, Mr. McWhinnie recommends the incision to be made high up in the neck, when it is desirable to open the trachea, and after laying bare the cricoid cartilage, to cut immediately below this cartilage, and to cut some of the upper rings of the trachea. This operation is necessary in several urgent cases of disease; but Mr. McWhinnie does not speak very highly of tracheotomy in croup.

THE 'MEDICAL TIMES AND GAZETTE.'

We now give an abstract of the fifth lecture of Professor FERGUSSON, "On the Progress of Surgery during the Present Century," as reported in the present number of the 'Medical Times and Gazette.' The lecture begins with a review of those operative measures which constitute Conservative Surgery. Another and a just meed of praise is bestowed upon Mr. Syme for his having laboured, and that, too, successfully, for bringing in and establishing as legitimate operations excision of the elbow-joint and removal of the head of the humerus. To the strenuous exertions of Mr. Hancock in the field of Preservative Surgery, reference is likewise made; and his name is brought forward especially in connection with excision of the ankle and hip joints. The rest of the lecture is professedly devoted to the interesting subject of excision of the knee-joint. The striking differences in the lower from the upper extremities, both as regards their use and their conformation, and also their difference in man when compared with the hinder extremities of other animals, are pointed out. The advantages gained by amputation of a limb in cases where hectic was running the patient to a rapid end are touched upon, not, however, for the purpose of dilating upon them, but rather to show more plainly the superiority of the excision to the amputation. In the review of the history of excisions, the name of Parke, the originator of such operations, stands, as of course it should, at the head of the list, and is succeeded by that of the elder Moreau, who, in the year 1797, performed the excision of the elbow-joint which had been proposed by Parke fifteen years previously. In the year 1792, Filkin, of Northwich, successfully excised the knee. The name of Justamond is mentioned in reference to partial excision of the elbow. The efforts of Parke and Moreau were renewed by Hewson, Crampton, and Syme; but while excision of the elbow became established in Surgery, extirpation of the knee fell into disrepute, till it was revived by Mr. Fergusson in 1850, and by Jones, of Jersey, about the same time. Professor Fergusson's first case died of acute necrosis of the femur; Mr. Jones's were more successful, only one out of fifteen being attended with fatal results. Excision of either of these joints is a formidable undertaking, but that of the elbow is especially the coarser, though the same operation on the knee looks to the novice of far greater magnitude. The incomparable benefits to be derived from excision of the knee in cases of diseases of that joint, instead of performing the old operation of amputating the thigh, are made particularly to engage attention. The operation has been more frequently performed in the smaller cities and in provincial towns than in London, and, upon the whole, has been so seldom performed, that at this moment it is not an easy matter to decide for or against the operation. Mr. Jones had large experience in this surgical procedure, and next to him Dr. Humphry, of Cambridge; the rate of mortality in the cases of the former was one in fifteen, that in those of the latter was one in thirteen; but Professor Fergusson has operated upon forty patients, and out of that number has lost fifteen. This rather high death-rate is attributed to the situation of the King's College Hospital, and does not make Mr. Fergusson deem this surgical measure as at all inferior to amputation of the thigh. Statistics collected by Mr. Price show excision to be nearly as fatal as amputation. An objection urged against excisions is the length of time required to effect a cure, the curative process in the case of amputations being said to be limited to a period of about six weeks. But these are erro

neous data upon which to build, inasmuch as the after conditions of the stump are not taken into consideration; besides, account should be taken of the size of the knee-joint, and of the constant and onerous duties the lower extremity is called upon to fulfil. Admittedly, wounds made for excisions are very tedious in healing; but yet patients, aided by crutches, may walk about, and even put the foot to the ground, after an expiration of—in some instances—only three weeks from the date of operation. This triumph cannot be claimed for cases in which compound fracture of the tibia has occurred.——Dr. DAY mentions, under the head of "Original Communications," a case in which moveable kidney simulated pregnancy; and Dr. MCCRAITH continues his paper on "Lithotomy in Smyrna," and gives a list of the appliances he uses in the operation, and his method of performance; also a description of some of the calculi he has removed, and, in a tabulated form, the age of the patient, his general appearance, the result of the operation, the weight, shape, and dimensions of the stone.

PARISIAN MEDICAL NEWS.

MECHANISM OF THE CIRCULATION IN THE HEART.

The theory of the mechanism of the cardiac circulation has been simultaneously brought forward by M. Hiffelsheim at the Academy of Sciences, and at the Academy of Medicine by MM. Béclard and Gavarret, who reported on the researches instituted by MM. Marey and Chauveau. M. Hiffelsheim denounces as dangerous too strict an application of the laws of dynamics and natural philosophy, in the interpretation of physiological facts, but he endeavoured, at the same time, perhaps with more talent than success, to establish, on data supplied by the exact sciences, the correctness and originality of his theory of recoil. The discussion at the Academy of Medicine was spirited and interesting, and the experimental inquiries of MM. Marey and Chauveau, which confirm the theory generally adopted of the mechanism of circulation in the heart, met with no contradiction except from M. Beau, an earnest and sincere adversary, and at the same time a thoroughly skilled debater. In vain did MM. Bouillaud, Béclard, and Gavarret put forth all their power of argument to annihilate the doctrine upheld by their learned colleague; M. Beau unflinchingly defended his position, and professed himself ready to suffer martyrdom, sooner than acknowledge that the impulse of the heart is the result not of systole, but of ventricular diastole.

We cannot refrain from observing that M. Beau's opponents ascribe to the auricle too insignificant a part in the action of the heart; and in a speech that attracted less notice than that delivered by M. Gavarret, M. Parchappe appears to us to have argued more soundly, in showing, with Harvey and Haller, the real share of that portion of the viscus in the complex mechanism of its circulation.

THE ORIGIN OF MAN.

Several communications more or less relative to Anthropology have been forwarded to the Academy of Sciences, amongst which was a paper by M. Trémeaux, "On the Transformations of the Human Race." M. Trémeaux is a traveller who has visited every part of the globe, and who adduces the results of his observation and experience in support of the doctrine of the specific unity of the genus Man. He contends that the differences of structure and colour are merely secondary changes, effected by time and climate. With regard to colour the assertion is not a new one; and it is a generally-received fact that white men become darker, and negroes bleach, when they respectively migrate to torrid or temperate latitudes, and that the changes become further confirmed in a few generations. But M. Trémeaux does not attempt to offer the same explanation of the enormous differences observed in the shape of the skull and the degree of intellectual development. Indeed, it is obvious that the shape of the head and the colour of the skin cannot possibly be influenced by the same cause; and the author remarks that "some very dark tribes are found to possess regular features, whereas in others deformed features are allied with clearer complexions." But in man the colour of the skin is a secondary matter. The various physical types, expressive of mental development, are of far greater importance. To solve the problem, M. Trémeaux calls in another element—viz., the influence of the age of the soil on the inhabitants. In his opinion, the lowest types are to be met with in primary soils, and, conversely, the most perfect types coincide with the geological improvements of the different regions of the surface of the globe. Hence, the author concludes that the development of the human form has advanced with the migration of the original races to lands of recent formation.

"The Indo-European race, for instance, does not differ except when much difference exists in the nature of the soil. The race is handsome in Southern and Western Europe, in Georgia, Circassia, and Persia, where the more recent changes of the soil are observed.

"In the far East, we find the finest Mongolian type in the neighbourhood of Pekin, where the strata are recent, and the most deformed in the primary regions from which flows the Yeniseï.

"We may, in addition, notice even in France, despite the division of land, well-marked differences of type; and although the lower orders emigrate from the primary uplands of Limousin, Auvergne, and Savoy, and, like the gipsy race, periodically wander to more favoured tracts of country, where improvement of type is favoured by crossings, the local influences are still observable."

In its notice of this communication, the 'Courier de Saône et Loire' adopts the same view, and remarks, "It is impossible not to be struck by the differences between two adjacent districts, and to avoid noting the dissimilarity of the Morvan husbandman and the vine-growers of Mercurey, or the inhabitant of the banks of the Saône. The soil around Châlons is of far more recent formation than the table-lands of Morvan (Nièvre), hence a handsomer race of men, and greater aptitude to civilisation in the plains, than in the district of Autun."—'Journal of Practical Medicine and Surgery.'

SANITARY STATE OF LIVERPOOL.—A deputation from the Local Health Committee has had interviews with the Registrar-General as to the desire of the committee to trace the causes of the high bills of mortality of the borough; and the Registrar-General has promised to cause an abstract of the census returns of 1861, showing the number of families, and the number of persons in each family recorded as residing in every house in the borough, to be prepared at the cost of the corporation. Fifty pounds is mentioned as the probable cost.

SCARLET FEVER RIOT AT TUNBRIDGE WELLS.—On Saturday night last a riot of curious origin took place at Tunbridge Wells. A few weeks ago it was rumoured that an epidemic in the shape of typhus and scarlet fever had visited the place, and as a consequence a large number of visitors left. The report appears to have given the lodging-house keepers great annoyance, and as a Mr. Webber was identified with it, a large mob of about 1,000 persons assembled in front of his house on the evening in question, and having burnt him in effigy, commenced to smash his plate-plass windows. The small police force was quite powerless, and the crowd was only dispersed at a late hour by a heavy fall of rain. On Sunday the excitement in the town continued, and another riot was expected. It is said that the sanitary inspector sent down by Sir G. Grey, on Mr. Webber's application, could find nothing to justify the reports respecting the unhealthy condition of the town.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 13, 1864.

THE RECENT ELECTION AT THE COLLEGE OF SURGEONS.

The annual meeting of Fellows of the Royal College of Surgeons of England has resulted in the election of Mr. Le Gros Clark, Mr. Hancock, and Mr. Curling, as the new members of the Council. As we have before mentioned, there were six candidates—Messrs. Hancock, Gulliver, Turner, Curling, McWhinnie, and Le Gros Clark, and the number of votes recorded for each candidate was as follows:—Mr. Le Gros Clark, 148; Mr. Hancock, 138; Mr. Curling, 134; Mr. Gulliver, 106; Mr. Turner, 97; and Mr. McWhinnie, 62.

The result will, we believe, astonish no one, and will disappoint no one. The gentlemen elected are all of high professional merit, and each fully deserves the honour of a place at the Council Board. Mr. Hancock was elected only last year, and his retirement on the present occasion was a mere formality, rendered necessary by an absurd law that a Councillor elected in the place of another who retires before his full period of service, can serve only for the time left unexpired by his predecessor. It was, therefore, universally believed that Mr. Hancock would be re-elected to fulfil his due period of office. Mr. Curling, last year, was a candidate for election, but was rather low on the list, in consequence of some coquetting on his part; but his claims to be made a Councillor were universally acknowledged, and on the present occasion they have met with a successful response at the hands of the Fellows.

The real contest was for the third appointment, and it was difficult beforehand to prognosticate with anything like certainty as to the chances of the other candidates. If the feeling of the Fellows was decidedly in favour of eliminating from office the retiring, but eligible candidates, Mr. Le Gros Clark would of course receive very general support as a new man in the Council, though a well-known and highly esteemed surgeon, and a Lecturer and Medical Officer at one of our largest hospitals. If, on the other hand, it was thought that gentlemen who had served with distinction in the Council were not necessarily, *ipso facto*, ineligible to serve again, then there could be no question that Mr. Gulliver had a very strong chance of success, and that one of the other candidates could wait for another year.

A very important principle was involved in the candidature of Mr. Turner, of Manchester, for it was felt that the Council of the College ought to represent, at least in part, the provincial surgeons; and as Mr. Turner was willing to serve, it was felt that no better or more deserving candidate could be proposed than that excellent and distinguished gentleman. If the provincial Fellows had mustered in sufficient numbers, there can be no doubt that his election could have been secured; but, as it turned out, only ninety-seven votes were recorded in his favour, of which sixteen were plumpers. We may assume, therefore, that there were not a hundred provincial members present on the occasion—a fact which need not cause much astonishment when we reflect upon the loss of time which would be incurred by the absence of country surgeons from their ordinary professional duties.

With regard to Mr. Gulliver, while lamenting that the College is deprived, for a time, of a distinguished ornament of modern scientific surgery, we candidly admit that we ourselves never thought very highly of his chances of success; and we are, indeed, no less surprised than gratified at observing the number of votes recorded in his favour—a circumstance which must, we think, be highly agreeable to his feelings, and must do more than reconcile him to a loss of office which, year after year, some members of the Council must henceforth inevitably experience. His exclusion from the Examining Board last year was, we believe, an unwise proceeding on the part of the Council, who ought to have recognised his eminent scientific position as a ready passport to his election as an Examiner in a College which professes to examine candidates in the theory as well as in the mere manual practice of their Profession. But the same feeling which actuated the Council in passing him over as an Examiner would induce them to withhold their support from his re-election as Councillor, and this feeling would be aggravated by the plain and straightforward manner in which he has lately expressed his sentiments towards the body with which he so lately acted. Then, as he is not an hospital surgeon, he could expect no support from the compact body of hospital officials and hangers-on, who would necessarily maintain what they consider to be their own interests. Thus excluded, as it were, by very powerful influences, to what quarter could he look for favour? As he is not a surgeon in metropolitan practice, he has had little opportunity of cultivating those personal professional friendships which are often of material service in a contested election; and as he has not held any position as teacher at the schools of medicine, he is comparatively little known to the present race of provincial surgeons. Hence, we repeat, that the large number of votes actually recorded in his favour must be regarded as a distinguished tribute of personal esteem for one who has pursued science for its own sake, and not for the immediate emolument which it sometimes brings; and who has been one of the pioneers of that brilliant dawn of physiology and pathology which, aided by chemistry and the microscope, is illuminating the condition of modern medicine and surgery.

The late election at the College is an unquestionable triumph for the Metropolitan Hospital Surgeons, to which class all the successful candidates belong. Whether it is desirable that the Council of the College should be exclusively recruited from this section of the Surgical Profession is very questionable, but the result must be taken as proving the formidable organisation which is at work in securing the election of this body to the College digni-

ties. Numerically, the Metropolitan Hospital Surgeons are very strong; and when they act in a compact body, as they evidently have done at the recent election, they can achieve almost any object they desire, unless it should happen, on future occasions, that a counter-organisation of provincial or independent Fellows should succeed in out-numbering or out-manœuvring them.

On the whole, we have no *Io pæans* to sing over the College election. The only principle that appears to have been established is, that when a man's term of office in the Council has expired, he has no chance of re-election; and perhaps this is only a righteous retribution on the part of the Fellows against the notorious tenacity of office and the abuse of re-elections which have characterised the Council in former times. But we look in vain among the newly-elected Councillors for any radical reformer who has the will or the ability to expose the present flagrant mismanagement of the College affairs, or to insist upon making the College the real representative of the wants, the wishes, or the aspirations of the Profession. The new Councillors will, in all probability, fall into the same groove with their predecessors, and will discreetly hold their tongues when it is inexpedient to speak out.

But Time, which works all kinds of wonders, will perhaps in after years accomplish that which, in the present state of matters, can scarcely be anticipated. The annual elimination of three members of the Council will infuse so much new blood into that body, that a continuance of the present abuses will be impossible, unless, indeed, the elections should virtually fall exclusively, as there is some reason to fear they may do, into the hands of a metropolitan clique, and unless the Council should continue to be over-ridden and held in awe (as they now unfortunately are) by the Court of Examiners. We explained last year, when some of our contemporaries were blundering about the subject, that this latter body is by no means so fixed in its position as it once was, and that a change in its composition might be effected if the Council had the courage to originate the movement. At the period to which we refer, we pointed out that the College of Surgeons is now governed by the provisions of *two* charters, one granted in 1843 and another in 1852. By the former of these charters the then examiners were continued in their office for life; but they are now all dead, except Mr. Lawrence. By the second charter, the then existing examiners elected subsequently to 1843 were to hold office at the pleasure of the Council; but all the examiners elected subsequently to 1852 were to retire from office every five years. As matters stand at present, Mr. Lawrence holds office for life; Messrs. South, Arnott, Hawkins, and Luke hold office at the pleasure of the Council; and Messrs. Skey, Hodgson, Wormald, Kiernan, and Paltridge, are subject to quinquennial removal from office, though allowed to present themselves for re-election. The Council, therefore, really have the power of removing nine out of the ten examiners, if they choose to exercise it; and we believe that they will fail in their duty if they allow the provisions of the charters, in this particular, to become a dead letter.

SUMMARY OF THE WEEK.

BLACKBALLING AT THE COLLEGE OF PHYSICIANS.

The scene we described as having occurred at the last meeting of the Fellows of the College of Physicians has excited considerable interest in the Profession, who are asking one another the cause of the disturbance on the occasion alluded to. It is a rule of the College that the Fellows are pledged by a solemn promise "not to divulge any of the proceedings of the meeting held for the election of Fellows and Members of the College," and therefore it is evident that the report of the meeting could not have emanated from any of the Fellows, and reporters are not admitted. How the cat was let out of the bag is, therefore, a curious subject of speculation; but we cannot help thinking that the publication of the names of persons blackballed is a most unwise proceeding, even although, as in the present instance, no personal affront was intended to the unsuccessful candidates. But we do not wonder that dissatisfaction has at last been expressed at the mode in which elections to the Fellowship are conducted. The plain and obvious course for the Council to adopt in future would be to recommend for the honour of the Fellowship those who are able to pass a high examination. The bye-laws of the College represent as eligible for the Fellowship all "members of at least four years' standing, who have distinguished themselves in the practice of medicine, or in the pursuit of medical and general science or literature;" but we nevertheless find that persons who have distinguished themselves in neither are continually put up for election, while many of those who have distinguished themselves in both, and who are willing to have their qualifications tested by stringent examination, are excluded. While the present arbitrary system continues, we do not wonder that the Fellows are discontented with the mode of election.

THE ARMY MEDICAL SERVICE.

From the report of an interview granted by Lord De Grey and Ripon, the Secretary at War, to a deputation of the Metropolitan Branch of the British Medical Association, and which will be found in another part of our Journal, it does not appear that the Government holds out much hope of redress for the grievances endured by the Officers of the Army Medical Service. The meeting was a highly respectable and influential one, comprising the President of the Medical Council, the President of the Royal College of Surgeons, and several of the Medical Officers and teachers of the Metropolitan Schools of Medicine, who represented in firm but courteous terms the disabilities under which the Medical Officers of the Army at present laboured, and the disappointment they had experienced in the withdrawal of the Warrant of 1858. Lord De Grey and Ripon seemed, however, to have been well primed by the authorities at the Horse Guards as to the military arguments to be advanced in answer to the remonstrances of the deputation, and he repeated the well-known sentiments on the subject of Army Medical Reform, which have already been expressed by the combatant branch (as

they are called) of the service in the Houses of Parliament. He was deaf to all the representations made to him as to the falling-off of candidates for the Medical Service, and declared the determination of the Government not to yield to what they considered to be an attempt at intimidation or coercion exercised by the Medical Officers of the Army. But a time may come when the Government will find that they must adopt another tone, and must concede claims which cannot much longer be resisted.

ALLEGED NEGLECT OF A POOR-LAW MEDICAL OFFICER.

In reference to an article which appeared in our Journal with the above heading, on the 29th ult., and which included some extracts from an inquiry instituted at Holbrook, as to certain charges made against Dr. Albert Fleming, we have much pleasure in stating that the conclusion arrived at has been entirely in favour of that gentleman. Sir John Walsham, who was deputed by the Poor-law Board to conduct the inquiry at the Sandford Hundred Union Workhouse, Tattingstone, has reported that the Board at Whitehall have concurred in the favourable opinion entertained and expressed by the local Board, and that they completely exonerate Dr. Fleming from all blame in the case of the patient, who unfortunately died from flooding in childbirth. This conclusion has been recorded in the minutes of the local Board, and a copy has been directed to be sent to Dr. Fleming. The worst feature in this case is, that the charges made against Dr. Fleming were sustained by a medical practitioner living in the same village with himself, and that the latter has not thought proper to explain or justify the steps he took in the matter. It is bad enough for medical men to be misrepresented and persecuted by the public, but it is still worse to have to defend ourselves from injustice and injury inflicted from among our own ranks.

THE REPORT ON CHLOROFORM BY THE COMMITTEE OF THE MEDICO-CHIRURGICAL SOCIETY.

On Tuesday, the 5th inst., an abstract of the report on chloroform by a committee of the Medico-Chirurgical Society was read at a special meeting of the Society. The report is exceedingly voluminous, and is the result of no less than seventy meetings of the different sections into which the committee was divided, the physiological section having especially devoted great attention to the subject, and having performed a great number of experiments. The questions comprised in the report were chiefly the following —viz.: How chloroform destroys animal life; the effects of chloroform on the action of the heart and on the respiration; the effects of division of the pneumogastric nerve; the effects of chloroform on the glottis and fauces; the effects of ether; the post-mortem appearances in animals destroyed by chloroform; the mode of resuscitation in apparent death from chloroform; the rules to be observed in cases of threatened death from chloroform; the uses of chloroform in surgery and in midwifery.

In reference to the action of chloroform on the heart, and on the comparative merits of chloroform and ether as anæsthetics, the committee make the following remarks :—

"The first effect of chloroform vapour is to increase the force of the heart's action, but this effect is slight and transient, for when complete anæsthesia is produced the heart in all cases acts with less than its natural force. The strongest doses of chloroform vapour, when admitted freely into the lungs, destroy animal life by arresting the action of the heart; whilst by moderate doses the heart's action is much weakened for some time before death ensues; respiration generally, but not invariably, ceasing before the action of the heart, death being due both to the failure of the heart's action and to that of the respiratory function. The danger attending the use of chloroform increases with the degree of stupor it induces; the apparent irregularities in the action of the anæsthetic mainly depending on the varying strength of the vapour employed, on the quality of the chloroform, and on the constitution of the patient. In order that it may be administered with comparative safety, it is necessary that the percentage of vapour should not exceed three and a half per cent., that its effects should be carefully watched, and the inhalation suspended when the required anæsthesia is induced. In many respects the action of ether is similar to that of dilute chloroform. At first its vapour increases the force of the heart's action, an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but, at the same degree of insensibility, ether does not depress the action of the heart to the same extent as chloroform; eventually, ether kills partly by enfeebling the action of the heart, but chiefly by arresting the movements of respiration. Thus the energy with which chloroform acts, and the extent to which it depresses the force of the heart's action, render it necessary to exercise great caution in its administration, and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous in its operation than chloroform. On the whole, however, the committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic. A mixture of ether and chloroform is as effective as pure chloroform, and a safer agent when deep and prolonged anæsthesia is to be induced; though slow in its action, it is sufficiently rapid in its operation to be convenient for general use. A mixture composed of ether three parts, chloroform two parts, alcohol one part (by measure), is to be preferred, on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapour, and the committee suggest that it should be more extensively tried than it has hitherto been in this country."

The committee believe that the effects of chloroform depend much more on the degree of its concentration than on the mode of administering it, and that an apparatus is not essential to safety if due care is taken in other respects. Free admission of air, together with the chloroform, is absolutely necessary. The apparatus employed by Mr. Clover possesses the advantage of measuring the amount of vapour inhaled, but the objection to it is that it is not very portable. In the absence of any accurate means of determining the quantity of chloroform vapour administered, the committee thought the plan of administering the anæsthetic on a handkerchief or lint the least liable to objection; but it should be held an inch and a half from the mouth, so as freely to admit the air.

In regard to resuscitation after apparent death from chloroform, the committee believe that the most certain means of restoring life is by artificial respiration, and that Dr. Silvester's method, if applied early, is the most efficacious measure. By this plan resuscitation may generally be accomplished after natural respiration has ceased, provided the heart continues to act; and it may sometimes be effected even after the cessation of the heart's action. Galvanism is far less to be relied on than artificial respiration in equal cases, but with either remedy it is found that animals quickly rendered insensible by a strong dose are more easily recovered than those which have been gradually narcotised even by a small percentage of the anæsthetic. As to the amount of chloroform which might be inhaled with safety, it was found practically that a mixture containing from 2 to 4 per cent. of chloroform vapour and 96 or 98 per cent. of air might be inhaled without danger to life; and, if necessary, 4 or 5 per cent.

of chloroform vapour might safely be used; but 10 per cent. was liable to produce dangerous symptoms.

As to the uses of chloroform in practical medicine and surgery, and the contraindications supposed to exist against its use in certain cases, the committee consider that, in surgical practice, the administration of chloroform is not contraindicated by the presence of heart-disease; but fatty degeneration of the organ requires care. The question, however, is to determine the symptoms by which fatty degeneration may be detected during life. Chloroform may be given, with proper management, in operations on the mouth and throat. In operations on the deeper parts of the eye, it is undesirable, from the vomiting which may be induced. In hernia, it is highly valuable; and in operations about the anus it is indispensable. The examination of the results of 2,586 capital operations performed before chloroform inhalation was introduced, and of 1,860 operations of similar character performed subsequently, proved that the rate of mortality had not been increased since the introduction of chloroform; and it is needless to expatiate upon the diminution of suffering obtained by this invaluable agent.

In obstetric practice, the use of chloroform in natural labour is not attended with danger; no well-authenticated cases of death from its use having come to the knowledge of the committee, although sometimes unfavourable symptoms have been produced. It may, in moderate doses, protract labour; but does not always do so. It does not predispose to convulsion, nor does it interfere with lactation or with the general condition of the mother and child. In artificial labour, the inhalation of chloroform is very useful in many cases; but, as a rule, should not be employed when there has been much hæmorrhage, unless stimulants are also given. Chloroform is also useful as a means of facilitating diagnosis in diseases of women; and, both inhaled and applied as a liniment, is serviceable in severe cases of dysmenorrhœa, neuralgia, &c. Chloroform inhalation was also favourably reported on as a remedy in the convulsive diseases of women and children, and this opinion is in accordance with the views of most practical obstetricians.

These are some of the leading points touched upon in the report, but we shall revert to this important subject on an early occasion.

GENERAL CORRESPONDENCE.

A CASE OF DISTRESS.

To the Editor of the Medical Circular.

SIR,—Acting under the advice of several members of the Medical Profession, I forward the enclosed appeal, earnestly soliciting that you will give it a place in the columns of your valuable paper; and also requesting that you would kindly consent to receive contributions for the bereaved widow.

I am, &c.,
HENRY BROMFIELD.

Blockley Vicarage, Moreton-in-Marsh.
July 5, 1864.

The Rev. H. Bromfield, Vicar of Blockley, begs to call the attention of the members of the Medical Profession to a case of great destitution, and solicits their contributions on behalf of the bereaved widow and children.

Mr. Edgar Bull, surgeon, resided and practised in the village of Blockley for several years. On a foggy night in January, 1863, on his way home from a patient, he fell down a bank and sustained a bad fracture of the leg. A long confinement to his bed, and the consequent loss of income, preyed upon his health and spirits; and although he partially regained the use of his limb, the constitution received so severe a shock, that his mind gave way, and in a paroxysm of mental aberration he precipitated himself from a window and was killed.

Mr. Bull has left a widow and four children. The eldest son (nineteen) is in a draper's shop, but two daughters, a son, and the widow are utterly destitute. The Editor of the MEDICAL CIRCULAR has kindly consented to receive contributions, which will be applied to establish the widow in a grocery business, in the hope that she may support herself and keep a home for her children until some provision can be made for them.

Contributions will be also received by Admiral Collier, C.B., Rev. H. Bromfield, Blockley; Charles W. Morris, Esq., Surgeon, Chipping Campden; Dr. Moore, 15 Charles terrace, Victoria park, London; Dr. Kingsley, Stratford-on-Avon.

Blockley Vicarage, Worcester,
July 5, 1864.

CHLOROFORM AND EAU DE COLOGNE.

To the Editor of the Medical Circular.

SIR,—An inquiry has recently arisen whether chloroform was ever tried, or if it be useful, in epilepsy. A very extended and detailed examination of cases under that agent, favourable to its use, is to be found in the excellent work of Dr. Reynolds; it is, on the other hand, very dangerous in chorea and delirium tremens. In the former the part of the brain that presides over emotion and respiration is weakened already, and chloroform extinguishes life. Very marked cases of epilepsy are now cured by a slight surgical operation, the suggestion of Dr. Brown-Séquard. It is asked also how to use eau de cologne and chloroform together. The best plan is, perhaps, in about equal parts, but sprinkled separately on a napkin folded in shape of a cone.

I am, &c.,
Sackville street, CHARLES KIDD, M.D.
June 24.

PS.—As to the other "mixtures," what is true about them is not new, and what is new is as old as an extensive trial of them in France and especially in Austria, even by Austrian Government order; but they are cumbrous, and the spirits of wine is simply squeezed out of the sponge after the chloroform and ether have been inhaled. They lead to quackery also, by the idea that the chloroform is supposed "to take" without entering the blood,—about as wise as to say a lancet could open the femoral vein without entering or disturbing the blood; but so the lancet fraternity will have it.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been already received on behalf of the above fund:—

	£	s.	d.
Henry Blenkarne, Esq., City of London .	1	1	0
Henry Sutherin, Esq., St. Pancras . .	1	1	0
J. Clark, Esq., Shoreditch . . .	1	0	0
Dr. Robert Fowler, East London . .	1	1	0
A. M. Champneys, Esq., Whitechapel .	0	10	6
T. M. Kendall, Esq., King's Lynn . .	0	2	6
S. B. Humphreys, Esq., City of London .	1	1	0
Dr. David King, Lewisham . . .	0	10	0
J. G. Gerrans, Esq., St. Marylebone . .	0	5	0
Henry Terry, Esq., jun., Hardingstone .	0	10	0

I am quite willing to take the entire management of the fund, if generally desired.

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treasurer and Hon. Sec.
July 6, 1864.

MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—About this time last year an effort was made to form a Medical Provident Association. I am glad to inform your numerous readers that that noble effort has not been abandoned, but only set aside until a safe plan could be devised which would confer the greatest boon ever known to the Profession. It will be remembered that Mr. Carter, of Stroud, took a prominent part in the business; and from the correspondence which I have had with him, I am at liberty to send you the enclosed letter for publication. As the business will be brought forward next month, I hope, Mr. Editor, that we shall have a spirited leader from you

in an early number to help it forward. If such an association had been in existence, I doubt not you would have been spared the painful duty of appealing on recent occasions to the Profession and the public on behalf of many a widow and her helpless family.

One thousand subscribers will be required to place the association on a firm and permanent basis; and I hope, when your trumpet sounds, that ten thousand will arm themselves with golden weapons and be ready to do battle on such charitable ground. Wishing you continued and increasing success, I am, Mr. Editor, Yours, &c.,

Oswestry, July 8, 1864. ALPHA.

SIR,—In reply to your inquiry, I have to say that my visit to London convinced me of the entire practicability of the scheme proposed, and obtained for me the knowledge that such an institution has been successfully worked among the clergy for thirty years. The experience of their society will be available, at the proper time, in the formation of ours.

Almost immediately after I went to London, the meeting of the British Medical Association was held at Bristol. There, Dr. Richardson proposed the appointment of a committee, consisting of Sir C. Hastings, Mr. Daniell, Dr. Richardson himself, myself, and other gentlemen, to inquire into the whole subject, and to report to a special general meeting. It was carried as an amendment that the report should be referred to the next annual meeting.

It seems to me that the report of the committee will have so much more weight with the Profession than the labours of one man, that I determined to hold my hand in the matter, and wait the year. I purpose to ask the committee to report not only upon general principles, but upon organization, and I shall take care that their report is extensively circulated, and that action is taken upon it. I have obtained the promise of influential assistance for a London meeting, to follow that at Cambridge; and I hope the institution will be able to begin work with the beginning of next year.

I feel that I should only be beating the air, and wasting my own fully-occupied time, by any endeavour to precipitate matters. The actuaries tell me that we must have 1,000 members before the society will rest on a basis independent of casualties.

The appointment of the Bristol committee, was I believe, noticed in the Journals at the time, and I thought it unnecessary to publish anything more, although I have great pleasure in replying to your inquiry. If you think it would answer any useful purpose to send this note to one of the Journals, perhaps you would kindly take the trouble to do so. I am, &c.,

Stroud. R. B. CARTER.

THE LATE SURGEON OF THE ALABAMA.

To the Editor of the Medical Circular.

SIR,—Perhaps some of your readers may not be aware that a Committee has been formed for the purpose of raising funds, both from the Profession and from the general public, for some appropriate memorial in honour of the late David Herbert Llewellyn, surgeon of the Alabama. We shall be happy to receive subscriptions here at the Hospital, or they may be sent to the Imperial Bank, 6 Lothbury and 53 Parliament street.

We are, Sir, &c.,
W. TRAVERS, F.R.C.S., O. W. BERRY,
Hon. Secs. to the Llewellyn
Memorial Fund.

Charing-cross Hospital,
July 4th, 1864.

PUNISHMENT OF ILLEGAL MEDICAL PRACTICE IN FRANCE.—The correctional tribunal of Gourdon (Lot) has sentenced to six days' imprisonment, to twelve shillings fine, and to the payment of all the costs of the prosecution, a dispensing chemist of Souillac, indicted for the illegal practice of meditine.

THE ARMY MEDICAL SERVICE.

DEPUTATION TO THE SECRETARY OF STATE FOR WAR.

On Tuesday, the 5th inst., a deputation of members of the Metropolitan Counties Branch of the British Medical Association had an interview with the Right Hon. the Earl De Grey and Ripon, Secretary of State for War, on the Army Medical Service. The deputation, which was introby Dr. J. Abel Smith, Esq., M.P., consisted of Dr. Sibson, President of the Branch; Dr. Burrows (President of the Medical Council); Mr. Skey (President of the Royal College of Surgeons); Drs. Camps, Andrew Clark, Hare, Harley, Henry, Richardson, Routh, Hyde Salter, Joseph Seaton, Stewart, and G. Webster; and Messrs. Holmes Coote, Curling, Dunn, H. Lee, Lord, W. Martin, Millar, and C. H. Moore; as well as Drs. Chowne and Sharpey, and Mr. Barwell.

Dr. Sibson said that the Metropolitan Counties Branch had taken up the subject of the Army Medical Service for two reasons—first, because the medical officers of the army were precluded, by considerations of discipline, from stating their own grievances; and secondly, because the Branch contained among its members gentlemen connected with all the London hospitals and medical schools, who consequently were constantly in contact with those who might become candidates for admission into the army. Some time ago the teachers in the schools have been accustomed to urge their pupils to enter the army; but now circumstances were altered, and they could no longer do so. The Association of which this was a Branch had always taken much interest in all that related to the welfare of the Profession. Dr. Sibson then presented the following memorial:—

To the Right Honourable the Earl De Grey and Ripon, Secretary of State for War.

The Memorial of the President and Members of the Metropolitan Counties Branch of the British Medical Association.

HUMBLY SHEWETH—

That the attention of your memorialists has been drawn to the condition of the Medical Service of the Army.

That it is well known to your memorialists, that the number of candidates for admission into the Medical Service of the Army is far from being commensurate with the number of vacancies; and that, in consequence, gentlemen engaged in civil practice have been invited to undertake the charge of troops at home.

Your memorialists are of opinion that the members of the Medical Profession have ceased to apply for admission into the Medical Department of the Army, because, owing to the successive changes in the Warrant of 1858 (which Warrant gave general satisfaction), and to the practical departure from that Warrant by the Executive, they have lost confidence in the good faith of the military authorities.

They are further of opinion, that the frequent non-enforcement of the precedence granted by the Warrant of 1858, and the modification of that precedence by the Warrant of 1863, disqualifying the medical officer from presiding at boards (although on other than purely military matters), even when he is the senior officer present, have, by lowering his status, done more than any other grievance to deter members of the Medical Profession from joining the service.

Your memorialists are further of opinion—

1. That the Warrant which expresses the terms of service under which medical men enter the army should in future be clearly defined, so that no misapprehension may arise.

2. That no alteration should be made in such Warrant without an inquiry, which inquiry should be open to the Medical Service, and should be of the same extent, and involve the same amount of consideration, as that which led to the first promulgation of the Warrant.

3. That any such alteration should be made with formality and publicity, and after an explanatioon to the medical officers of the grounds on which it has been considered necessary to alter the terms of service.

Your memorialists are further of opinion, that the Warrant of 1858 should be the basis of future regulations

for the Army Medical Department, subject to the following modifications:

1. The proper definition and enforcement of the precedence of the medical officer, in accordance with his rank, at boards, mess, and committees of all kinds.
2. Increased pay of assistant-surgeons and surgeons.
3. Promotion to the rank of surgeon after, at most, ten years' full-pay service.
4. Optional retirement after twenty years' full-pay service on an adequate pension.
5. Controlling power and free agency to the medical officer in his own department.
6. Regular leave for the medical officer, and sick leave on the same footing as is granted to all other officers.
7. Non-deduction of pay for expenses incurred in the execution of his duty.
8. The abolition of the system of confidential reports by the surgeon on the conduct of the assistant-surgeon.
9. The infliction by the military authorities of all punishments ordered by them; the medical officer's duty on such occasions being limited to the protection of the soldier from serious injury.

Your memorialists are further of opinion, that the systematic employment of deputy or acting assistant-surgeons without examination ought to be discontinued; since it will inevitably introduce an inferior class of medical men into the service, and inflict great hardship on the military medical officer by increasing indefinitely the period of foreign service, and so still further deter medical men from entering the army.

Finally, your memorialists would especially insist that although, since the issue of the Warrant of 1858, an examination has very properly been instituted, the intention and effect of which have been to exclude from the Medical Service of the Army all but highly qualified candidates, the inducements to enter the service have been considerably lessened. The inevitable consequence of thus discouraging the better members of the Medical Profession from entering the army is, that the soldier must suffer. And your memorialists are persuaded, that the services of thoroughly competent men of high tone and character will not be obtained until the medical officer is upheld by the military authorities, and is permanently placed in that honourable position which is due to himself and to the Profession to which he belongs.

Your memorialists therefore respectfully urge your Lordship to take this memorial into your favourable consideration, and to adopt such measures as will tend to secure at once the welfare of the soldier and the interests of the Medical Department of Her Majesty's Army.

Signed on behalf and by the authority of the members of the Metropolitan Counties Branch,

FRANCIS SIBSON, M.D., F.R.S., *President.*
A. P. STEWART, M.D., } *Secretaries.*
ALEXANDER HENRY, M.D., }

Dr. Burrows, President of the Medical Council, cordially supported the prayer of the memorial.

Mr. Skey, as President of the Royal College of Surgeons, expressed the deep regret of himself and his colleagues in the Council of the College at the condition of the medical officers of the army.

Lord De Grey and Ripon said that he was glad to have an opportunity of seeing so many members of the Medical Profession, and of discussing the present subject with them. The memorial involved two points: 1. The renewal of the Warrant of 1858; 2. Increased pay, &c. He would ask in what respects it was considered that the Warrant of 1858 was not carried out?

Dr. Stewart: With regard to relative rank.

Lord De Grey and Ripon said that Clause xvii. was then the portion of the Warrant referred to. In 1861, a warrant was issued, by which the surgeon ranked as junior major. This, as the deputation was probably aware, was repealed by the Warrant of 1863. He supposed that the principal objection to the latter was in regard to the part treating of the position of the army medical officer on boards, &c.

Dr. Stewart said that was the point of objection. The deputation had also been informed that the medical officer ranked as junior in mess; and there was reason for questioning whether the Warrant was carried out in its integrity. But the right of the medical officer to be president of boards was the main point.

Lord De Grey and Ripon: The Warrant of 1858 laid down that medical officers were non-combatant; and he presumed that they did not wish to interfere with military command. He could not understand why so much importance was attached to the presidency of boards.

Dr. Stewart would remind his Lordship that, if a superior class of medical men was to be induced to enter the army, proper marks of distinction and social courtesy must be extended to them.

Lord De Grey and Ripon understood, from what had been said, that the deputation did not desire that the presidency of courts-martial or of boards on purely military matters should be open to the medical officers; but that on certain boards—sanitary, for instance—the medical man should be placed according to his rank. He would give the proposal to renew the Warrant of 1858 his best consideration; but he feared he could not support some of the other doctrines laid down in the memorial. He would ask whether, within the last few years, there had not been an increase in the number of good appointments elsewhere, which had drawn off medical students from entering the army; and whether, at the same time, there had not also been a diminution in the numbers of those entering the Profession.

Dr. Hare said that formerly students used to enter the medical schools with the view of joining the army; but now this was not the case.

Dr. Richardson said there had certainly been a very serious decrease in the number of the Medical Profession; since 1854, he believed, the decrease had not been less than four thousand. This was very important as regarded competition; but it did not affect the duty of the authorities to render the army attractive to medical men.

Lord De Grey and Ripon was quite ready to allow that it might be necessary to offer increased pecuniary advantages to medical men entering the army. But he believed that there was an organised agitation going on among the Army Medical Officers; and the Government must set its face against anything of this kind.

After some further discussion and explanation of several portions of the memorial, Lord De Grey and Ripon said that the return to the Warrant of 1858, and the proper establishment of the precedence of medical officers, were questions that might well be considered. On other points, he would not encourage the deputation in hoping for a change.

The deputation, having thanked his Lordship, then withdrew.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 17.

Mr. PRESCOTT HEWITT, President, in the Chair.

Mr. HOLMES exhibited

THE PARTS CONCERNED IN A PLASTIC OPERATION FOR THE RELIEF OF THE DEFORMITY OF EXTROVERTED BLADDER.

This was the first operation of the kind successfully performed in this country, and was reported soon after the time of its performance in the 'Lancet,' June 27, 1863. Its principle was to cover the exposed bladder by means of a flap (taken out of the groin on one side) turned down with its skin surface inwards; and to fix this flap by another (taken from the opposite scrotum) drawn over the former flap with the skin surface outwards. After the union of these two flaps, a broad thick cover will be formed, which can then be easily united with the skin of the abdomen, by one or more operations, leaving a hiatus below for the escape of the urine. To this a common "railway urinal" can very easily be adapted. If the flaps are pretty thick,

and the patient in good health, they will generally unite very readily; and their union appears both more probable and more secure than that of flaps united only by their edges. In cases complicated with large hernial protrusions, distending and thinning the skin, and in persons reduced by ill-health, union is very doubtful. In the preparation exhibited, the cleft was entirely covered. The hiatus left was large enough to admit the finger easily, and Mr. Holmes thought it better to have an opening of this size, since the bladder ought to be frequently washed out with a syringe to clear it of phosphatic deposit; and if the opening be reduced too much, this deposit will be more troublesome. But when the cover is once formed, the opening can be contracted as much as the surgeon pleases. There was a very minute pin-hole opening in the union between the transplanted cover and the skin of the abdomen, but it was hardly visible, and did not appear to transmit any urine. The patient, a well-grown boy, nine years of age, died about a year and a quarter after the operation, from the growth of a tumour of the fibro-plastic variety, in the pons varolii and cerebellum.

Mr. WOOD exhibited a

SPECIMEN FROM A CASE OF EXTROVERSION OF THE BLADDER AFTER OPERATION.

The specimen was from the body of a male child, aged seven years, who died in King's College Hospital from erysipelas of the head and face about six weeks after the completion of the plastic operations for the cure of the deficiency of the front wall of the bladder. Before operation the case presented all the usual characters of this result of arrest of development, viz., deficiency of the symphysis and wide separation of the arches of the pubes and of the origin of the recti muscles; complete exposure and protrusion of the hinder wall of the bladder and orifices of the ureters; separation of the corpora cavernosa and deficiency of the upper wall of the urethra. The testes were still in the canal or abdominal rings; the scrotum empty. The operations were as follows:—First, two lancet-shaped flaps were cut from the skin of the groin, with their bases towards the scrotum; these were then transplanted so as to join each other by a broad surface for adhesion over the exposed bladder. When these had become united, a flap was turned down from above, after Pancoast's method, and drawn under the united side flaps, thus closing up the upper aperture left in the first operation. Then a flap was taken from the scrotum on each side, turned over the imperfect penis, and stitched with their raw surfaces together. These became adherent to each other, and united to the upper flaps so as to form a sort of short tube for the urethra. No sloughing occurred, and all had completely healed a month before the occurrence of the disease which destroyed the little patient. He had power of retention to the extent of a couple of ounces, until a cough or the elasticity of the sides of the new cavity caused a gush through the newly-formed urethra. He was waiting for the fitting of an India-rubber bottle when attacked by the erysipelas which carried him off. Mr. Wood attributes a good deal of the success which followed the transplantation to preservation of the ascending branches of the common femoral artery which supply the lower part of the skin of the belly. These were kept undivided in the area of the base of the side flaps so as to preserve their vascularity undiminished. He mentioned that he had another case of the kind now under treatment in the hospital, which had been equally successful.

Mr. HUTCHINSON exhibited a specimen of

COMPLETE DETACHMENT OF THE LOWER EPIPHYSIS OF THE FEMUR.

A lad, aged twelve, was brought into the London Hospital, having been run over in the street. He had sustained what, at first sight, was supposed to be a compound dislocation of the left knee-joint, and the soft parts were most severely injured. On examination, it was found that the projecting bone was the end of the shaft abruptly detached from its epiphysal extremity. The latter still remained in connection with the tibia, and the joint itself was uninjured. Primary amputation was necessitated, and was at once performed (by Mr. Adams, in consequence of Mr. Hutchinson's absence from town). In dissecting the parts, the popliteal artery and vein were found torn across, and the periosteum had been very extensively stripped from the lower part of the shaft. The epiphysis itself had been displaced by the gastrocnemius in such a manner that its surface of detachment looked directly backwards into the popliteal space, instead of upwards in a line with the shaft. Mr. Hutchinson drew particular attention to this displacement, and showed that it would have been quite impracticable to treat such an injury in any other position than with the knee bent at right angles (double inclined plane). He also remarked upon the circumstance that the periosteum was so extensively torn off, and said that he believed this was a common result in these accidents, and that it explained the frequency with which suppuration between the periosteum and bone occurs after them.

(To be continued.)

OBITUARY.

THE LATE DR. A. MACDOWALL, OF HELENSBURGH.

It was our melancholy duty, a few days ago, to announce the death of this amiable and accomplished Medical Practitioner, who died at his residence at Helensburgh on the 10th inst., after a long and tedious illness. Born in Glasgow, where his father pursued a similar calling, Dr. Macdowall was early destined for the Medical Profession, and completed his studies with honour and success at the University, as well as at the Royal Infirmary of this city, where he acted for the full period as House-Surgeon, and acquired, as he always took pleasure in saying, the most useful portion of his Medical and Surgical knowledge. On the breaking out of hostilities in the Crimea, he volunteered his services as Surgeon to the Turkish Contingent force, under command of British officers, which was quartered at Kertch and Yenikale, and which proved of considerable service during the war. In his capacity of Regimental Surgeon, Dr. Macdowall distinguished himself by his exertions in promoting the sanitary condition of the troops, which, in consequence of the experimental character of the service, were sadly decimated by cholera and fever. For these and similar duties in the field he was specially mentioned in the despatches of the Director-General, and was among the few who were selected to receive from the Sultan the decoration of the order of the Medjidie, an honour which, in his case at least, was universally acknowledged to be well deserved. Immediately after the cessation of hostilities, Dr. Macdowall was solicited by the Turkish authorities to continue his connexion with the Government, with the view of assisting in the organisation of a proper medical staff for the native army, but he preferred returning to England, an alternative forced on him in consequence of severe family bereavement. He afterwards settled at Helensburgh, in which he practised his Profession for several years; but it is to be feared that the cares and anxieties of a rapidly increasing country practice, acting on a not very robust constitution, had the effect of cutting short, at the early age of thirty-three, a useful and well-spent life. To a singularly acute knowledge of his Profession, Dr. Macdowall combined in an eminent degree a cheerful and obliging disposition, coupled with strict integrity and high moral worth. His memory will be long treasured as a precious possession by his family and by his patients, as well as by a large circle of attached friends.—'Glasgow Paper.'

ROYAL INSTITUTION OF GREAT BRITAIN.—A general monthly meeting was held on Monday, July 4, 1864, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair. General Sir Edward Lugard, K.C.B., and John Ruskin, Esq., were elected members of the Royal Institution.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 30th ult.:—Augustin Barber Fry, Sleaford, Lincolnshire; George Grewcock, Folkingham, Lincolnshire; Francis John Marshall, Moulton, Northamptonshire; Samuel Rooth, Chesterfield.

The following gentlemen also on the same day passed their first examination:—John King, King's College; Frederic Edward Manby, Guy's Hospital; John Oakley, King's College; George Jesse Barnabas Stevens, Guy's Hospital.

THE PROGRESS OF HUMANITARIAN PRINCIPLES.—The Federal Council of Switzerland have addressed an invitation to the German Confederacy to send a delegate to the International Congress, which is to be held at Genoa on August the 8th, for the object of laying down principles and concerting measures, in the interest of humanity, with reference to the better tending of the wounded on the fields of battle. The German Confederacy have appointed a special committee to report on the question.

DISPOSAL OF THE DEAD IN CALCUTTA.—We learn from the 'Calcutta Englishman' "that the Government of Bengal has taken active measures with regard to the dead bodies that are thrown into the river. The police have been reminded that this duty was within their province, and that the Government would not see neglect further continued with satisfaction. It is ordered that a stop be put to the practice, and steps be immediately taken for the proper disposal of the dead."

DIGITALINE.—Mr. Lefort, at one of the recent meetings of the Institute of France, forwarded a paper "On Digitalinum," of which two kinds appear to be in use. One is soluble, and imparts to concentrated hydrochloric acid a yellow colour, which passes to a fine green. This species is chiefly prepared in Germany. The other kind is insoluble, and is prepared in France, and receives from muriatic acid a more intense green colour, whence it may be presumed to be purer. Viewed through the microscope, German digitalinum presents itself under the form of translucid crystals; French digitaline, on the contrary, assumes the aspect of an opaque mass, and emits a strong smell of foxglove leaves. These characteristics may assist in detecting the presence of this substance in colourless liquids.

PREVALENCE OF SMALL-POX AT STAFFORD.—The small-pox is prevalent at Stafford; many fatal cases have occurred. What are the statistics of vaccination in that town?

HASLAR AND NETLEY HOSPITALS.—The annual cost of the administration of Haslar, including salaries, wages, taxes, and contingencies, amounts to 14,000*l.* There is accommodation for 1,000 patients. The annual cost of the establishment at Netley, which could contain a still larger number, amounts to about 12,000*l.* a year.

MORTALITY OF STOKE-UPON-TRENT.—Dr. Arlidge, senior physician to the North Staffordshire Infirmary, has just published details of the mortality of Stoke-upon-Trent, chiefly with reference to children and potters. He says that "the mean age of the adult population is forty-six years and a half, while that of adult males in England equals fifty-six. Consumption and diseases of the lungs were the cause of death in 13·50 per 1,000 male potters living, or 1,350 in 100,000. Above 40 per cent. of the whole number of deaths from diseases of the respiratory organs amongst adult males of all occupations happen among male potters. Nearly 60 per cent. of males thus occupied die from diseases of the respiratory organs.

VACCINATION AT GATESHEAD.—From a report by Dr. Henry Stevens, Inspector of Public Vaccination, it appears that at Gateshead during the three years ending Sept. 30th, 1863, there had been registered in the Union 7,600 births, and 5,879 infant vaccinations had been performed by the public vaccinators, being 77·3 per cent. of the births.

ACADEMIE DES SCIENCES.—At the last meeting of this learned body, M. Wöhler, of Göttingen, was elected foreign associate in the place of the late Professor Mitscherlich. The other candidates were De la Rive, Geneva; Agassiz, Boston; Airy, Greenwich; Bunsen, Heidelberg; Hamilton, Edinburgh; Martins, Munich; R. Murchison, London; and Struve, Pultava.

TESTIMONIAL.—On the retirement of Dr. Coucher from the duties of Union Medical Officer of the Melcombe Regis District, the following satisfactory acknowledgment of his services was agreed upon at a meeting of the Board of Guardians held on Tuesday, June 14:—On the motion of H. C. Godden, Esq., seconded by Mr. R. Thomas, it was unanimously resolved,—"That the thanks of the Board be given to Dr. Coucher for the kindness and attention uniformly shown by him for the past six and a half years to the poor of the parish of Melcombe Regis, and that the clerk be requested to convey the same to Dr. Coucher."—(Signed), H. C. Gooden, Chairman.

THE AMERICAN MEDICAL ASSOCIATION.—The American Medical Association, founded in 1847, held its fifteenth annual meeting at New York on June 7, 8, and 9, and seems to have gone off satisfactorily, although the papers which were read are said to have been characterised by marks of haste in their preparation. Delegates came from every part of the Federal States, and the meeting, under the presidency of Dr. Davis, altogether was a successful one. It voted that the introduction of compulsory vaccination into the United States is impracticable, and appointed a committee to memorialise the President in favour of an increase of rank and pay for the medical staff of the army and navy. A motion was carried reprehending the project of rewarding Dr. Morton by a vote of 200,000 dollars now pending in Congress, the Association being of opinion, in the first place, that he had placed himself beyond the pale by taking out patents for anæsthetics and prosecuting charities for invading them, and next that he had been amply rewarded already through private benificence in Boston, New York, Philadelphia, and elsewhere. Numerous committees were appointed to report to the next meeting on various subjects; amongst which were drainage and sewerage, the relations of alcohol, quarantine, microscopical investigations, the aboriginal races, international medical ethics, climatology and epidemics, &c.

BOMBAY SANITARY COMMISSION.—A Sanitary Commission has been appointed for the Bombay Presidency. It is presided over by Dr. Leith, with Dr. Beatty as Secretary, these two officers being relieved from other duty. The other members are Major Martin, of the 4th, and Captain Close. The duties of the Commission are not defined, but they are evidently of a general and not local character.

SURGEONS ON THE FIELD OF BATTLE.—*Apropos* of the necessity for the presence of surgeons on the field of battle, I may mention meeting at Wilderness, under shelter of the breast works, two cases of active hæmorrhage from gunshot wounds—in one the radial required to be ligatured; in the other the brachial. In both cases the loss was profuse, and had begun to tell upon the strength of the man. An aperture of exit for a rifle ball, not generally spoken of in books, is the mouth. In a case occurring two days ago, ball entered left side of the neck, and two or three hours after was coughed up by the patient. For the first time I have seen a death upon the operating table from chloroform. Patient was undergoing an amputation of right arm at shoulder-joint. Chloroform ceased to be administered when the first sleep was made. The arm was removed, and arteries tied, when the patient was discovered to be pulseless. Artificial respiration was had recourse to, but without avail. The man's pulse was good before the operation commenced. He walked without assistance to the table, and he lost but very little blood after arriving there. At the autopsy, four hours after death, the heart was found of very unusual size—nearly as large again as it ought to have been—and both cavities distended with blood, with thrombi formed in them, which extended upwards into the vessel. Death from paralysis of the heart.—American Correspondent of 'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 13.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 14.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 15.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 16.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 18.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 19.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Canada Medical Journal, No. 1.

Weekly Return of the Births and Deaths in the City of Dublin during the Year 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE SOCIAL SCIENCE ASSOCIATION.—The notice is inserted.

DR. ROBERT FOWLER'S letter is inserted.

REV. H. BROMFIELD.—The letter is inserted, and the success of the cause has our best wishes.

THE HON. SECRETARIES TO THE LLEWELLYN FUND.—The letter is inserted.

DR. S.—The question is entirely a legal one, and we advise you to consult a solicitor.

MR. H. B., *South Wales.*—The salary is certainly not in proportion to the area, nor to the number of patients attended; and a representation to that effect made to the local Guardians would perhaps lead to redress.

DR. W.—We have no hesitation in expressing our opinion that the conduct described is highly unprofessional, and ought to be represented to the medical men of the district. It is of no use to ask the opinion of the general public, or to expose the matter in the local newspapers.

Total Suppression of the Liquor Traffic and the Wine Trade.—We have received two communications by the same post, one the Manifesto addressed by the Executive of the United Kingdom Alliance to its members and adherents throughout the nation; and, on the other hand, the Annual Circular of a well-known firm of wine-merchants. The former document relates the history of the measures taken to secure the votes of the members of the House of Commons in favour of the so-called Permissive Bill, and speaks in hopeful terms of the probable success of the Bill at some future period; the latter points to statistics, and not only shows that the sale of wines is augmenting, but alleges the fact as indicating the increasing prosperity of the country. The wine circular, besides giving statistics, argues the question with the teetotallers, and recommends them to apply the same principle of total abstinence to every other indulgence, besides that in liquor, which, when carried to excess, may lead to pernicious results; and it defends the judicious employment of stimulants, both as medicines and as means of rational enjoyment to persons living, as most civilised nations do, in an artificial state of society. By this document we also learn that the vintage of sherry last year was below the average in quantity, but that the supply of port was abundant. The consequence is, that sherry is dearer than formerly, while port is not much, if at all, cheaper.

ALPHA.—The letter is inserted.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

Medical Transfer and Partnership.

30 BUCKLERSBURY, LONDON.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, as usual, at the above address.

Office Hours, 11 to 4.

Apothecaries' Hall. — The next EXAMINATION in ARTS will be held at the Hall on Friday and Saturday, the 23rd and 24th September, 1864. A Syllabus of the Subjects for Examination may be had on application.

An Examination will again be held in the month of January, 1865.

R. B. UPTON, Clerk to the Society.

PRIZES IN BOTANY.

The next Examination for the SOCIETY of APOTHECARIES' ANNUAL PRIZES in BOTANY will be held, at the HALL of the SOCIETY, on WEDNESDAY, the 10th of AUGUST next, at 10 a.m.

The Prizes consist of a Gold Medal and a Silver Medal, with a Book. Gentlemen will be eligible as Candidates for such Prizes who shall have commenced the SECOND SUMMER SESSION of their Medical Study.—Candidates must send a written notice to the office of the Beadle, of their intention of competing for the Prizes, on or before the 1st August.

By order of the Court of Assistants,

R. B. UPTON, Clerk to the Society.

Apothecaries' Hall,
July, 1864.

Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

6 Devonshire street, Portland place.

A vacancy for a Resident PUPIL.

Liquor Carbonis Detergens, or CONCENTRATED ALCOHOLIC SOLUTION OF THE ACTIVE PRINCIPLES OF COAL TAR.—A new remedy in Cutaneous affections, &c., presenting in an elegant and effective form the several virtues of the Tar, which are held in solution by the Alcohol, and thus rendered applicable to all the purposes of Hygiene, Medicine, and Natural History. As a dressing for putrid sores, where a disinfectant is at the same time desirable, the Emulsion, formed of any required strength by the addition of water, is most readily exhibited, mere agitation producing immediately perfect combination.

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has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble natural teeth as not to be distinguished from the original by the closest observer, they will never CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does NOT REQUIRE the EXTRACTION of ROOTS, or any PAINFUL OPERATION, and will support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication. Decayed teeth stopped, and rendered sound and useful in mastication.—52 FLEET STREET. At home from Ten till Five.

Vaccination.—Liquid Vaccine LYMPH, in purity and source guaranteed, in Capillary Glass Tubes, hermetically sealed, which preserves it for any period, supplied to the Profession by Mr. FAULKNER, M.R.C.S., Operative Chemist, &c., Endell street, Long acre, London, W.C. Three Tubes sent by return of post, with instructions, on receipt of 30 stamps.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 2.)

The Causes, Diagnosis, and Treatment.

Partial Separation of the Placenta not Morbidly Adherent.—After the birth of the infant, the uterus generally remains quiescent for a short time before it contracts to detach the placenta. Dr. Murphy has given to that condition of the uterus the very appropriate term of "suspended action," in contradistinction to that of true inertia. Now, a not uncommon cause of hæmorrhage is the *partial* detachment of the placenta before the uterus commences to contract. The only safeguards against flooding are either adhesion of the entire placenta, or the uterus empty of its contents and firmly contracted. Both these points are wanting when hæmorrhage occurs from partial separation of the placenta during an uncontracted state of the uterus. The blood flows through the uterus unimpeded, and escapes out of the uterine sinuses corresponding to the detached portion. The afterbirth is so loosely connected to the uterine wall, that very slight disturbances may give rise to its partial detachment—*e. g.*, exertion of the patient, coughing, the application of strong or unequal pressure on the uterus during the absence of contraction, contraction of only a small portion of the uterus, and premature traction on the cord. Then, again, everything that increases the period of suspended action, or produces inertia, will indirectly make a woman liable to flood from the above cause—such as rapid delivery, exhaustion, pulling the infant away after the birth of the head, instead of allowing its expulsion by the uterus, &c.

Diagnosis.—Externally, the uterus is found large and *soft*, and the patient has no afterpains. On internal examination, the interior of the cervix is felt perfectly flaccid; and when the placenta is situated in its normal position, the insertion of the cord will be out of reach. The hæmorrhage comes on generally suddenly, and a large quantity of blood may be lost in a very short space of time; sometimes, almost before we are aware of the existence of the complication, a goodly stream will have wended its way as far as the back of the knee. When there is total absence of uterine contraction, we have no means of ascertaining whether the portion of the placenta still undetached is morbidly adherent or not, until the hand has to be introduced for its removal.

Treatment.—The object to be attained is to make the uterus contract, and detach the whole of the placenta. Apply firm and equable pressure on the uterus with both hands. This simple treatment is, in many cases, quite sufficient; the flooding is at once stayed, and uterine contraction gradually comes on; and on making a vaginal examination, the placenta will be found lying detached at the roof of the vagina. It may be then removed by a continuance of external pressure or by traction. If pressure does not succeed alone, a dose of ergot should be administered, and cold be applied in conjunction with pressure. Dipping the hands in cold water is the best way of applying the two remedies in such cases. If the placenta still keeps attached, and the hæmorrhage continues, no further time ought to be lost; the hand should be introduced, and the placenta removed.

I may here conveniently discuss the question, as to how long we should wait in cases of retained placenta, from whatever cause, before removing it by the hand. That depends a great deal on the absence or existence of hæmorrhage. If the flooding occurs rapidly and to an alarming extent, and firm pressure should not succeed in stopping it in a few minutes, the introduction of the hand should be at once undertaken; if the discharge is more moderate, a longer time may be allowed to elapse, and other remedies tried first—as cold and ergot. In cases where there is no loss, or so little as not to be worth consideration, we may wait half an hour. If the placenta has not separated in that time, no good will be derived by waiting any longer. Some obstetric authorities advise the delay of an hour, and an hour and a half. I am afraid those gentlemen do not preach what they practise; they recommend that delay in their anxiety to prevent inexperienced hands from doing harm; and I doubt very much whether, in their own practice, they find it expedient to wait so long. If we can avoid the introduction of the hand, of course that is a great point gained; but when we fail to detach the placenta in half an hour, we shall, most likely, have to introduce it sooner or later; and for the reasons I shall now mention, the early removal of the placenta by the hand diminishes very much the difficulties of, and objections to, that operation. If the retention of the placenta be due to inertia, it will generally be accompanied by hæmorrhage before the child has been born thirty minutes, from a portion of it becoming detached by the pressure applied externally. I think all will agree with me as to its advisability in cases where flooding is present. There is no remedy which will overcome the inertia so promptly as the peeling off the placenta with the hand. If the cause of the non-detachment be morbid adhesion, it is still more important to remove the placenta early, because, after a time, the uterus, failing to detach and expel it, contracts upon it so firmly, that passing the hand through the os into the uterus becomes no easy matter. After labour the os very rapidly contracts. Another source of difficulty in removing the placenta, when the uterus is firmly contracted, is the limited space the hand has to work in. About three weeks ago, I was called to assist in a case of adherent placenta. The child had been born more than an hour. The first difficulty I experienced was in getting the hand through the contracted os; then the uterus was also so thoroughly contracted, that the hand completely occupied its cavity. I was some time before I succeeded in detaching the whole of the placenta, on account of the movements of the fingers being so seriously interfered with. About an hour ago, I was asked to assist in a case of twins. The first child had been born an hour. The second was breech presentation, and its delivery was pretty readily effected. About five minutes after, uterine contraction recommenced, and recurred several times in the course of half an hour. The uterus externally was large and hard. The vaginal examination proved that the placentæ were not detached; and as there was no hæmorrhage, it was pretty clear that they were not even partially separated. On passing my hand into the uterus, I found the two placentæ covered a very large space, from the fundus to within an inch of the os, and they were entirely adherent. If I had allowed an hour to elapse before attempting their removal, I should have met with the same difficulties as in the first case, for even in half an hour the uterus had contracted pretty firmly.

The operation causes less suffering when it is performed in the first than in the second half-hour. The pressure of the head on the soft parts in its passage through the pelvis has so numbed their sensibility, that, if the hand is passed into the uterus immediately after delivery, it gives rise to little or no pain. The sensitiveness of the vagina and vulva gradually returns. When I come to speak of irregular or hour-glass contraction, I hope to show that the early removal of the placenta may in some cases prevent that undesirable complication. The detachment of the placenta is very easily effected if its retention is due only to suspended action, or inertia of the uterus. The portion of the placenta which has become detached should be searched for, and the fingers placed between it and the uterus; the rest may be then separated by a combined forward and side-to-side movement of the fingers. The uterus must be steadied outside by the right hand of the operator, passed between the thighs of the patient. The hand and the placenta should not be removed until we are

certain that the whole has been detached, and that contraction of the uterus has set in.

In illustration of hæmorrhage produced by partial detachment of the placenta during the suspended action of the uterus, I shall give notes of two cases :—

1. A. R., æt. twenty-two, primipara, was delivered of a male infant after a labour of ten hours. I had but just separated the child from the mother when severe flooding set in. For a short time the blood issued from the vulva like water from a pump. The uterus externally was large and soft ; and on internal examination, the funis was felt passing through the os, its insertion being quite out of reach. I applied strong and continued pressure with both hands over the fundus and sides of the uterus ; a good contraction very soon followed ; and on making another examination, a portion of the placenta was felt protruding into the vagina. It was then removed, partly by external pressure and partly by traction. The uterus contracted firmly, and no further hæmorrhage occurred.

2. The following case I briefly referred to before, in Precaution 17. I was called to attend this woman in her second labour, at eleven p.m. The head was presenting, and the os was the size of a florin. About half an hour after, I was obliged to leave her to go and attend another case. At a quarter-past one, her husband came to say that the child was born, and hoped I would come immediately. I could not at that moment leave the second patient, as the placenta was not delivered. Shortly after, the husband came again, and said I must go with him, as he thought his wife was dying. On entering the patient's room, I first thought she was dead. There was not a vestige of colour in her face or lips, her eyes were closed, and she lay perfectly motionless. I spoke to her and asked how she felt. She very faintly whispered, "I feel so faint ; I can't see." On examining the uterus, I found it as large as if she had not been delivered at all. The first thing I naturally asked for was brandy, and the mother of the patient handed me over a bottle containing about an ounce and a half, at the same time saying that was all they had in the house. This information staggered me, for it being then the middle of the night, I knew no more brandy could be obtained without great difficulty. It seemed to me impossible that this small quantity of brandy would prove sufficient to rally the patient ; not only was she in a most dangerous state of depression from loss of blood, but the very remedy I should have to employ, in order to stop the hæmorrhage, would tend for a time to increase the shock. However, it was no use standing looking at the patient—something must be done. The husband was sent out immediately to get some more brandy. I then rapidly discussed in my mind as to which one of two modes of treatment I should follow in this case. Would it be better first to rally the patient, and wait until more brandy could be obtained before proceeding to remove the placenta and clots ; or had I better at once remove the contents of the uterus, and rally her at the same time ? The first plan was uncertain : I might have rallied the patient, but it would have been only temporary ; and if I could not have got any more brandy in a short time, which was very likely, I should have had to remove the placenta and clots without any means of counteracting the shock of the operation. I determined at once to remove the uterine contents and to order the nurse to make the patient drink the brandy neat at the same time. About half of the placenta was still attached ; on its removal, with a large quantity of clots, the uterus contracted firmly to the size of a man's fist, and the hæmorrhage fortunately was at once arrested. By this means, I killed two birds with one stone ; the patient was rallied, and the flooding stopped. It turned out, after all, that I had to leave the patient in order to find a policeman to assist me in getting more brandy. The patient was in a very dangerous state for several hours, fainting away every few minutes ; but she ultimately recovered.

There is another plan of treatment which some might ask why I did not try. Why did I not attempt to expel the placenta and clots by external pressure ? Because, when the uterus is so distended, as it was in the above case, even if I had succeeded in expelling the contents by pressure, as much depression would have followed. It was most probable, however, that this means would only have been partially successful ; it might have expelled some of the clots, but not have entirely emptied the uterus. In that case, the patient would have been disturbed without any good resulting ; a fresh attack of hæmorrhage might have been brought on ; time would have been lost, and the introduction of the hand required after all. In a case where the patient is hanging between life and death, trifling remedies are almost as bad as none.

HOSPITAL REPORTS.

KING'S COLLEGE.

DISEASES OF THE FEMUR.

(Continued from page 20.)

Treatment of Femoral Coxalgia.—We have seen that the symptoms of this disease are, in the early stages, indicative of an inflammatory character of action, and we must be guided in our treatment accordingly.

Absolute rest must be enjoined and strictly enforced ; in order, therefore, to secure it for the limb, we must have recourse to a leather or to a gutta-percha splint, or to the starched bandage ; in one or other of these appliances, the pelvis, thigh, and leg had better be encased soon after the invasion of the disease. While rest is being thus gained, we must, as a local measure of treatment, use counter-irritation ; and this may at first be accomplished by means of blisters either to the sacrum or to the thigh—posteriorly, behind and over the trochanter major, or, in front, over the site of the pectinæus. The blistered surfaces should then be kept open for some time, till decided benefit was obtained from the application of the blisters. If, however, we should not wish to produce vesication, but merely counter-irritative action, we can apply a number of blisters in rapid succession ; and leaving them on only for a short time, we can effect that amount of irritation which we seek to obtain.

Should we not wish to use fly-blisters we might paint the surface to be blistered with a strong solution of iodine and iodide of potassium in spirits, and then over it lay a piece of lint of a size equal to the extent of surface which we intend to vesicate ; the lint should then be saturated with the iodine solution and have placed over it, to prevent evaporation of the solution, a piece of oil-silk or gutta-percha paper, or, what is perhaps better, a watch-glass, which, being pressed tightly down upon the integuments, effectually prevents all evaporation. Instead of the iodine solution, we may use the strong liquor of ammonia. There is an objection, however, urged against vesicating by means of this last agency ; it is, that the vesicant action is too rapid, and that it is not, therefore, able to withdraw the blood from the interior to the surface, nor to subdue inflammatory processes, nor procure an alterative condition in the joint.

When we apply in rapid succession a number of vesicating agents, our object is, not to procure a blistered condition of the integument, but the greatest amount of irritation short of such a condition ; and this will be found more efficacious than raising the outer from the inner skin by creating an effusion of serum between them ; especially as it can be often repeated, owing to the outer skin not being stripped from off the subjacent tissues and there being consequently no exposure of the sensitive true skin.

If we blister the integument, we must wait till the wound so formed heals, before we can again apply another vesicant ; and the healing process progresses so slowly and takes so long a time to be completed, that the beneficial effects of the first blister will in a certain measure have subsided or passed off, before we can apply a second.

Instead of using such remedial agents, we may have recourse to issues placed either in front over the pectinæus muscle, or behind, in a situation posterior to the great trochanter of the femur. We may make an issue by pinching up the integument in our fingers, then slitting it with a lancet, and in the slit or slits inserting a number of peas, which will prevent the healing of the wound, and will,

moreover, create and keep up a constant drain from the part, in the shape of a purulent or sero-purulent discharge. Another method of making an issue is by means of "firing" the skin in the neighbourhood of the diseased joint, and, afterwards, when each spot so burnt becomes converted into a superficial ulcer, maintaining a discharge by the aid of stimulating dressings.

The best instrument for this firing process is that devised by Dr. Corrigan, of Dublin, and which is known in the Irish schools of medicine by the name of its inventor. It is a small-sized instrument, but can of course be made of any size to suit the wishes of the surgeon; the handle is enclosed in a wooden case, so that the hand of the operator can grasp it when the other extremity of the instrument is heated. The terminal end of the instrument is expanded and somewhat button-shaped, and when it is to be applied to the integument is heated in the flame of a spirit-lamp. The degree of heat is regulated by the forefinger of the hand in which the instrument is retained; the finger being placed on the centre of the body of the instrument, and kept there till the increasing heat occasions positive pain, or till that amount of caloric is generated in the instrument which the operator may consider sufficient for his purpose.

The caustic issue is obtained by the following processes:—A piece of adhesive plaster is folded upon itself several times, so that a number of layers are placed the one over the other; and each adhering to the other, there is formed a firm and certain protective agent to the integument, and which will be found to resist the burning properties of the caustic. In the centre of this shield of adhesive plaster an aperture is made, but of a size smaller than the circumference of the area which we intend the issue should occupy. Were the aperture not thus made smaller than we intend the issue itself to be, the caustic, spreading itself for some little distance beyond the circle of the aperture, would form an ulcer larger than we originally intended, and perhaps so large as to be a source of constant annoyance to the patient, and a too great drain upon the system.

The plaster, with the aperture in it, being put upon the spot where we wish to make the issue, the potassa fusa—for it is the caustic to be used—is rubbed freely over the circle of skin included in the aperture of the plaster, or, if the potassa be made into a paste with the aid of black soap—equal parts of each being employed—the paste should be laid upon the integument, which appears in the circular aperture of the plaster, and should be allowed to remain until the skin be reduced to a sloughy mass. As soon as this condition is produced, a poultice must be applied, and must be regularly renewed, till the slough comes away, when a number of peas must be placed in the wound to insure its being kept open.

The issue should have a healthy appearance, and the discharge issuing from it should have a similarly healthy character; otherwise the issue has a detrimental rather than an improving effect.

Another method of producing counter-irritation, or vesication, or even cauteration, is that by means of the moxa. This had its origination in the East, whence it was introduced amongst us, but without ever coming into very general use. The moxa itself may be made from the fibres of any of the various forms of porous vegetables, from linen, or from cotton saturated with nitre; or from a substance known as German tinder. It should be placed on the spot which we wish to be affected by it, and, when surrounded with wetted pieces of rag, it should be ignited, and made to burn down to the integument till the latter is reduced to an eschar.

The moxa as used amongst the Chinese is obtained from the leaves of the *Artemisia moxa*, a shrub indigenous to China, and a member of the natural family Compositæ (Asteraceæ), and of the Linnæan class and order *Syngenesia superflua*.

The plan adopted for its preparation from the Artemisia is that, by the removing of the down from the leaves of the shrub, and then pounding it into a substance like cotton: when this is done, the cotton-like substance is rolled into balls of a conical shape, and set aside for use.

The late Professor Osborne, of Dublin, proposed, and was in the habit of using, the freshly-burned quicklime instead of any other material from which the moxa could be prepared.

The uneasiness, but yet not disagreeable sensation, which at first the moxa produces on that part of the skin where it rests is quickly succeeded by distress and actual pain; these are not, however, of long continuance, as the moxa burning down quickly causes rapid inflammation and destruction of the subjacent parts, so that they are speedily reduced to a black slough, which separates itself from the living tissues in a week or a fortnight, or in any time intermediate.

The effect of the moxa is essentially a slow process, and the inflammatory action induced by it extends so very deeply, that the benefit derived from it can be of no inconsiderable moment.

The treatment should be as follows:—Rest, absolute and perfect, and to be obtained in the manner we have previously mentioned; a succession of counter-irritant applications, or of blisters; an establishing of a discharge, by means of issues, or the moxa; an alterative course of medicine in the commencement; the hydrarg. cum cretâ, with rhubarb and some potash or soda salt, will be found to be very efficacious. The strength should be improved and supported by the best and most nutritious diet, taking care, however, to suit the food to the age of the patient, and to the condition of debility both of the stomach and of the constitution generally, neither so to load the stomach as to hinder digestion, nor to allow a surfeit of food, lest the system be disturbed and feverishness or positive fever be induced, which will thwart our efforts by increasing the patient's debility, and consequently his powers of resisting the progress of the constitutional taint, or of the local disease of which it is the development, and of which it is symptomatic.

Quinine and the muriate tincture of iron may be prescribed, both in the case of children and adults; to the latter we may likewise administer the bichloride of mercury with some preparation of cinchona, or else in, as a vehicle, the compound decoction of sarsaparilla.

Later in the course of our treatment, we must order cod-liver oil, the iodide of potassium, or, for children and females, especially if they be of a delicate habit, the syrup of the iodide of iron, which is an excellent combination of the two metals, and is both an agreeable tonic and a valuable alterative, as well as possessed of directly anti-strumous properties.

The bowels should be kept in healthy action, and, to promote this end, their secretions, especially the biliary, should claim no small attention. Very frequently feverishness is induced by the irregular state of the bowels.

When the joint is in a condition to allow the patient to move about, it is most advisable that he should be transferred to the sea-side, where he may enjoy the benefit of sea-air and sea-bathing.

If we cannot effect a complete cure of the diseased joint, our object should then be to procure anchylosis. When this is accomplished, the patient will yet have excellent use of the limb, because the pelvis and entire extremity will get an increase in mobility dependent upon increased powers of motion in the lower vertebræ.

The condition of the skin should not all through our treatment be overlooked, since it is of importance that it should be kept in as complete action as possible. For this purpose, it may be sponged either daily or every other day with some tepid water-and-vinegar, and then rubbed with a coarse towel or with a flesh-brush, till redness and a glow of heat be educed.

The consequences or sequelæ of femoral coxalgia (some of which we have already mentioned) are:—Anchylosis: this may be very faulty as to the manner in which it alters the position of the limb, flexing it upon the abdomen, inverting and adducting it, shortening it either by an actual displacement or dislocation of the head of the femur, or by a mere elevation of the pelvis on the diseased side. Besides these deviations from its natural position, the limb is sometimes twisted over that of the opposite side.

These errors of anchylosis may all be corrected while the patient is under the influence of chloroform, and the limb can be made to resume almost, if not quite, altogether, its wonted position.

Another of the sequelæ is dislocation of the head of the femur from its socket in the acetabulum to the dorsum ilii. This is the occasion of the shortening. When such a condition supervenes, a false joint will in many instances be created on the dorsum, and in it the head of the bone will come to lie. The cavity, in which the head of the bone rests, may sometimes be so imperfect as to be unworthy the name of even a "false-joint;" and this occurs especially when there has been extensive suppuration, the formation of several abscesses, and, synchronously, a carious state of the dislodged head of the femur.

Dislocation is often attended with, or preceded by, collections of matter, and the resolving of such collections into abscesses; the situations in which these abscesses determine we have indicated in a former part of this paper.

The causes of the head of the bone passing from its natural situation are—First, an alteration and degeneration in the tissue of the bone. The degeneration consists in a reduction of the healthy osseous substance to a carious state, whereby the bone can be and is readily absorbed, and in some cases so much so, that the cotyloid cavity is left unfilled. At the same time that these changes are occurring in the osseous structures, the ligamentous will be found to be implicated in the disease, being either partially or totally destroyed, so that there is a very imperfect retaining force, or, perhaps, none at all affixed to the head of the femur; and hence the facility with which it becomes dislodged.

The second cause of displacement of the head of the femur is destruction of the capsular ligament and of the ligamentum teres as a result of inflammation. There may be no, or almost no, bone disease; the head of the femur may, notwithstanding, be resting upon the dorsum ilii, where it has been thrown by the action of the powerful muscles of the thigh and hip.

A third cause of the femoral dislodgment is a growing-up from the bottom and a filling-in of the cotyloid cavity, so that the head of the bone is in fact pushed from its natural position, and then drawn upon the dorsum by the force of muscular action.

The next consequence of femoral hip-disease to which we shall advert is the formation of matter and the resolution of such collections of matter into abscesses, which in a great number of cases are followed by sinuses that are in themselves most difficult to heal, not alone on account of their actual want of vitalising power, but likewise because of the low state of the constitution generally.

The suppurative processes usually take place in the strumous subjects of the disease, and more especially in those whose health has become debilitated. They occur early in the affection.

The site of the abscesses is generally at first behind the joint, and deeply situated amongst the glutei muscles; but from these places the abscesses travel forwards or downwards, or inwards—that is, towards the inside of the thigh. Sometimes they originate anteriorly in front of the joint, and immediately underneath the pectinæus muscle; in this situation they occasion a no small amount of pain, owing to the pressure they exercise upon the obturator nerve or its branches.

PARISIAN MEDICAL NEWS.

PROGRESS OF SUICIDE IN EUROPE.

The causes of suicide have at all times engaged a large share of the attention of moral philosophers, and we therefore feel no surprise that so eminent an inquirer as M. Legoyt, the head clerk of the Statistical Office at the Ministry of Agriculture and Public Works, should have taken advantage of his important situation to inquire into the circumstances which contribute to the gradual increase of suicide in Europe.

M. Legoyt, a candidate for the seat of free resident member of the Academy, read a paper, in which he establishes the fact that in Bavaria, Denmark, France, Hanover, Mecklenburg, Prussia, Saxony, and Sweden, the statistical returns of cases of suicide betray a more rapid increase than the population, and the figures of general mortality.

Suicide is especially frequent in Northern Germany and in the different parts of Denmark; Sweden and Norway, although inhabited by a population closely allied with that of Denmark, present far more favourable returns. With regard to the frequency of suicide, England, despite the popular prejudice entertained on the subject, is the country in which the crime is least common. Self-destruction rarely occurs in Belgium, Austria, and Spain; France occupies an intermediate rank, and might be classed with the three last-named countries, were it possible to set aside the suicides which occur in Paris, and form the seventh part of those supplied by the whole of the French Empire.

M. Legoyt stated that the amount of females who commit suicide is 30 per cent. only, that the frequency of self-murder is in direct proportion to age, that the smallest number occurs in January and the largest in July, and that married persons attempt the crime less frequently than the unmarried, and much less than widowers. One class of persons, however, supplies a longer list of suicides than any other—viz., those who have been divorced or separated.

The most important point established by M. Legoyt's inquiry is the general and rapid increase of suicide. The author ascribes this melancholy fact to the excessive competition encouraged in every trade, art, and profession, to the universal spreading taste for luxury, to political excitement and unlimited speculation; these causes, all inherent in a highly developed state of civilisation, are more easily pointed out than removed.—'Journal of Practical Medicine and Surgery.'

EXCISION OF THE KNEE.

The Dublin Chirurgical Society and the Société de Chirurgie of Paris have both recently discussed the question of excision of the knee-joint. Mr. Butcher has four times performed the operation, but he remarks that ultimate success depends upon the excessive care bestowed upon the patient, and that the procedure should be attempted under the most favourable circumstances only, and when it is possible to watch the patient with very minute attention.

This view is fully confirmed by the recent returns of American Army Surgeons. Indeed, the 'Revue des Médecins d'Armée informs us that the constantly fatal results of excision of the knee-joint, after the battles of Antietam and Fredericksburg, have caused the operation to be set aside altogether.

M. Verneuil has twice resorted to the procedure with entire success in cases of gun-shot wounds, and thinks himself justified in again inviting the attention of Military Surgeons to excision of the knee. M. Verneuil is, doubtless, indebted to his great skill and experience for his good fortune; but MM. Larrey and Legouest showed that, on the field of battle, the operation is well-nigh impracticable and that, for the present, at least, it cannot be generally applied in a campaign.

M. Velpeau believes that in private practice it will not gain more permanent favour—"not," said the Professor, "on account of any difficulty in its performance, but because it is a more painful, a longer and a more dangerous operation than amputation, both as to its immediate and secondary sequelæ; and more especially, because, in the most successful cases, the preserved limb is rarely less serviceable than an artificial one—a joint cannot be restored, the movements remain very confined and imperfect, and the foot is always much deviated outwards." If, therefore, M. Velpeau's assertion is true, that excision of the knee-joint is frequently fatal, and if, on the other hand, the extremity preserved is less useful than a wooden leg, surgeons will be indisposed to share in M. Verneuil's predilection for a procedure which foreign statistics would seem to have pre-

sented to us in too favourable a light.—'Journal of Practical Medicine and Surgery.'

CURE OF TRAUMATIC TETANUS.

M. Mascarel, a corresponding member of the Society of Surgery, communicated, on the 25th of May, some interesting particulars on a case of traumatic tetanus in which a cure was affected. The patient was an inspector of musketry, who received a gun-shot wound in the lower part of the thigh. Cold irrigations were instituted at once; the injury was inflicted in the month of September, while the weather was still very warm. Trismus soon supervened, and despite the exhibition of a grain of opium every hour, the convulsive action rapidly invaded every part of the body. Two grains of opium were then administered every hour, and the wound was repeatedly dressed with compresses impregnated with a strong decoction of belladonna leaves. In the course of twenty-four hours the spasmodically contracted muscles began to relax, but at the same time vomiting and other symptoms indicative of the absorption of the opium and belladonna set in, and the treatment was discontinued. The tetanic convulsion subsided altogether and a complete cure was effected after an interval of four months, during which a large number of splinters of bone escaped from the wound.

M. Marjolin remarked that in tetanus he had found much benefit from the sudorific method recommended by Dietch. The patient, entirely undressed, is wrapped in a woollen blanket, and warm drinks containing a small quantity of the liquor ammon. acetatis are frequently administered. Copious perspiration follows, and in a short time a remission is observed in the morbid spasmodic action.

In another part of the present number, we report a case of idiopathic tetanus in which the symptoms were allayed by this method, combined with the use of the Calabar bean.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

Stimulants and Narcotics: their Mutual Relations; with Special Researches on the Action of Alcohol, Æther, and Chloroform, on the Vital Organism. By Francis E. Anstie, M.D., M.R.C.P., Assistant-Physician to Westminster Hospital, &c. Pp. 489. Macmillan and Co. 1864.

Recent experiments upon the lower animals, and observations made upon the human subject, both in health and disease, have induced many modern physiologists to doubt altogether the truth of the doctrines long entertained on the subject of muscular and nervous action, and on the operation of certain external agents, whether nutritive or medicinal, chemical or mechanical, upon the living organism. In fact, it would appear that we ought not only to question the accuracy of certain received opinions on these subjects, but to reverse altogether the propositions which have hitherto been advanced. A muscle was formerly supposed to contract in consequence of the application of some stimulating agent, and to relax when the stimulation was withdrawn; but now it seems nearer to the truth to believe that the contracted state of muscle is due to the want of stimulus, and its relaxation to the opposite condition. The muscles contract after death, because the stimulus of life is withdrawn; and the irregular and violent contraction of muscles during life is due to deficient, not to excessive, vital energy. In our notice of Dr. Radcliffe's 'Lectures on Epilepsy, Pain, and Paralysis,' a week or two since, we noticed some of the evidence on which these new opinions rested; and we may state that Dr. Anstie supports Dr. Radcliffe's conclusions.

The title of Dr. Anstie's work conveys, though somewhat imperfectly, the nature of the subjects discussed in his pages, which are devoted to an historical and critical disquisition of the existing doctrines of stimulus and narcosis, a reconstruction of our views as to the use of these terms, and a number of practical researches upon the effects produced by alcohol, ether, and chloroform.

"The existing doctrine of stimulus assumes that all mental excitement, all increased sensibility and pain, all convulsive muscular action, all considerable increase of secretion, and all increase, whether of force or frequency of the heart's action, are caused by, and are the proofs of, a stimulant action upon the organism." These are the doctrines which Dr. Anstie places before us, and which he proceeds to demolish, though in some respects his reasoning is more ingenious than conclusive, and in others he labours very earnestly to prove what is already very generally admitted. Thus, in the case of mental excitement, he argues that the early phenomena of alcoholic intoxication are not really referable to excitement, but to the reverse condition; and that although the emotional and appetitive parts of the mind are in action, the intellect is directly enfeebled. His theory seems to be that, in the ordinary state of the mind, the intellect is in a state of excitement, in its continual effort to restrain and control the wanderings of the fancy or the play of the emotions; while, on the other hand, the effect of alcohol is to depress the powers of the intellect, and thus diminish its efficacy in restraint. This view is novel and ingenious, though certainly paradoxical; but his remarks on the phenomena of sensation are for the most part by no means new, inasmuch as they have long been anticipated by most practical professors of the healing art. He takes considerable pains to prove that neuralgia is caused by deficiency, and not by excess of vital action, and ought, therefore, to be treated by remedies which restore strength, and not by measures which have the opposite tendency. In this recommendation he will have no opponents, though his subsequent observations on inflammatory pain, which he refers to the same category as neuralgic pain, will not, perhaps, meet with such general acceptance, although we ourselves are by no means indisposed to admit, on theoretical grounds, that inflammation is a sign of diminished rather than of exalted vital force. In his views of muscular contraction, in reference to epilepsy and epileptiform diseases, he follows Dr. Radcliffe, and deprecates depletory measures, in which course, again, he will meet with general concurrence; and in reference to the heart, he argues that increased rapidity of its action is often caused by weakness of the organ, or of the constitution—a proposition which is quite incontrovertible.

Dr. Anstie proposes, therefore, to modify or reconstruct the existing doctrine of stimulus; and while retaining the name, he recommends that it should be used to signify, not that excess of vital force which is at present implied by stimulation, but the relief of pain, the removal of muscular spasm, tremor, or convulsion, the reduction of undue frequency of the circulation, the reduction of excessive secretion, the removal of general debility or of special fatigue of some organs, the removal of delirium or maniacal excitement, and the production of healthy sleep, the support of the organism in the absence of ordinary food, and the local increase of nutrition when the nutrition is deficient.

In discussing the question of the distinction between stimulants and narcotics, Dr. Anstie endeavours to prove that there is no inherent difference, but that stimulants and narcotics may be interchangeable terms, the effect depending upon the relative quantity employed. Thus, in the case of the three well-known agents—alcohol, ether, and chloroform—on which Dr. Anstie offers the results of his special researches, each of these substances may be stimulant or narcotic, according to the dose which is employed; and opium possesses the same peculiarity. Hashish, made from Indian hemp, and coca (a Peruvian narcotico-stimulant, from the *Erythroxylon coca*) are used in very large quantities in certain parts of the world, and also possess different properties in proportion to the dose. In reference to the use of these and similar agents, it is remarked as a peculiar fact, that nearly all mankind employ some article, either natural or manufactured, for the purpose of exhilaration or stupefaction—such as opium, tobacco, alcohol, coca, hashish, &c.—and that the moderate use of these substances is attended only by stimulus in the favourable sense in which the word is used by Dr. Anstie. When used immoderately, and only then, narcotic and poisonous effects are produced.

It will readily be understood that Dr. Anstie defends the use of these substances within moderate limits, and that he by no means endorses the views of those who consider alcohol and tobacco to be poisons; he even extends his defence to opium, which he believes to be employed with benefit as a luxury, or rather as a wholesome stimulus, in Oriental countries. He considers alcohol, as used in civilised countries, to be a useful and necessary article of diet; and, brought up in the Medical School of King's College and admiring the views of the late Dr. Todd, he places great faith in its use as a remedy in disease. He thinks that the physiological question as to the exact change which alcohol undergoes in the system has not yet been settled, but he has no doubt that it may often take the place of food; and he gives several striking instances in support of this opinion.

From the above hasty sketch of Dr. Anstie's book, it will be perceived that it comprehends the discussion of a great number of interesting subjects, and that the author treads on much debatable ground. But we have read the work with great pleasure; and although we are not prepared to agree with Dr. Anstie in all his conclusions, we can bestow unqualified commendation upon the learning and ability he has brought to his task, and upon the suggestive and original style in which he has treated some of the most important questions in physiology and practical Medicine.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D. Cantab., and C. B. Radcliffe, M.D. Lond., Vol. XXXIX. January to June, 1864. London: Churchill and Sons.

The present volume of this abstract contains, as usual, a very able *résumé* of the progress of Medicine, Surgery, and Midwifery during the last half-year; and the editors appear to have availed themselves of all accessible means of information on these subjects. The volume is got up in the same careful style which has always characterised it, and a few woodcuts are introduced where they are necessary for the elucidation of the text. The report on the Progress of the Medical Sciences is limited to a report on Materia Medica and Therapeutics, and most of the books lately published on that subject are briefly but fairly analysed and commented upon.

Selecta è Præscriptis. Selections from Physicians' Prescriptions, containing Lists of the Terms, Phrases, Contractions, and Abbreviations used in Prescriptions, with Explanatory Notes: the Grammatical Construction of Prescriptions; Rules for the Pronunciation of Pharmaceutical Terms; a Prosodiacal Vocabulary of the Names of Drugs, &c.; and a Series of Abbreviated Prescriptions, illustrating the use of the Preceding Terms, &c. By Jonathan Pereira, M.D., F.R.S. Fourteenth Edition. Pp. 352. London: Churchill and Sons. 1864.

Among the earliest, if it was not the earliest, of the late Dr. Pereira's works was the 'Selecta è Præscriptis,' a little volume which has probably not only helped many a medical aspirant over the *pons asinorum* of Latinity required at some of the Examining Boards, but has also been of some essential service to many practitioners in their daily medical and surgical ministrations. The contents of the book show in a very well-marked manner that facility of description, abundance of illustration, and terseness of style, which distinguished Dr. Pereira's subsequent and larger works; but after the numerous editions which the 'Selecta è Prescriptis' has passed through, we feel that it is unnecessary to expatiate upon its merits, or to do more than to announce the present issue, and to state that it has been brought up in all respects to the standard of the present day.

SIR WILLIAM WILDE.—This distinguished surgeon has lately received an honorary Degree in Medicine from the University of Dublin.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor FERGUSSON'S sixth and last lecture "On the Progress of Anatomy and Surgery during the Present Century" commences the number. We give an abstract of this discourse in another part of our Journal.——SIR J. RANALD MARTIN contributes a valuable paper "On Hepatic Diseases in the East Indies," especially Hepatitis, his remarks being founded on his own long experience in the East. He describes two forms of hepatitis—one in which the serous covering of the liver is inflamed, and which is characterised by great pain, with difficulty of breathing and cough, if the upper surface is affected, and hiccup, nausea, and vomiting, when the disease is chiefly seated in the lower or concave surface; and another far more severe and dangerous form of hepatitis, where the parenchyma of the organ is inflamed. In this latter form of the disease the pain is much less, and the symptoms altogether are more insidious; but the formation of abscess speedily ensues, attended very often with a fatal result. Sir Ranald Martin strongly urges the adoption of prompt and energetic measures in the treatment of this affection; and without regarding the theoretical views of some writers (chiefly European, and who have not seen the disease in tropical countries), he advises general blood-letting and the use of calomel, and when the acute symptoms have subsided, the persevering administration of the nitro-muriatic acid internally, and its application externally, in the form of baths, both general and local.——Dr. JAMES A. SEWELL communicates a paper "On the Use of Tea as a Remedy in Coma," and he relates several instances in which the administration of this herb has been attended with the most beneficial effects. In one case in particular, a person had swallowed, for the relief of some spasmodic affection, the enormous quantity of two ounces and a half of Battley's sedative solution; in about eight hours she became comatose, was unable to swallow, and appeared to be sinking so fast that the stomach-pump could not safely be employed. Dr. Sewell, therefore, recommended the injection of a pint of the strongest possible infusion of green tea by the rectum, and he believes that the successful result was fairly attributable to this treatment.

THE 'MEDICAL TIMES AND GAZETTE.'

We have now to pass in review the sixth lecture of Professor Fergusson on the subject of "The Progress of Surgery during the Present Century." The lecture opens with a reference to the fact noted by Dr. Humphry, of Cambridge, and by Mr. Pemberton, of Birmingham, that, when the joint is excised in those who have not done growing, the limb so operated on becomes, after a time, shorter than the other, not only by the length removed, but also by an actual arrest in its growth, and that this shortening may sometimes be so much as nine inches. Dr. Humphry has pointed out that the long bones—and of these the femur especially—grow for the most part from their cartilaginous or epiphysal extremities, but especially from their lower ends; if, therefore, the femur be deprived of that part of

itself where growth takes place most quickly, or nearly almost altogether, it cannot grow in the same ratio as the bone of the opposite side. This is a ground of objection to the operation in the young subject; moreover, in such cases, the anchylosis after the operation is not always of a firm osseous nature, as was demonstrated in two subjects, of whom one was a patient of Mr. Pemberton, and the other of Dr. Keith, of Aberdeen. Professor Fergusson considers the hazard to life to be less in the case of excision of the knee-joint than in that of amputation of the thigh, and that excision of the elbow is not at all a safer operative procedure than is amputation above that joint, though in either instance a fatal result is infrequent. The evils—and their name is legion—attendant upon amputation should be sufficient to deter the surgeon from such a measure, unless it cannot possibly be avoided, or unless the condition of the parts requiring surgical interference is of such a character as to preclude the idea of excision of the joint. So much of a limb is retained and preserved for use to the patient when mere excision is practised, that it is a positive absurdity to compare this method of operation with that of amputation: in one case an artificial leg has to be worn, while in the other the natural limb is allowed to remain. In distortion after knee-joint disease amputation instead of excision is wholly unwarrantable, except in some very particular cases. A shortened limb, even though diminished in length to the extent of nine inches, is far better than none at all. Such is the reasoning of Mr. Fergusson. A stump is characterised as "barely little more than a peg whereon to hang an artificial limb." Shortening can be obviated by the wearing of a high-soled boot or shoe. A stump does not improve with time; while the converse holds good in the case of a limb in which excision has been performed, the thigh, leg, and foot becoming increased in their muscular power and vigour, the calf of the leg being especially well developed. The very great value of the feet, as shown in the history of the famous gymnast, Harvey Leech, is dwelt upon at some length in order clearly to demonstrate the loss sustained by the economy in the removal of such members, when they are at all capable of performing their offices. Professor Fergusson adheres to his original opinion that excision of the knee-joint is perfectly justifiable in the growing patient, even though the consequence may be an arrest in the growth of the leg as regards its length; and this opinion he rests on the fact that the leg left to the patient after such an operation is far preferable to any stump, no matter how good it may be. A case illustrative of the benefit gained by even a second incision, where the first had failed to effect the object sought to be obtained, is brought forward, and this is stated to be a preferable mode of treatment to amputation as a secondary alternative. Cases in which the knee is bent and the entire limb shortened, flaccid, and so useless that the patient is forced to use a crutch, may regain a valuable limb by the removal of the stiffened or anchylosed ends of the bone, by then straightening the leg and treating it in the same manner as we should adopt had compound fracture been the lesion. This kind of operation had been carried out by Mr. Price, and was decidedly a better remedial measure than the removal of a wedge-shaped piece from the head of the tibia, as recommended by Mr. Burton. In one instance Mr. Fergusson has performed excision of the knee three times, and with most excellent result.——Under the head of "Original Communications," Mr. BARRON, of the Isle of Wight Infirmary, contributes "A Case of Large Fatty Tumour removed from the Buttock." The patient was in delicate health at the time of operation, and the tumour measured before the operation thirty-six inches in circumference, and twenty-two in its greatest diameter, which was from above downwards; the weight was 30lbs. The operation had been resorted to at the earnest entreaties of the patient, who, in the commencement of the disease, had strenuously refused all surgical aid. The tumour had taken six years to attain its present size, and had of late years taken on a rapid growth. It was semicircular in shape; in some places it was elastic; in others it gave, when tapped with the fingers, the sensation as of fluid contents, though none escaped when a trochar was introduced. The tumour was excised; only six ounces of blood were lost. The wound had a healthy aspect; the patient woke to consciousness very soon after the completion of the operation, but only to sink rapidly from debility, aggravated by incessant vomiting.——A "Case of Cystin-Calculus" is communicated by Dr. WARNCKE, for the translation of which the Journal is indebted to Dr. Moore, of Dublin. The calculus lay in a pouch in the bladder and had been removed by Professor Buntzen; its weight is nearly 600 gr.; in size it is about that of a small hen's-egg, and measures $1\frac{3}{4}$ inches in length, and 1 inch and 5 lines in breadth; it is uneven on its surface, which is likewise of a dull yellow glistening appearance; its section is smooth, greasy, and laminated.

INCREASE OF INSANITY.—The following facts appear in the annual report of the Commissioners in Lunacy to the Lord Chancellor, which has just been published. These gentlemen state that in January, 1849, the number of insane in our asylums amounted to 14,560, and in January last they had risen to 28,285. Fifteen years ago there were in asylums of every description 10,801 paupers, whereas we have now as many as 22,958 belonging to this class. The singular disproportion between the sexes in pauper and private patients deserves notice. Three years ago the women exceeded the men in the pauper class, and in the private just the reverse. According to the last return, in the pauper class the number of women exceeded that of the men by 2,000. In the private class the number of men exceeded that of the women by 795; whereas, in 1849, the number of females exceeded that of the males in this class. The explanation of this circumstance was due to the introduction in former returns of several classes of male patients not previously included—as, for instance, those belonging to the army and navy. Another very important and remarkable statement, as showing the public estimation of private and public asylums respectively, is exhibited in the fact that fifteen years ago there were in licensed houses nearly as many patients as in hospitals and county asylums; whereas we now find that in the latter there are more than five times as many patients as in the former. On January 1, 1849, there were 6,931 patients in private asylums and 7,269 in public. In the former there are now only 4,455, and in the latter as many as 23,830. The Commissioners in Lunacy exercise a watchful care over the welfare of 44,695 persons of unsound or defective intellect.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 20, 1864.

THE CONSTITUTION OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the anniversary dinner which lately took place on the occasion of the election of Councillors to the Royal College of Surgeons of England, Mr. Arnott, the chairman, referred in terms of justifiable eulogy to the magnificent results achieved by some of the corporations of this country, including those connected with the Medical Profession. He referred in particular to the scientific growth of the College of Surgeons, which, without any assistance from the State, had raised up and maintained a splendid museum and a most extensive and well-selected library, the former having originated in the purchase of John Hunter's collection, which was rejected by the Government of the day. But when Mr. Arnott included the London University in the same category with the College of Surgeons, and pointed to the scientific eminence of that body as another instance of independent vitality, he committed an egregious mistake, inasmuch as the London University owes its eminence to those very circumstances of Government support in which the College of Surgeons is entirely deficient.

The London University, in fact, *is* supported by the Government; and if it had not been so sustained, it would have been strangled in its birth, notwithstanding the high character of its office-bearers and the enlightened schemes of education and examination which it has devised and promulgated. In a pecuniary sense, it has *not* been successful; and, at the present moment, it neither pays its ordinary expenses nor has it even a building of its own wherein to hold its meetings, not to mention the entire absence of any museum or library, or any other visible evidence of its existence. It is merely an examining body, partly self-supporting and partly maintained by the nation; and it has been enabled to take a high stand as an educational corporation chiefly by the possession of that Government support which is withheld from most other corporations. We do not mention these circumstances in disparagement of the London University, but with a totally opposite sentiment, as we shall presently show.

In contradistinction to the London University, the College of Surgeons of England has been, in a pecuniary sense, highly successful; and the evidence of this success is manifest in the stately building which adorns one side of Lincoln's-inn fields, the extensive and really unrivalled museum which that building contains, the well-stocked library under the same roof, and the munificent salaries enjoyed by many of the officers of the establishment. All this is done, it is true, without any Government or other public assistance, and the whole of the cost is defrayed by sums of money extracted from the pockets of a very hard-worked and ill-paid Profession, in exchange for diplomas. But can it be said with truth that the College of Surgeons has done much in promoting the diffusion of general science, or even of surgical science, among the members of the Medical Profession, or that it has taken the lead in any of those great movements by which the present era of Medicine has been distinguished? Why, so far from this having been the case, the College has adopted no improvements at all, until they have been forced upon it from without; and its whole aim and object appear to have been to make money to turn into the College coffers. An examination in Surgery, which, even now, is of a most superficial character and wholly unworthy of the present state of science; the sale of a great number of fellowships at ten guineas a piece, the fellowships by examination being comparatively very few; the institution of a separate midwifery examination, with no other object on earth that we could ever discover except to screw out from some foolish persons a few guineas more; and the grant of licences in Dentistry, with apparently exactly the same object;—all these are the recent doings of the College of Surgeons, which does not even pretend to be actuated by any other motive than the accumulation of money for the maintenance of the institution. It is quite true that the institution is, in its material aspects, an honour to the country; but in its relations to the Profession, it deserves anything but unqualified commendation.

Until within a very recent period, the examinations for the membership of the College were perfectly childish—a few questions being asked and answered, in the space of about a quarter of an hour or twenty minutes, formed the only ordeal to which the candidate was subjected, except the extraction of twenty guineas from his pocket. For this sum he received a diploma, signed, indeed, eminent by many members of the Surgical Profession, but really conveying no assurance that he had been either thoroughly educated or carefully examined. In later years, it is true that the examinations have somewhat extended and improved; but they are still very far below the exigencies of the occasion, and utterly insufficient as tests of a competent knowledge on the part of the candidate, as has lately been abundantly proved by Dr. Parkes, in his speech on the Army Medical Examinations, made at the last meeting of the General Medical Council.

Now, the practical deduction we would make from these remarks is, that the price of the diploma ought to be less, and the examination ought to be more efficient. The answer we should receive would of course be, that if such a plan were adopted the finances of the institution would suffer, and, in fact, that the diploma is offered on easy terms, as far as intellectual ability is concerned, in order to attract as many candidates as possible within the portals of the College. But it is perfectly monstrous that an institution, however splendid may be its exterior, or however valuable its contents, and we may add, however eminent its governing body, should be supported solely by the granting of diplomas; and we may add further, it is an abuse of the most flagrant kind that the Examiners and the Governing Body should be virtually the same persons, and that they should draw enormous salaries depending entirely on the number of candidates who are passed. It is quite idle to assert, what no doubt is perfectly true, that the examiners are

men of the highest personal honour, and moreover, that they are paid so much for each candidate, whether successful or not; the fact still stares us in the face, that the institution itself and the salaries of the examiners depend almost wholly upon the number of diplomas granted, and therefore the same stringency which is shown at the London University cannot be observed at the College of Surgeons.

Surely it would be better for the State to take upon itself the care of the really magnificent museum and library, which are national objects of admiration, and thus to relieve the College of what must be considered a traffic in diplomas. If such had been, or were now, the case, and if the examiners had been younger men, and liable, like other examiners, to periodical removal from office, the examinations might be real tests of professional attainments, and we should never have heard anything of special examinations and diplomas in Midwifery or in Dental Surgery, which are mere expedients to fill the College exchequer, and were never intended either to promote the progress of science, or to add to the dignity or the honour of the Medical Profession.

THE ROYAL COLLEGE OF PHYSICIANS AND THE APOTHECARIES.

Our contemporary, the 'Lancet,' has been amusing itself and its readers by a piece of jocularity for which we really should not have thought of giving it credit. It appears that a few gentlemen holding the licence of the London Apothecaries' Society have requested to be admitted as Licentiates of the Royal College of Physicians on some easy terms which are not definitely announced, but the main features of which, as far as we can learn, are the exemption from examination, and the non-payment of any fees, or at least the payment of nominal ones—say half a sovereign, for instance. For this privilege, to be granted in such a liberal manner, the petitioners magnanimously offer to present, in exchange, the license they already hold from the Apothecaries' Society.

That the College will grant so absurd a request is highly improbable, especially as it has nothing to gain by the concession. If, indeed, some ten thousand members of the Medical Profession were to offer ten guineas each as the price of the College Licence, the Council might hesitate in declining the golden prize; but still, notwithstanding the act of injustice and wrong which they committed to their own members in 1860, by selling for ten guineas the diplomas which were formerly obtained only by the payment of nearly six times that sum and the ordeal of a strict examination, we do not believe that the College would be guilty of so flagrant a breach of common honesty as that which it is now asked to commit. It has instituted an examination for such persons as choose to submit themselves to the trial, and the examiners are gentlemen of reputation and character; the terms of the examination are, moreover, lenient to those who are already in practice or in possession of other medical licenses and diplomas, and the fee to be paid is by no means immoderate. If, therefore, any gentlemen aspire to the College Licence, they can obtain it in the same way that they may obtain any other professional title or distinction—namely, by conforming to the rules laid down by the various Medical Examining Boards.

It is needless to waste words upon such a preposterous proposal, which cannot have been ever seriously made, and to which the College cannot accede without a total sacrifice of all self-respect. If the College licence is worth having (and we by no means assert that it is not), it is worth working and paying for, and its sale for a sum of money, or its gratuitous distribution to all comers, would be simply disgraceful to the College, and would be a re-enactment of the contemptible farce so often played by needy or unscrupulous vendors of degrees, or hunters after popularity. Already the finger of scorn points at certain German degrees, bought and paid for like tobacco-pipes, or any other saleable commodity, and the College of Physicians would sink into the lowest abyss of degradation if it followed so flagitious an example.

If the proposal was intended as a "feeler," it has evidently failed in its aim; for the very same Journal which promulgated it and promoted its object, now fills its pages with correspondence containing contemptuous denunciations, not only of the folly, but of the flagrant dishonesty of the scheme, especially towards those who have already obtained the licence by the usual means.

SUMMARY OF THE WEEK.

THE GRIEVANCES OF THE ARMY MEDICAL OFFICERS.

The Metropolitan Counties' Branch of the British Medical Association has, with praiseworthy perseverance, followed up their interview with the Secretary at War by subsequent deputations to the Commander-in-Chief and to the Director-General of the Army Medical Department. We regret that we have not room for the insertion of the particulars of these interviews, of the representations made by the different speakers, or of the answers made by the persons in authority. But we the less regret this omission, as the memorials and the remonstrances made by the deputations appear to have produced very little impression upon the parties addressed, more especially the Commander-in-Chief, his Royal Highness giving to every remark the stereotyped answer, that the redress sought for was either inconsistent with the maintenance of discipline in the army or would interfere with financial arrangements. He held out no hope whatever that the authorities at the Horse Guards would concede any of the points so strongly urged by the advocates of reform in the Army Medical Service. The Director-General of the Army Medical Department expressed his great sympathy for the members of the service of which he is the present chief, and showed that the withdrawal of the Warrant of 1858 had taken place before he was appointed to office. His observations to the deputation on the subject of the present dearth of candidates for the Army Medical Service, and on the means at present being taken for supplying it, were very unsatisfactory, and seemed to show that the Army autho-

rities did not wish to encourage first-class men to enter the service.

MR. WALTER COULSON AND THE HOSPITAL FOR STONE.

Mr. Walter Coulson has involved himself in some trouble by an unfortunate speech made by him at a dinner lately held in order to promote subscriptions for an Hospital for Stone, to which he is attached. He was reported in one of the daily newspapers to have represented the mortality of cases of stone in the general hospitals to be enormously high; while, in the process which the Stone Hospital proposed to adopt, not one case in fifty would be lost. He moreover was said to account for this great mortality in the general hospitals by the circumstance that those establishments could not afford sufficient time for the cases admitted, and that, therefore, a special institution was necessary for the treatment of stone. This extraordinary speech attracted so much attention that the general hospitals were compelled, in a measure, to defend themselves from the imputations thus thrown out against them; and Mr. Walter Coulson then complained that his speech had been misreported. But then came evidence from parties present at the meeting as to the substantial truth of the report; while others, friends of Mr. Coulson, represented that that gentleman had only instituted a general comparison between the mortality from lithotomy as compared with that from lithotrity. The truth probably is, that Mr. Walter Coulson, in his injudicious zeal for the new hospital, which the 'Lancet' calls "a notorious house of professional ill-fame," made some remarks which he would have done better to withhold; but as he is a young man, and the observations were made after dinner, the animadversions on his speech will teach him to be more cautious in future.

GENERAL CORRESPONDENCE.

ALLEGED BREACH OF PROFESSIONAL ETIQUETTE.

To the Editor of the Medical Circular.

SIR,—Will you kindly insert the accompanying correspondence. You will see that Mr. Adams still stoutly denies the truth of the statements contained in my letter to the College of Surgeons, but which I, on the contrary, persistently assert.

The action which my solicitors have commenced against that gentleman will afford us the opportunity for which I am, and I should think Mr. Adams must be, most anxious, to have the question submitted to a jury; and I feel sure that Mr. Adams will not permit any technicality to be interposed so as to prevent the real question—"Aye or no", are the statements "true" or "false"?—from being submitted for its decision. I am, &c.,

J. JONES.

London, 12 South square, Gray's inn, W.C., July 4th, 1864.

SIR,—My attention has been directed to a letter purporting to be signed by you, which appears in the 'Medical Times and Gazette' of Saturday last;—its terms are coarse, intemperate, and offensive.

I have to ask whether you are in truth the author; and if so I must insist upon its withdrawal, accompanied by an apology to be first submitted to me, and then published in all the medical papers.

You should, at the same time, express your regret for your conduct on 21st May last, and which was brought by me to the notice of the President and Council of the College of Surgeons.

If this is done, the matter shall end, so far as I am concerned; but if not, you had better direct your legal adviser to place himself in communication with my solicitors, Messrs. Langley and Gibbon, 32 Great James street, Bedford row, whom I shall instruct in due course.

I am, &c., J. JONES.

John Adams, Esq., St. Helen's place, Bishopsgate.

4 St. Helen's place, July 6, 1864.

SIR,—I beg to acknowledge the receipt of your letter of the 4th inst., in which you ask me to retract and apologise for expressions employed in my letter to the 'Medical Times and Gazette,' which you designate as coarse and intemperate. You must remember that your insinuation of unprofessional conduct, in your statement in the same paper, provoked those expressions.

Nevertheless, although I explicitly deny the truth of your statements, as I believe you have been influenced by erroneous information, I shall not hesitate to retract those hasty expressions contained in my letter; and, I need not say, this retractation necessarily implies an apology for the same. I have explained my conduct in Metzner's case, in a communication I have sent to the 'Medical Times and Gazette' in answer to one from you.

I am, &c., JOHN ADAMS.

Jno. Jones, Esq.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
Henry Ewen, Esq., Wisbeach	0	10	0
A. B. Ewen, Esq., Wisbeach	0	10	0
J. Smart, Esq., Bethnal green	1	1	0
Robert Cuff, Esq., Holborn	0	10	6
J. Blundell, Esq., St. Helen's, Lancashire	1	0	0
J. Bryant, Esq., Clerkenwell	0	5	0
Dr. W. Garstang, Blackburn	0	10	0
Robert Lamb, Esq., Islington	0	5	0
R. W. Watkins, Esq., Towcester	0	10	6
Dr. J. T. Barrett, Ashton-under-Lyne	0	10	0
G. E. Piper, Esq., Darlington	1	1	0
A. D. Harston, Esq., Islington	1	1	0
Dr. J. Rogers, Strand	1	1	0
Dr. Whiteman, Putney	0	10	6
G. E. Nicholas, Esq., Wandsworth	0	10	6
Amount previously announced	7	2	0

Yours obediently,

145 Bishopsgate st. Without. ROBERT FOWLER, M.D.
July 13, 1864. Treasurer and Hon. Sec.

THE MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I am most happy to see the subject of a "Medical Provident Association" again mooted in "Alpha's" letter in your last CIRCULAR. I hope you will lend your powerful aid and put your shoulder to the wheel this time to obtain for us now a strong and good Medical Club, on the principle of the Railway Accident Societies, which give from three to six guineas per week in case of any injury, but not in *sickness*. Why not convert this or the "British Medical and Surgical Association" into a fund of this kind, where every subscribing member will have a just *claim* of this description (according to the amount of his subscription), and a sum at his death to bury him, or for the support of his surviving widow or family, &c.? This would be a far greater boon than their 'Association Journal' or "Benevolent Fund" will ever be; and I have no doubt but, with proper management, it can be carried out with very little extra expense.

Hoping you will not let this important subject-matter drop this time, I am, &c.,

BETA, M.R.C.S.E., L.S.A., and L.M. Dub., and an Ex-Member of the Association.

Oswestry, Salop, July 16, 1864.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 17.

Mr. PRESCOTT HEWITT, President, in the Chair.

(Continued from page 30.)

Mr. HUTCHINSON also brought forward a specimen of MORGAGNIAN CATARACT, WITH DISPLACEMENT OF THE NUCLEUS.

An elderly woman applied at the Moorfields Hospital with double cataract. In the right eye the lens presented the usual grey appearance, but in the left a horizontal line across the pupil divided the opaque lens into an upper white half and lower rich brown one. The line of demarcation was most abrupt, and produced an appearance much resembling that of a parti-coloured agate. It was thought at first sight that the lens must be fluid, and that the coloured particles had gravitated to the lower part; but it was found that, in changing the position of the patient's head, no change in the relation of the coloured and uncoloured parts could be effected. The fact that the line of separation was almost level seemed to negative the idea that the coloured part was the nucleus, which having become loosened had sunk down. Mr. Hutchinson performed extraction in both eyes. The lens of the right was grey in colour, and a little brown towards its middle; its surface was sticky and soft, but not fluid. The lens of the left eye presented the condition of a fluid exterior, with a very hard red-brown nucleus. The latter, quite loose, had sunk down to the lowest part of the capsule. It was not round, but a very long oval, so that its long side, which had lain uppermost, had appeared to cross the pupil, not as a curved, but as an almost straight line. As to the question whether Morgagnian cataracts might be held to indicate unsound eyes, Mr. Hutchinson remarked that there was no reason in this case to suppose that the globe was diseased. It had progressed perfectly well since the operation. The cataract had existed about four years before the patient applied.

Dr. OGLE related the following

CASE OF CARIES OF THE FIRST AND SECOND CERVICAL VERTEBRÆ—FISTULOUS OPENING COMMUNICATING WITH THE DISEASED BONE—RUPTURE OF TRANSVERSE LIGAMENT—SUDDEN DEATH BY PRESSURE OF ODONTOID PROCESS UPON THE SPINAL CORD.

The patient, aged sixteen, was the subject of intense pain, shooting from the neck to the top of the head, and of almost complete inability to move the head, along with great rigidity of the sterno-cleido mastoid muscles on both sides. Through the fistulous opening at the back of the neck above alluded to, dead bone could be felt. Loss of power over the left arm and leg came on; afterwards, paralysis of the sphincters and loss of power in all the limbs. He died whilst attempting to raise his head in bed. On post-mortem examination the spinal cord corresponding to the axis was quite softened, the result, no doubt, of pressure of the odontoid process. For the opportunity of exhibiting the specimen, Dr. Ogle was indebted to Mr. Barber, surgeon to the Sheffield Infirmary. Dr. Ogle related in connection with this case three others of disease of the upper cervical vertebræ.

The first was the case of the late Dean of Westminster, the Very Rev. Dr. Buckland, in whom, after death, he had found *extensive caries of several of the upper cervical vertebræ, including the odontoid process, with great destruction of the ligamentous structures.* The "transverse ligament" was much diseased, and easily ruptured, but it had not actually given way before death. The occipital bone around the foramen-magnum was also carious. The brain and cerebellum were healthy, excepting a slight amount of fatty degeneration of the capillaries in places.*

* The specimens of diseased vertebræ and occipital bone have been deposited by Mr. F. Buckland in the museum of the Royal College of Surgeons.

The second case alluded to was one of *caries of the first and second cervical vertebræ and abscess communicating therewith, rupture of the "transverse ligament," and sudden death from dislocation of the odontoïd process.* The patient was an inmate of St. George's Hospital, in whom, before death, the loss of power in moving the head became so affected that it had to be kept fixed by means of a pillow of sand.

The third case was one of *caries of the first and second cervical vertebræ and of the base of the cranium, with enlargement of the odontoïd process, and softening of the corresponding part of the medulla oblongata.* Intense pain came on, following what was thought to be a "stiff neck," and eventually he was obliged to support his head with his hands. Twitchings of the arms, dyspnœa, and dysphagia came on. Before death speech failed him, and dyspnœa became extreme.

Dr. OGLE also described the following case:—

HEMIPLEGIA ON THE RIGHT SIDE—SOFTENING OF THE BRAIN ON BOTH SIDES—PLUGGING-UP OF BOTH MIDDLE CEREBRAL ARTERIES BY FIBRINOUS COAGULUM—FIBRINOUS MASSES ADHERENT TO THE MITRAL VALVE-FLAPS AND TO THE LINING OF AURICLE, WHICH WAS ULCERATED AND THE SEAT OF CALCAREOUS DEPOSIT.

The case was that of an anæmic girl, aged twenty-one, who, a few days before admission into St. George's Hospital, had had some sort of a "fit." Her face was anxious; her articulation defective; her words being "clipped," and running one into the other. There was almost complete motor paralysis of the right arm and leg, the tactile sensibility of the skin being much exalted. Later on she miscalled objects and used "wrong" words. An albuminous state of the urine came on, also great quickening of the respiration and circulation. She sank and died three weeks after admission. After death softening of the *left* corpus striatum and of the anterior part of the middle cerebral lobe on the *right* side was found; also plugging-up of the commencement of both middle cerebral arteries by fibrinous coagulum, and masses of fibrin adherent to the heart's valves and inner surface of left auricle, as above stated. Blocks of fibrinous material also existed in one kidney.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ABSTRACT OF THE REPORT OF THE COMMITTEE ON CHLOROFORM.

In laying their report before the Council of the Medical and Chirurgical Society, the Committee on Chloroform desire to state that they have made comparatively little reference to the medical portion of the subject. This is not due to their thinking the medical uses of chloroform of little importance, but to the fact that but few replies to their inquiries upon this point have been received.

In view of the great extent of the subject submitted to their consideration, the committee directed their attention to such points as appeared to them of chief practical importance. Thus their observations respecting the action of chloroform on the nervous system, and their remarks on some other points, are less full than would have been desirable had the committee regarded such details as of equal importance with those specially elected for investigation—such as its influence on the action of the heart and on respiration.

The committee have chiefly confined their physiological report to observations which they have themselves made. Without overlooking or neglecting the labours of former investigators, they have endeavoured rather to furnish an accurate account of experiments which they have observed carefully and together, and to compare the results thus obtained and agreed upon with the phenomena of cases in which death or peril of life has arisen from the inhalation of chloroform in the human subject.

Physiological Conclusions.—The sequence of the phenomena produced by chloroform inhalation in animals is similar to that observed in man, and if the same percentage of the agent be administered the results produced are

nearly uniform. The first effect of chloroform vapour is to increase the force of the heart's action ; but this effect is slight and transient, for when complete anæsthesia is produced, the heart in all cases acts with less than its natural force. The strongest doses of chloroform vapour, when admitted freely into the lungs, destroy animal life by arresting the action of the heart ; whilst by moderate doses the heart's action is much weakened for some time before death ensues, respiration generally, but not invariably, ceasing before the action of the heart, death being due both to the failure of the heart's action and to that of the respiratory function. The danger attending the use of chloroform increases with the degree of stupor it induces ; the apparent irregularities in the action of the anæsthetic mainly depending on the varying strength of the vapour employed, on the quality of the chloroform, and on the constitution of the patient. In order that it may be administered with comparative safety it is necessary that the proportion of vapour should not exceed 3½ per cent., that its effects should be carefully watched, and the inhalation suspended when the required anæsthesia is induced.

In many respects the action of ether is similar to that of dilute chloroform. At first its vapour increases the force of the heart's action—an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but at the same degree of insensibility ether does not depress the action of the heart to the same extent as chloroform. Eventually ether kills partly by enfeebling the action of the heart, but chiefly by arresting the movements of respiration. Thus the energy with which chloroform acts, and the extent to which it depresses the force of the heart's action, render it necessary to exercise great caution in its administration, and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous in its operation than chloroform. On the whole, however, the committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic.

A mixture of ether and chloroform is as effective as pure chloroform, and a safer agent when deep and prolonged anæsthesia is to be induced ; though slow in its action, it is sufficiently rapid in its operation to be convenient for general use. A mixture composed of three parts of ether, two parts of chloroform, and one part of alcohol (by measure), is to be preferred on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapour ; and the committee suggest that it should be more extensively tried than it has hitherto been in this country.

Effects of Chloroform on the Fauces.—The sudden administration by the mouth of concentrated chloroform vapour induces a spasm of the fauces which lasts for some seconds; afterwards, when the animal has inspired, the phenomena of asphyxia are for a time, associated, with those of chloroform poisoning, and death is finally induced as by dilute chloroform. If, however, partial insensibility is first induced by weaker chloroform, no spasm of the fauces ensues upon the sudden administration of the concentrated form of the agent.

Post-mortem Appearances.—Judging from the observations on animals,—the appearances in the human subject having been noticed in but few cases, and being insufficient for yielding satisfactory conclusions,—it appears that though there may, in certain cases, be an impediment to the free circulation of the blood through the lungs, yet the appearances are very different after death has been caused by chloroform from those observed when life has been destroyed by asphyxia. In death from chloroform, all the cavities of the heart are distended, and the cases are only exceptional in which the left side is empty. The rule, however, is alike in both : that the cavities of the right side contain more blood than those of the left.

Resuscitation.—The most certain means of restoring life after poisoning with anæsthetics is by artificial respiration. By this means resuscitation may generally be accomplished after natural respiration has ceased, provided the heart continues to act, and it may *sometimes* be effected even after the cessation of the heart's action ; but this result is exceptional. Galvanism resuscitates within the same limits as artificial respiration ; it is, however, far less to be relied on than artificial respiration in equal cases. With either remedy it is found that animals quickly rendered insensible by a strong dose are more easily recovered than those which have been gradually narcotised even by a small percentage of the anæsthetic.

Rules relating to the Administration of Chloroform.

The anæsthetic should on no account be given carelessly, or by the inexperienced ; and when complete insensibility is desired, the attention of its administrator should be exclusively confined to the duty he has undertaken.

Under no circumstances is it desirable for a person to give chloroform to himself.

It is not advisable to give an anæsthetic after a long fast, or soon after a meal ; the best time for its administration being three or four hours after food has been taken.

If the patient is much depressed, there is no objection to his taking a small quantity of brandy, wine, or ammonia, before commencing the inhalation.

Provision for the free admission of air during the patient's narcotism is absolutely necessary.

The recumbent position of the patient is preferable ; the prone position is inconvenient to the administrator, but entails no extra danger. In the erect or sitting posture there is danger from syncope. Sudden elevation or turning of the body should be avoided.

An apparatus is not essential to safety if due care be taken in giving the chloroform. Free admixture of air with the anæsthetic is of the first importance, and guaranteeing this, any apparatus may be employed. If lint, or a handkerchief, or a napkin is used, it should be folded as an open cone, or held an inch or an inch and a half from the face.

The anæsthetic should invariably be given slowly. Sudden increase of the strength of the anæsthetic is most dangerous. Three and a half per cent. is the average amount, and four and a half per cent. with ninety-five and a-half of atmospheric air is the maximum of the anæsthetic which can be required. Given cautiously at first, the quantity, within this limit, should be slowly increased according to the necessities of the case, the administrator being guided more by its effect on the patient than by the amount exhibited.

The administrator should watch the respiration of his patient, and should keep one hand free for careful observation of the pulse.

The patient who appears likely to vomit whilst beginning to inhale the anæsthetic should be at once brought fully under its influence, and the tendency to sickness will then cease.

The occurrence during the administration of an anæsthetic of sudden pallor or of sudden lividity of the patient's countenance, or sudden failure or flickering of the pulse, or feeble or shallow respirations, indicates danger, and necessitates immediate withdrawal of the anæsthetic until such symptoms have disappeared. On the occurrence of these symptoms, and especially if they should become so urgent as to threaten death from failure of respiration, of heart-action, or of both together, the following rules of treatment are to be observed :—Allow free access of fresh air ; pull forward the tongue, and clear the mouth and fauces ; keep or place the patient recumbent ; dash cold water on the face and chest, and aid the respiratory movements by rhythmical compression of the thorax. In the more threatening cases artificial respiration must be commenced instantly ; and this rule applies equally in all cases, whether the respiration has failed alone, or the pulse and respiration together. Galvanism may be used in addition to artificial respiration, but the artificial respiration is on no account to be delayed or suspended in order that galvanism may be tried.

Few if any persons are unsusceptible of the influence of chloroform, from two to ten minutes being required to in-

duce anæsthesia. The time, however, varies with age, temperament, and habits.

The mixture of chloroform, ether, and alcohol should be given in the same way as chloroform alone; care being taken, when lint or a handkerchief is used, to prevent the too free escape of the vapour.

Use of Chloroform in Surgical Operations.

With heart-disease the anæsthetic may be given in any case which requires an operation, although, when there is evidence of a fatty, weak, or dilated heart, great caution is demanded. Valvular disease is of less importance.

In phthisis, when an operation is unavoidable, the anæsthetic may be given with impunity.

For all operations upon the jaws and teeth, the lips, cheeks, and tongue, the anæsthetic may be inhaled with ordinary safety. By care and good management the patient may be kept under its influence to the completion of the operation. In these cases, blood as it escapes, if not voided by the mouth, passes into the pharynx. If any small quantity finds its way through the larynx, it is readily expelled by coughing. In operations upon the soft palate, fauces, pharynx, and posterior nares, if sudden or severe hæmorrhage is likely to occur, it is not advisable to induce deep insensibility.

In cases requiring laryngotomy and tracheotomy the anæsthetic may be employed with safety and advantage.

For operations upon the eye, involving the contents of the globe, the use of anæsthetics is open to objection on account of the damage which the eye may sustain from muscular straining or vomiting. If employed, profound insensibility should be induced.

In operations for hernia, and in the application of the taxis, the anæsthetic acts most beneficially. For most operations about the anus, profound anæsthesia is positively demanded.

In the condition of shock, or of great depression, as after hæmorrhage, careful administration of the anæsthetic diminishes the risk of an operation.

In all cases, other than those specially referred to, it is sufficient to state, so far as a mere surgical operation is concerned, that an anæsthetic may invariably be administered.

The continuous vomiting occasionally induced by and following upon the inhalation of anæsthetics may be injurious by consequent exhaustion, as well as by mechanically disturbing the repair of a wound. With this reservation, they do not appear to interfere with the recovery of patients from surgical operations.

Statistics.—The results of 2,586 capital operations performed before, and of 1,860 performed since, the introduction of anæsthetics, collected from all authentic available sources, prove that anæsthetics have in no degree increased the rate of mortality.

Use of Chloroform in Obstetric Practice.

(*a*) *In Natural Labour.*—The careful administration of chloroform during labour is not attended with special danger, there being, either in this country or abroad, so far as is known to this committee, no well-authenticated instance of sudden death where it has been given by a medical practitioner; but the occasional occurrence of unfavourable symptoms demands the exercise of caution during its employment. Administered in a moderate degree, it does not, as a rule, weaken the expulsive powers, and is decidedly beneficial in promoting dilatation of the maternal passages. It does not predispose to puerperal convulsions or other like complications. The balance of opinion is nearly equal as to whether it predisposes to imperfect contraction of the uterus after delivery. As a rule, it in no way retards the convalescence of the mother; nor has it any tendency to interfere injuriously with the function of lactation; nor has it any injurious influence on the child.

(*b*) *In Abnormal Labour.*—The anæsthetic may be employed with advantage in various obstetrical operations—as forceps, turning, craniotomy, and extraction of retained placenta, —unless the patient is much enfeebled by hæmorrhage; when, if given, it ought to be accompanied by the use of stimulants. It may also be employed advantageously to check the paroxysms in puerperal convulsions.

(*c*) *As to the Preference of Ether. Rules relating to the Administration of Chloroform.*—There are no reasons for giving preference to ether over chloroform, the latter being much more desirable in obstetrical practice generally, the only exceptions being those in which chloroform notably disagrees.

In addition to those given for its administration in ordinary cases, it is generally desirable to observe the following rules during its administration in labour, subject to modifications at the discretion of the practitioner:—In natural labour, begin to give it generally at, or after, the termination of the first stage; but it may be given earlier if the first stage is unduly painful, or if the os uteri resists dilatation. Give it only during the pains, and withdraw it in the intervals. When the fœtal head bears on the perinæum give it more freely, to promote relaxation and relieve the increased pain. Withdraw the chloroform immediately after the child is expelled. If the patient is depressed, or the pains are sluggish during its administration, an occasional stimulant may be administered. In cases where it seems to interfere with the progress of labour it may be necessary to suspend its use for a time, and re-apply it after an interval, or even to withdraw it altogether. In turning and instrumental deliveries deep anæsthesia must be induced, as in surgical operations; and the administration should then be entrusted to a competent person, whose sole duty should be to attend to it. In midwifery a special inhaler for its administration is not generally necessary or desirable, a handkerchief or towel, folded so as to prevent blistering of the face, and to allow free admixture of atmospheric air, being sufficient for the purpose.

(*d*) *Use of Chloroform in Diseases of Women and Children.*—In the treatment of diseases of women, chloroform may be employed to facilitate and lessen the pain of certain examinations. In cases of spurious pregnancy and phantom tumours, by relaxing the abdominal parietes, it may assist in demonstrating their true characters; and, acting in the same way, it may help the practitioner to define more accurately the character and relations of other abdominal and pelvic tumours, or to detect feigned disease.

As a therapeutic agent, its inhalation, and external application in the form of a liniment, may be usefully employed to allay pain in some cases of severe dysmenorrhœa, neuralgia, and the like.

There is accumulated testimony in favour of chloroform inhalation proving serviceable in various spasmodic diseases of women and children: as whooping-cough complicated with convulsions, spasmodic croup, epileptic seizures, and some other forms of convulsion in children; hysterical convulsions, epilepsy, and various muscular contractions in women.

The PRESIDENT expressed in warm terms the obligations the Society were under to the Committee for their able and laborious report.

Mr. CURLING regretted that so much time had elapsed since the Committee had been formed. But, as would appear when the paper and the appendix were published, much more work had been done than would be thought from the part of the abstract which had been read. There had been a division of labour into three chief departments: physiological, surgical, and obstetrical. But the most work had been done by the first section—the physiological. This section had had seventy meetings, and had performed very many careful experiments. When all this was taken into consideration the Fellows would not be surprised that the report had been delayed. The Committee wished to acknowledge the support afforded by many Fellows of the Society and by the Profession generally. Mr. Curling said that he must allude more pointedly to the labours of the reporters, Mr. Sibley and Mr. Callender. These gentlemen had attended all the meetings of the Committee, and it was, after hearing the report, scarcely necessary to express any opinion as to the great zeal, devotion, and intelligence they had displayed.

Dr. KIDD said a great debt of gratitude was due to Mr. Curling and the Physiological Committee for their incessant labours; yet he could not help thinking the great chloroform question at present was, as to its safety or use, a

question of practical or empirical observation in hospitals rather than a question of physiology. Nobody denied that very large doses killed animals. We had similar experiments in vast number in books, but the deaths in practice in the human subject are from idiosyncrasy (from which the lower animals are free), from errors of administration, emotion, fright, in the convulsive or preliminary stage before deep anæsthesia at all, deaths from spasm of the glottis, apnœa, almost always in trivial operations, like tooth-drawing, rather than in the half-hour's deep narcotism of large operations. Physiological experiments, such as dropping chloroform on the heart of a frog, or throwing it into the peritoneum, are fallacious; the experiment kills, but not the chloroform. Then, as to "mixtures" of anæsthetics, they have been used extensively in Austria and France, even by order of Government. The ether was found to be first inhaled, then the chloroform, and the spirit of wine remains behind and has to be squeezed out: they tend towards mystery and are cumbersome. The best part of the report is as to the value of electro-magnetism in resuscitation; but it is an error that the little magnet-box is not accessible in hospitals. It is equivalent to saying saving life is not important. The midwifery portion of the report does not offer much that is new, and so of the general surgery part; but both are good. But as to the use of chloroform in medicine it is deficient, as this agent is most valuable in asthma, pain of gall-stones, tetanus, convulsions of women, whooping-cough, and a dozen other affections.

There is at surgical operations now less arterial but more venous blood than formerly: even vomiting will fill a wound with blood (secondary). Chloroform is safe in what is termed shock or collapse. This is the "law of tolerance" so well described by Miller; but surgeons do not read of empirical rules so much as physiological experiments. The speaker fully agreed as to the great value of artificial respiration in accidents, but that was best set up by the electro-magnetism box, as now extensively tried. It is true also that resuscitation is more difficult in ether accident cases than from chloroform.

Dr. HYDE SALTER said a point had been overlooked, but on which it was not possible for the Committee to have investigated in so short a time as they had taken for their report. It was as to the effect on the human constitution of chloroform administered for months or for years. He offered this as a suggestion for further investigation. Dr. Salter then related the case of a gentleman who for three years had taken chloroform, nearly every night. The effects were somewhat like those of alcohol: general loss of nervous power, insomnia, and vomiting in the morning. The chloroform was taken for asthma, and sometimes as much as three ounces was inhaled in one night. The effect was most distressing. The patient lost appetite, became morose, and was unable to sleep. He for one month was able to avoid it, and the improvement was most marked. He got to sleep earlier and earlier every night. This, however, the patient ascribed to Indian hemp, which he took at the time; but on taking the chloroform again, he again had insomnia, and Indian hemp failed to help him. The vomiting in the morning was like that of drunkards. Mr. Salter considered that in other respects the effects would be found to resemble those of alcohol.

Mr. SAVORY asked under what circumstances and to what extent, in collapse from injuries or from hæmorrhage, chloroform might be administered. It was true that it would tend to diminish shock; but it would, on the other hand, be likely to render the pulse almost imperceptible. It was a point of great interest that chloroform tended to reduce the temperature, even, as some experiments showed, seven or eight degrees. In collapse, too, the temperature was diminished; and hence, if chloroform were given, there would be two conditions tending to the same result.

Dr. C. J. B. WILLIAMS said there could be but one opinion as to the great debt the Society owed to the Committee—a debt which the Society was scarcely able fully to appreciate until the publication of the report. One important point was, however, settled; that chloroform depressed the action of the heart. This was an important result, as it had been much disputed. It accorded with the results of experiments he himself had performed; and the histories of cases of death from chloroform all converged to the same point. This in itself helped to suggest methods of counteracting the effect of too large a dose. One obvious method was to add ether and alcohol to the chloroform. But there was no reason why alcohol, ammonia, or any other stimulant, should not be given by the mouth. Oxygen had been suggested, and had, it was said, been used in America with success; and it was not improbable that chloroform and oxygen might form a useful and safe combination. One class of anæsthetics had not been alluded to—namely, nitrous oxide. From his own observations some years ago, it appeared to be not so depressing, and it was safe. But there were difficulties in procuring it, and in applying it. Dr. Williams then alluded to the effect of chloroform on the blood, and asked what researches the Committee had made in this part of the subject.

Dr. KIDD observed that two deaths were published this year from nitrous oxide used as an anæsthetic, so that it is not free from accident, as Dr. Williams might have supposed. As to the use of a little brandy or ammonia before administration, the plan was a good one, and always adopted by himself. Then as to the blood, it was perfectly known, from hundreds of experiments, that chloroform does not disturb its character at all. But it was not so with ether; here the corpuscles are destroyed, and the ether was so dissolved in the blood that it had been distilled over and over again from the blood of an animal deeply narcotized by it. Crystals were of less moment in blood long drawn. Forty-one deaths from ether had been published in America, and nineteen by Trousseau in France. It seemed paradoxical that chloroform administered in small doses should be dangerous. But it was small doses which produced convulsive vomiting: and so death in hospitals began as a sort of spasm or convulsive irritation of the fauces and glottis, while the patient was half conscious, not in deep coma; with a sort of reflex or tetanic rigidity of the respiratory muscles; the heart still beating actively, till overpowered or engorged at the right side. Hence the great value of artificial respiration. The breathing, in fact, stopped; and yet the patient did not inhale the large percentages given to animals, the chloroform at boiling point in balloons, &c. It seemed paradoxical to deny physiological experiments, but we did not prevent glaucoma or ague by physiology, but rather by empirical rules; so was it with regard to chloroform and prevention of accidents. Oxygen, too, had been tried, but found wanting: the blood was not deoxygenised, at least by chloroform. Anæsthesia was like hybernation. The blood would not take up pure oxygen. In a case at a Borough hospital where oxygen was accurately tried it proved useless. There was a fear that students trusted too much to a complex apparatus. They did not detect the danger early enough. To them "mixtures" like those of the new Pharmacopœia would be a sort of mitigation of danger—a kind of drag to the wheel of anæsthetic progress. Nor did the heart first stand still, as supposed by some; it was a popular error. While as to nitrous oxide and even ether, they were both now given up in America, where they had been extensively administered.

Dr. WYNN WILLIAMS recommended that in collapse from chloroform warm port-wine should be injected by an O'Beirne's tube. He had tried this in collapses from other causes, and had found it to act energetically. It seemed, he thought, by increasing the warmth and by giving a stimulant at the same time, to meet Mr. Savory's remarks.

Dr. BALLARD objected to that part of the report in which the use of chloroform in the convulsion of children was recommended. He was satisfied that it had no beneficial effect, and asked if its use had been recommended after a trial in cases.

Mr. CURLING said it was not recommended that chloroform should be given until reaction set in after injuries, but then it acted beneficially in the operation by diminishing shock. In reply to Dr. Ballard, he said that there commendations of the Committee were based on a series of facts, and after a large experience.

Dr. HARLEY said the action of chloroform on the cor-

puscles was but slight, but if ether were added, it dissolved the walls of the corpuscles. It had been long observed by Dr. Jackson, of New York, that chloroform produced formic acid in the system; but it was impossible to trace the changes. If blood were shaken up with ether it would sometimes crystallize. Diseased blood would also sometimes crystallize spontaneously, while blood after slow death from chloroform, when shaken up with ether, always became like a mass of crystals.

(Dr. Harley then introduced to the notice of the Society an inhaler sent to him by Dr. Skinner, of Liverpool, and also an ingenious apparatus, invented by Dr. Squire, for measuring accurately the percentage of chloroform.)

Dr. PEARSON said he was surprised to find that chloroform was more feared here than in Edinburgh, where it was invented. In Edinburgh apparatus was altogether disregarded. He felt certain that it was safer to give chloroform without an inhaler than with one.

Dr. HYDE SALTER said that chloroform might be given so as to prevent pain and yet not produce insensibility; for this he could vouch, as he had experienced it himself. If, then, it could be discovered how to do this, it would not only lessen the risk, but would diminish the fear of the use of the drug.

Dr. WRIGHT said that the inhaler had been used a year in Mr. Spencer Wells' ovariotomy operations, but it was liable to the objection that a good deal of the chloroform escaped, and thus affected the bystanders.

Mr. BIRKETT, one of the honorary secretaries, said that it had been impossible for him to read the whole of the abstract, but he had only omitted those parts which the reporters had agreed should be omitted.

BIRTH.

BARNES.—On the 7th inst., at Matfen, Newcastle-on-Tyne, the wife of W. A. Barnes, Surgeon, of a son.

DEATHS.

ACHESON.—On the 8th inst., at Dalkey, Co. Dublin, J. H. Acheson, F.R.C.S.E., Surgeon R.N., Aug. 17th, 1815, aged 77.

BIRD.—On the 10th inst., at Fern-acre Lodge, Gerrard's-cross, Bucks, J. Bird, M.D., late Physician-General to the Bombay Medical Board, aged 67.

BOWIE.—On the 3rd inst., at Bath, Wm. Bowie, M.D., aged 71.

GIBSON.—On the 7th inst., at Tarbolton, Ayrshire, John Gibson, L.F.P. & S. Glas.

HARRISON.—On the 12th ult., on board the "Macgregor Laird" off Accra, on the homeward voyage from Abbeokuta, West Africa, A. A. Harrison, M.D., aged 33.

MARRIOTT.—On the 4th inst., at Stuttgart, Dr. Marriott, late of Basle, Switzerland, aged 56.

PATTISON.—On the 6th inst., at Portland place, Bath, W. T. M. Pattison, M.D.

YOUNG.—On the 8th inst., W. P. Young, L.R.C.S.I., of James's street, Dublin, Demonstrator of Anatomy at Steevens's Hospital, Dublin.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 7th inst.:—Albert Egerton Hall, Nantwich, Cheshire; Francis Snaith, St. Thomas's Hospital; Thomas Sibley Stott, St. Bartholomew's; John Thompson, University College. As an Assistant:—James Crocker, Dorchester.

The following gentlemen also on the same day passed their first examination:—Henry Aubrey Husband, St. Bartholomew's Hospital; Francis Stewart Manisty, King's College; Anthony Herbert Martin, University College; Robert Robinson, St. Bartholomew's; Jonh Henry Simpson, St. Bartholomew's.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.—The following is a list of gentlemen who passed during the half-year ending June 30th, 1864:—James Atkinson; Charles Backhouse; Francis Bonney; Patrick Byrne; Louis A. Fleury; John Gray; James Smith Harris; Henry Head; Charles Healy; James B. Kelly; Robert Kerans; Thomas Charles Kirby; Richard Kerr M'Clement; James M'Creery; R. Alfred O'Brien; Henry Thomas O'Reilly; Richard O'Reilly; William O'Reilly; Gerald O'Toole; Thomas Chalmers Peebles; John Joseph Riordan; William Edward Riordan; Albert Benjamin Robinson; Joseph Septimus Steward; James Stewart; Robert Lafayette Swan; Richard James Sweetman; Joseph John Thompson; William Winslow Tomlinson; William Whittaker; Henry Willington.

The following gentleman was elected a Fellow of the College on the 4th ult.:—Dr. T. W. Belcher.

UNIVERSITY OF DUBLIN.—On the 29th ult. the following degrees in Medicine and Surgery were conferred:—M.B.—Edward George Clark, Austin Henry Nicholls, John R. R. Coulter, Isidore Bourke, George Fleetwood Churchill, Robert H. Macloghlin, Charles F. Green, John Alexander Wilson, George F. Duffey, John P. Boileau, John M. Finney Henry King.

M.C.—Robert H. Macloghlin, George F. Duffey, John Lyons.

M.D.—Wm. R. Wilde, Edward H. Bennett, John Ringland, John Eustace.

ROYAL COLLEGE OF SURGEONS.—The annual meeting of the Council for the election of officers took place on the 14th inst., when Mr. Joseph Hodgson, F.R.S., of Westbourne terrace, was elected President of the College in the vacancy occasioned by the retirement of Mr. F. C. Skey, F.R.S., of St. Bartholomew's Hospital; and Messrs. Thomas Wormald, of the same hospital, and Francis Kiernan, F.R.S., were elected Vice-Presidents for the ensuing year. At this meeting of the Council, Messrs. Thomas Blizard Curling, F.R.S., of the London Hospital, and Frederick Le Gros Clark, of St. Thomas's Hospital, the recently-elected Councillors, were sworn in, and took their seats. The last primary examination before the close of the session commenced on Friday, and the last pass examination for the diploma of Membership commences on Saturday, the 23rd inst.

TETANUS IN THE AMERICAN ARMY.—Tetanus has prevailed among the wounded of the Army of the Potomac to an unusual extent. Upwards of fifty cases occurred within a short period at Fredericksburg and in the hospitals at Washington. Nearly every case proved rapidly fatal. We are glad to learn that Dr. Brown-Sequard, of London, now in this country, has consented to give a lecture on this disease, at Washington, where it is now most prevalent. The great experience of this eminent physiologist in the treatment of nervous affections will thus be made available to the army surgeons in the management of this obscure and fatal complication of gun-shot wounds. This lecture will be immediately published for circulation in the army.—'American Medical Times.'

A CAUTION TO SURGEONS WANTING ASSISTANTS.—On Friday, the 8th of July, before Mr. Justice Erle and a special jury in the Court of Common Pleas, at the Guildhall, there was a case tried which is interesting to the Medical Profession at large. Thomas Nicholas Gray, who described himself as "late of the Federal army and of Dublin, sued Mr. E. J. Morris, of Adelaide terrace, Barking road, Essex, for 52*l.*, or a year's salary at 1*l.* per week, which sum Gray alleged was due to him because Mr. Morris had refused to accept of his services after having engaged him. The plaintiff swore that he had applied for a situation through Mr. Langley, of Lincoln's-inn fields, and had been put into communication with Mr. Morris, through him, on the 4th of April; that Mr. Morris had said that he would engage him, but would write to his references, whom the plaintiff admitted were not professional men. He swore that after a lapse of three weeks the defendant had sent him a letter, stating that his (Mr. Morris's) brother-in-law had consented to remain with him, and that consequently he would not require the plaintiff's services. He further alleged that his references had been written to, and that, as he was satisfied their replies were satisfactory, he claimed a year's salary for non-fulfilment of contract, and brought this action to recover it. The defendant, being sworn, declared that Gray did not come to him until the

28th of April (not the 4th, as sworn by plaintiff), and that he had written to Dr. Ledwick, of Dublin, whose name had been mentioned by Gray as a reference, and had received a reply advising him to have nothing to do with the plaintiff, but at the same time desiring him not to mention his (Dr. Ledwick's) name in the matter. On this account, he (Morris) had written the letter produced. He declined to engage Gray because this reference was unsatisfactory. Mr. Langley, medical agent, of Lincoln's-inn fields, corroborated Mr. Morris as to the date of the application, and thus destroyed the plea set up by plaintiff, that he had been kept waiting for three weeks by the defendant; he proved, also, that a month's salary only could be claimed according to custom, consequently that to demand a year's salary was an attempt at extortion; and further, that if an engagement had been concluded there would have been a fee due to him (Langley) which had never been tendered or paid, and which he had never considered to be due, and had never applied for or entered on his books. When the plaintiff applied at the office Mr. Langley had told him that his testimonials were insufficient, and that he must give Mr. Morris better references than those offered. The Judge, in summing up, pointed out that if such an action as this could be sustained, no employer of any kind—even a lady engaging a maid—would be safe. The jury, after a brief consultation, returned a verdict for defendant (Mr. Morris). We regret to learn, however, that the defence of the action has cost Mr. Morris a considerable sum of money, and that there is no probability of his recovering the costs from Thomas Nicholas Gray, late of the Federal army.

ACADEMICAL CANVASSING IN FRANCE.—In a recent oration pronounced at the Société de Chirurgie in memory of the late Professor Robert, M. Verneuil gave great umbrage by the boldness with which he denounced the practice which prevails in Paris of personally soliciting those who have the disposal of scientific and academical positions. Candidates for such offices find that the necessity of paying visits to those who have votes or influence at their disposal is peremptory; for, great as the loss of time may be, and derogatory as may be the occupation, no candidate who refused such drudgery would stand the remotest chance of success. This applies to the highest as well as the humblest grades, for whether it be a simple *internat* or a professorship that may lead to world-wide celebrity that is sought for, election into a scientific academy, or the decoration of the button-hole with the coveted piece of ribbon—all demand the practice of a system of repeated and assiduous visiting. "Since 1835," says M. Verneuil, "Robert kept an account of all the visits he had been compelled to make in order to secure his success in his various candidatures, and these amounted to about 1,400. And surely never did statistics expose a more crying abuse! These 1,400 visits, taken one with another, must have each occupied an hour; and as few persons can consecrate more than four hours per diem for effective work, here we have a whole year lost in running about—a period amply sufficient for the preparation of a work capable of honourably transmitting a name to posterity." He stigmatises this abuse because he thinks utility may spring from so doing, "for what to-day seems but an utopia, to-morrow becomes a natural reform." It is evident that if the Continental *savants* obtain more honorific notices of their merits than with us, they have to go through a great deal of hard and excessively disagreeable work to obtain them; for not only have these visits to be made, but favours have to be asked, susceptibilities humoured, weak points discovered, and dignity compromised in a variety of ways.—'Medical Times and Gazette.'

CHLOROFORM.—It is, of course, not desirable to mention names so freely, but many journalistic errors are perpetuated by stereotyped fancies as to our "highest authorities." Dr. Johns is pleased to mention my name in a doubtful sense as having seen "about 300 cases of chloroform accident restored to life, or rescued after they had been pronounced dead." But my position, I would wish to explain, as hospital reporter for the 'Lancet' and other journals for a period of a dozen years, during nearly all which I attended twenty London hospital theatres, and saw from thirty-five to forty operations a week, under chloroform, or about two thousand every year, will explain the opportunities I have had of observing chloroform cases; and as to carrying a portable galvanic chain or battery in a great-coat pocket, it seems to astonish Dr. Johns, but it is as easily carried a a midwifery forceps or student's dissecting-case. Our giant hospital surgeons, our Astley Coopers, may have advised strong purgatives after hernia operations, and living surgeons, now at Guy's, turned chloroform into ridicule, and with M. Velpeau said anæsthesia was impossible; so of the early opinions of Dr. Gream. We must not, however, run after the mirage of great names once upon a time, but rather examine into actual facts of the present day.—Dr. KIDD, in 'Dublin Quarterly.'

CHLOROFORM IN AMERICA.—I need scarcely multiply authorities in favour of chloroform in the practice of midwifery. Meeting not long since my friend, Professor Simpson, of Edinburgh, at operations in London, I was pleased, on a very full comparing of notes, to find that he almost entirely agreed with the views adopted by me. We have had this year a report of our Medico-Chirurgical Society, the obstetric portion of which was confided to such experienced observers as Dr. Priestley, Dr. A. Farre, &c. That report speaks for itself. The study of the natural action of chloroform or ether, in fact, in hospitals and private practice, rather than imperfect statistics, can scarcely lead astray. A simple napkin, pinned into the shape of a cone, answers as an inhaler. "Chloroform and ether mixtures" are now beginning to be used, as pure chloroform is too sharp and strong; but for myself, as far as I can yet see, I would as soon order a blunt lancet or bistoury from an instrument maker. These ether mixtures are very tedious in their application; they have been supposed to be partial anæsthetics and not to enter the blood, but such a supposition is entirely fabulous, and in large surgical operations they cause a tendency to sinking and collapse immediately after the operation: it will be found, in fact, that the ether causes a species of common drunkenness, whereas pure chloroform, used in half-drachm doses, escapes quickly from the blood. In a memoir read within the last few months to the Academy at New York, the superiority of chloroform as compared to ether was generally admitted (though ether is the national and favourite anæsthetic in that country)—chloroform more especially in cases of rigid os uteri, eclampsia, and undilating perinæum. One speaker had given it in extensive heart disease, in patients of all ages, from the child of thirteen days up to persons of seventy; he had taken it himself about forty times. Another had given it in eighteen cases of forceps and fourteen of versional delivery; and he believed labour shortened, and made more safe by such means. Professor Martin, of Jena, as the result of one thousand cases under chloroform, confirms these views.—DR. KIDD, in 'Dublin Quarterly.'

SOCIAL SCIENCE ASSOCIATION.—This Association will hold its eighth annual meeting in the City of York, from the 22nd to the 29th of September, under the presidency of Lord Brougham. His Grace the Archbishop of York is one of the vice-presidents, and also the president of the Education Department. The Right Hon. Sir James Wilde, Judge of the Probate Court, presides over the Department of Jurisprudence. The other chairs had not yet been filled up. The Council of the Association have found it necessary, owing to the annual pressure of business, to adopt new regulations. In each of the departments, now reduced to four, three special questions are put, and a day is to be devoted to the discussion of each, the voluntary papers being read and discussed on the remaining days. The following are the questions in the Health Department:—1. What are the best means for disposing of the sewage of towns? 2. What are the causes, and what are the means for the prevention of, excessive infant mortality? 3. What is the influence on health of the overcrowding of dwelling-houses and workshops; and by what means could such overcrowding be prevented?

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By Dr. Sisson.

Illogical conclusions, drawn from erroneous premises, and a slavish following of Astruc, have hitherto been stumbling-blocks to a proper elucidation of this subject; and what has been granted to other diseases of a like nature, has been altogether denied to this; consequently, notwithstanding all that has been written upon syphilis, the subject still remains in a state of chaos and confusion.

It is difficult, no doubt, to rid ourselves of preconceived ideas—

> "Quo semel est imbuta recens, servabit odorem
> Testa diu;"

yet, in order to approach the subject in a way likely to be attended with fruitful results, much that has been learned from books must be forgotten, and the over-refined and flimsy superstructure raised for syphilis upon the foundation of scholastic teachings (far more beautiful and masterly in design than useful for practical purposes), must be scattered to the winds, and a simpler and more solid fabric erected on the ruins.

The views of syphilographers are so often changing, that it is almost impossible to state correctly their opinions at any one time. If I have failed in this, the difficulty of the task must be my excuse.

Etymology of the Word.—The etymology of the word "syphilis" is unsettled. Mr. Herbert Mayo derives it from σιφλος, odiosam et invisam faciem habens, and accordingly adopts the spelling "siphilis," with an interpolation of the second syllable. Swediaur says: "The word 'syphilis' appears to me to be derived from the words συς porcus, and φιλια amor—as if we should say 'amor porcinus,' swinish love, filthy love, or a disease arising from impure coition." Such definition, however, is too imaginative, and seems to assign "illud detestabile crimen inter christianos non nominandum" as the prime cause of syphilis; an inference not warranted by authority.

We find the word "syphilis" thus spelt first used by Fracaster, in his poem entitled "Syphilis sive Morbus Gallicus," 1521, no doubt employed by him as a distinctive appellation for this the venereal disease *par excellence*, and derived simply from the words συν, and φιλια, love.

Introduction of Syphilis into Europe.—It would be a mere waste of time to cite all the old authors, from Hippocrates down to the year 1494, who, in treating of diseases of the genitals, have accurately described the primary and some of the secondary symptoms of syphilis; for the most strenuous opponents of the existence of this disease in Europe previous to the siege of Naples in that year admit this, but argue, nevertheless, that it was not syphilis to which these authors alluded, since they have not described *all the symptoms* of that disease which we now recognise. As we proceed, however, I hope to show valid reasons for such omission.

Astruc, who wrote in 1736 "De Morbis Venereis," and subsequent writers, adopting his opinion, have attributed the introduction of syphilis into Europe in 1493-4, and its propagation afterwards at the siege of Naples, to the followers of Columbus. In the Lettsomian Lectures "On Syphilis," delivered in 1858, before the Medical Society of London, Mr. De Meric exonerates the followers of Columbus, but inclines to the opinion that the disease originated at the siege of Naples, from the connection of a glandered individual with some of the loose females hovering around armies and suffering from simple ulceration. It is well known, however, that with the march of armies into foreign countries aggravated outbreaks of syphilis have frequently occurred, and have been attributed partly to the transmission of the disease from the natives of one country to those of another, and partly to the state of health of the recipients. Why, then, should we deny the possibility of such an occurrence at the siege of Naples, and its existence in a mitigated form previously? Moreover, it is probable that, in such an outbreak, the primary would be so speedily followed by constitutional symptoms, that their connexion, previously overlooked, could not fail to be recognised. And under any circumstances, it is no more remarkable that such recognition should have then first taken place, than that the distinction between scarlet fever and measles should not have been recognised in this country till about two centuries ago.

The same remark also applies to croup, concerning which a late writer says:—"It has often excited much surprise that a disease so distinctly marked in its symptoms should not have been accurately described before the middle of the eighteenth century, when Dr. Francis Hone published a treatise "On the Suffocatio Stridula," in 1765.—(Aitken's 'Practice of Medicine.')

Further, Mr. De Meric himself makes these pertinent remarks:—"We now meet in hospital and private practice with all the symptoms of syphilis which have been described by the writers of the sixteenth century; nay, we are more complete than our forefathers, as may be learnt from their works; for it is only by degrees and by successive authors that loss of hair, ulcers of the tonsils, affections of the bones and of the testes, were mentioned. *These manifestations of syphilis either did not appear at once, or their relation with the syphilitic poison was only gradually discovered.*"—(Lettsomian Lectures.)

Since, then, the semeiology of syphilis is allowed to have been very imperfect in the sixteenth century, it is reasonable to infer that at an earlier date it must have been more so. It appears to me, therefore, not less irrational than illogical to question the existence of syphilis before the year 1494, simply because before that time we have no perfect description of the disease.

As scarlet fever and measles were long confounded, so it is probable were syphilis and leprosy; and we find a writer in the 'Philosophical Transactions' for 1731-2 advocating such an opinion. "Local venereal affections," says Mr. W. Becket, "of a contagious nature had been known in Europe long before the year 1500; while under the vague name of leprosy a state of disease prevailed which, in many of its features, corresponded with lues. The former was likewise believed to be communicable through intercourse of the sexes." Mr. Becket believes it possible that syphilis may have lurked amongst the diseases grouped together as leprous, its connection with the recognised local venereal affections being overlooked; and this opinion seems borne out by the following passage from Peter Martyr's letter to Lusitanus, in 1488, in which he alludes to a supposed new disease:—"Qui appellatione Hispanâ Bubarum dicitur; ab Italis, Morbus Gallicus; Medicorum Elephantium alii, alii aliter appellant."

It is evident, then, to any unprejudiced mind, that syphilis existed, under a variety of names, long before the siege of Naples, in 1494; but so warped have been the opinions of syphilographers by their zeal for the authority of Astruc, that one and all, with few exceptions, have pertinaciously stuck to this siege of Naples fable. That it is a fable is evident, from the following statement of Mr. Bacot:—"As early as 1488, Peter Martyr, who was physician to the King of Spain, writing to Arius Lusitanus, the Greek professor of Salamanca, adverts to the new disease of their times, and specifies the "membrorum hebetudinem, juncturarum omnium dolores, ulcerum et oris fœditatem," which accompany it. Now, the same physician was at Barcelona when Columbus made his appearance there after his first voyage; but he does not say a word about the importation of the disease in any of his writings. Neither (continues Mr. Bacot) does Columbus, nor his son Ferdinand, who wrote the history of his father's life, in which he gives a description of all the diseases which afflicted the Spanish adventurers up to 1495" (Mayo 'On Syphilis').

Mr. Mayo adds: "If there is truth in this testimony, it seems to prove that siphilis existed, and had become partially known, before the commonly-supposed era of its origin."

Many of Astruc's cotemporaries, as well as previous writers, maintained that in the epidemics of Hippocrates were to be found unmistakable allusions to syphilis. Whether this opinion was well founded or not, Astruc's arguments against it are certainly invalid:—"Quod si remotis præjudiciis consulantur loca ipsa indicata, liquebit inde luce meridiana clarius, Hippocratem ne somniasse quidem de lue venereâ, sed pestilentiam descripsisse. Morbi nempe, de quibus loquitur, acuti, epidemici, cum febre conjuncti. . . . Cum e contra lues venerea, chronica et sporadica sit, sine febre invadat et solo veneris usu propagetur. Adde morbos illos curatos fuisse vel sponte, quod lui venereæ non convenit, vel saltem methodo, quæ ad luis venereæ curationem plane inefficax esset."—(Astruc 'De Morbis Venereis,' cap. 2.)

(To be continued.)

SCIENTIFIC ARTICLES.

ON THE OPERATION OF ASTRINGENTS ON THE URINARY ORGANS.

Lewald has proved that small quantities of acetate of lead, given in Bright's disease, diminished the excretion of albumen by the kidneys; and he conjectured that in a healthy condition of those organs the quantity and constitution of the urine were changed by the use of lead. The observations of Mosler and Mettenheimer, made to determine this point, were conducted in the case of a person of twenty-six years of age, suffering from a somewhat advanced state of tuberculosis, for the arrest of which the acetate of lead had been administered. The functions of the kidney were normal, and the mode of living and the diet were carefully regulated and watched, and the proportion of urine and fæces was accurately ascertained every twenty-four hours. The period of the experiments was divided into five sections—namely, 1. Eight days of observation without the employment of any medicine. 2. Eight days during which 3 grains of acetate of lead were administered three times daily, and reached 72 grains altogether. 3. Eight days during which 3 grains of acetate of lead were given four times daily, amounting altogether to 96 grains. 4. Five days during which 3 grains of acetate of lead were given six times daily, amounting to 90 grains altogether; and 5. Eight days without any medicine. The following were the results of the experiments:—1. The weight of the body was not particularly reduced until the middle of the fourth period, when there was a diminution amounting to five or six pounds, probably owing, however, to an affection of the stomach, for the weight again increased when this affection was removed. 2. From the results of the experiments, it appeared that the acetate of lead limits the excretion of urine, even under normal conditions. In the first period, the quantity of this fluid amounted to 2128 cubic centimètres; in the second to 1805; in the third to 1979, and in the fourth to 1750. It is probable that this result is to be attributed to the astringent operation of the lead upon the vessels. 3. As to the influence of lead upon the specific gravity, the reaction, and the colour of the urine, the reaction remained always acid, the colour varied from yellow to reddish-yellow, and yellowish-red, and lastly to brownish-red, and the excretion of the solid constituents of the urine was diminished during the employment of the lead. 4. The excretion of urea was diminished during the use of the lead, reaching in the first period 39,941 grammes, in the third period 25,877, and in the fourth 24,308. The urea appeared to diminish in exact proportion to the quantity of lead administered. 5. The chloride of sodium and the sulphuric acid of the urine were diminished during the use of the lead, and in exact proportion to the greatest dose of the drug; but the proportion of sulphur was relatively more diminished than that of the chloride of sodium. Mosler and Mettenheimer propose the question as to the dose of lead which may be taken without injury. It is a well-established fact that large doses, not too long continued, are much less injurious than a longer use of small doses, and also that one individual is more liable to poisoning than another. In the case recorded, no remarkable disturbance was caused during the lead-treatment; but after the administration of 240 grains, appearances of poisoning were developed, and attained a rather high degree. They gradually disappeared, but less from the application of the usual antidotes than from the employment of abundant injections of warm water. The proportion of urine was during this time very much reduced. It may be remarked that the employment of the lead exercised a very favourable influence upon the tubercular affection.—DR. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

KING'S COLLEGE.

DISEASES OF THE FEMUR.

(Continued from page 36.)

A sinus is nothing more than a fistulous ulcer, of which the sides are sometimes hard, dense, unyielding, and not unlike the appearance presented on its surface by an indolent sore; the hardness and density may amount to a semi-cartilaginous condition, which, at first occasioned by the non-union of this long and unhealthy ulcer, comes at length to be a positive hindrance to a junction of the sides by any uniting processes.

The walls of these sinuses are not, as they appear to be, lined with a kind of mucous membrane, but are merely composed of a number of imperfectly-formed granulations, which exude a thin ichorous matter, and which present the appearance of a mucous tissue.

The course and starting-point of these sinuses are matters of no little import, as by them we are guided to the exact seat of mischief, and are thus led to discover the condition of parts at that point whence the discharge emanates. If they originate in an abscess, we may be able to pass our probe along the track of the sinus into the sac of the abscess; but if dead bone lie at the bottom and be the cause of the flow of matter, we may not always be able to discover it, because in some instances there may intervene either healthy bone or a firm plastic material which will cover it in and prevent the contact of the searcher with the dry bone.

There are cases in which the probe will be unable to reach the cause of the sinus, and this may arise from the great tortuosity of the sinus itself, whereby the instrument cannot be got to traverse its channel.

In the form of coxalgia, of which we are speaking, the sinuses are for the most part in or about the upper part of the thigh, showing that the disease is caries of some part of the upper end of the femur rather than necrosis of the acetabulum, or other portion or portions of the pelvis.

Should our endeavours to procure a good and useful limb by means of anchylosis be crowned with success, there is no further need for interference; but should failure attend our efforts, then, as a last resort, we have it in our power to excise as much of the head of the femur as may be diseased.

The operation consists in the following steps:—The patient being placed under the influence of chloroform and upon the unaffected side, a T-shaped incision is made over the diseased extremity of the femur; the vertical cut must extend from above downwards, and for a distance of about six inches, or even more should the bone be diseased below the termination of that incision; while the horizontal cut must be made at about right angles with the former, and so as to traverse across the trochanter major. It may not, however, be necessary to make such extensive incisions as these; for, if the gluteal or upper femoral region be riddled with the apertures of sinuses and be undermined with the canals of the same, it will be sufficient to pass a

director down to the dead bone, and guided by this instrument, to open up the tissues till the bone be reached.

Having come down upon the bone, the soft tissues are all well cleared away from it and protected from any danger by means of retractors. In order to be able to effect isolation of the head and upper part of the femur from the surrounding parts, the entire leg must be adducted at the same time that it was well rotated inwards, and, by being pushed upwards, made to present itself prominently or to actually protrude through the wound made in the integuments. When we have discovered the exact amount of disease the saw is to be applied below the bone so affected ; in this—the femoral—form of morbus coxæ we shall generally find it requisite to remove all that part of the thigh-bone which is above the trochanter, and likewise to include that tuberosity, since its cancelli are in the majority of such cases infiltrated with the peculiar cheese-like matter of struma.

It must not be omitted, after the removal of the upper portion of the femur, to examine carefully that part of the bone which lay in immediate connection with the disease, lest it also be involved in the morbid action, and we, without knowing it, leave it in, only to perpetuate the evils we had hoped by our operation to have removed. If, then, specks of dead bone are detected, they should be gouged out and the bone around each speck be well scraped, not only to insure the complete removal of any piece or fragment of carious or necrosed bone, but also to excite the healthy osseous substance to increased and reparative action, and to the throwing out of healthy granulations.

The wound is now to be closed ; the limb brought into the straight position, and to be maintained in this position by the aid of the long splint, extension being made in the ordinary method, or by obtaining a purchase on the upper part of the opposite thigh, as is recommended by Mr. Fergusson.

By Mr. Erichsen the bracket thigh-splint is advised to be used, instead of that to which we have just made allusion.

History of the operation :— In the year 1821, the operation was performed by Mr. Anthony White ; as, however, it met with great opposition from the Profession generally, and more particularly from Sir Everard Home and other leading men, by whom it was considered to be worse than useless, it fell into disfavour, and consequently into disuse, till, in the year 1845, it was revived by Professor Fergusson, and established as a legitimate operation, by his energetic efforts, as well as by those of Henry Smith, Haynes Walton, Simon, Buchanan of Glasgow, and Jones of Jersey.

Mr. Hancock also has contributed the weight of his influence to the establishing of the operation.

The following words we quote from the work of Professor Fergusson :—"Even yet experience as to the results of this operation is so limited, that I can scarcely say more on the subject than express a belief that, in some instances of disease, and of gun-shot injury of the neck or head of the bone, such a proceeding might be of service."

The results of the operation :—

First, as concerns the preservation or loss of life, in immediate connection with the operation.

On this head we cannot take upon ourselves to speak with statistical correctness, since records of the operation are either wanting altogether or not advanced in sufficiently large numbers to warrant their citation in either confirmation or disapproval.

As far, however, as a computation can be made, it is allowable to state that by the performance of this procedure many lives have been saved. Indeed, when the surgeon determines upon this operation, it is not so much for the sake of saving a limb as for the purpose of preserving life ; because in the disease of this joint—the disease involving, it may be, the pelvic bones or the femur—the danger to life is imminent.

This is a consideration with which, in the case of excision of other joints, the mind of the surgeon is not influenced to so large an extent.

The results, then, as far as regards life and the preservation of the patient's limb, may, upon the whole, be set down as satisfactory.

There is now to be weighed the condition for use in which the limb is placed after the operation. And this is by no means unsatisfactory. True, there are shortening to the extent of about three inches, a loss of the power to abduct or to rotate the limb outwards, a certain amount of stiffness dependent upon the fixidity gained for the entire leg by the anchylosis—which, it is to be remarked in passing, is of the fibrous and not the osseous character. But these apparent ill consequences are of no moment and are unworthy of consideration, when we see and reflect upon the good obtained for the sufferer.

The shortening is not greater than is created by the luxation upon the dorsum of the ilium, and which is attendant upon the later stages of the disease ; the limb, though the power to abduct or to rotate it outwards be lost, can yet be adducted, and, with every facility, flexed upon the pelvis ; the stiffness is not so great as to hinder motion ; and though the entire member may be not as facile in its own immediate movements as that of the opposite side, yet are there great powers of motion, and diversity of the powers, gained by these increased and ready mobility of the lumbar vertebræ. The entire limb, after the lapse of some time, comes to be of excellent condition, of material use and value to the patient, and, being well nourished, answers every, or almost every, purpose for which it was originally intended.

Caries of the great trochanter sometimes occurs independently of any hip-joint affection.

The diagnosis can be made without much difficulty, by passing a probe through the sinuses down to the bone, which will then be ascertained to be diseased. The area of the disease may in this manner likewise be detected.

The method of examination which we would adopt for the discovering of disease of the hip-joint being put into practice, will show us that this point is not involved in the affection of which we now treat.

In the treatment of this disease of the femur the sinus or sinuses leading to the bone should be opened up, the bone reached, and as much gouged away as may be found to be diseased. If the morbid action has extended itself into the interior of the head of the femur, the bones so implicated should be removed most carefully, in order that the joint may not subsequently become engaged.

In our manipulations we must remember how close we are to the joint, and must observe the greatest possible caution, lest we open into the interior of the capsular ligament, and so inflict upon the joint itself an injury which it would be almost beyond our power to make reparable.

The abscesses may point anteriorly, though they may have commenced posteriorly ; or they may burrow under the tensor vaginæ femoris, and then burst just below the attachment of that muscle to the facial covering of the thigh ; or they may pour their contents posteriorly and appear on the buttock ; or, again, they may traverse down along the fascia lata, and then open about the knee-joint or in some other place of the leg below that articulation.

Perhaps the most common situation of these abscesses is under the gluteal muscles. But wheresoever they may be present they have the effect of altering the action of muscles by stimulating them—in the same manner as would any foreign body—or parts of them to increased or unwonted action. Hence the change in the positions of the limb as the disease advances, and to which we have already made reference.

These abscesses, no matter where they may point, should be opened early and free vent given for the matter ; but it may burrow very extensively and so destroy the cellulo-areolar tissue, which is placed between the several planes of muscles.

It is not usual in the femoral variety of morbus coxæ to have pelvic abscesses form ; when, indeed, such an occurrence takes place, we may suspect either that the disease of the femur has involved the acetabulum, or that the pelvic bones are themselves the true situation of the affection, there being no involving of the bone of the thigh.

Another of the sequelæ of the affection upon which we are treating is the establishing of unhealthy sinuous openings leading from the interior of abscesses or from the place where a fragment of dead bone is lying, and by its presence occasioning more or less irritation and the keeping up of an unhealthy discharge.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XXI.

COLLODIUM AND PYROXYLIN.—Following the alphabetical order we have adopted, we come next to collodium; but it will be convenient first to mention the substance the solution of which in ether and alcohol constitutes collodium. *Pyroxylin*, or gun-cotton, is made by immersing cotton in a mixture of sulphuric and nitric acids. When this is done, a peculiar change is effected in the cotton, the exact nature of which depends upon the strength of the nitric acid employed. It must be stated that the only object of using sulphuric acid is to withdraw water from the nitric acid; further than that, the sulphuric acid does not affect the reaction.

To render intelligible the change which takes place, we must explain that the formula ascribed by chemists to cotton or cellulose is $C_{12} H_{10} O_{10}$. When the cotton is immersed in nitric acid ($N O_5$) three of these atoms are condensed into one—$3 (C_{12} H_{10} O_{10}) = C_{36} H_{30} O_{30}$, and, according to the strength of the acid, a variable proportion of hydrogen is removed, and replaced by an equal number of atoms of hyponitric acid ($N O_4$), the hydrogen displaced forming water with the surplus oxygen.

The Pharmacopœia, it must be remembered, makes use of the strongest nitric acid (sp. gr. 1·5); and when this is employed nine atoms of hydrogen are replaced by the same number of atoms of hyponitric acid, and thus is obtained what may be called the highest form of pyroxylin, to which the scientific name *tri-nitro-cellulose* has been assigned. The change will be explained by the following equation:—

$$C_{36} H_{30} O_{30} + 9 N O_5 = \left.\begin{matrix} C_{36} H_{21} \\ 9 N O_4 \end{matrix}\right\} O_{30} + 9 H O.$$

This, as we have said, is the change which takes place when the strongest nitric acid is used. But it will be seen that the formula of pyroxylin given in the Pharmacopœia is—

$$\left.\begin{matrix} C_{36} H_{22} \\ 8 N O_4 \end{matrix}\right\} O_{30}$$

a fact which requires a short explanation. The directions for the preparation of pyroxylin were supplied by an English member of the Pharmacopœia committee, under the belief that the nitric acid of the British would be of the same density as that of the London Pharmacopœia—1·42. Later, however, it was decided to adopt the stronger acid; but the formula for pyroxylin was forgotten when the change was made. Now tri-nitro-cellulose (the most explosive form of gun-cotton), which is made by the Pharmacopœia process, is insoluble in ether, and is consequently inapplicable to the preparation of collodium, and moreover, as we have shown, has not the composition represented in the Pharmacopœia. The difficulty, however, is all removed by employing nitric acid of the density 1·42, which, indeed, is specified in the smaller and later edition of the Pharmacopœia. When this is used, a pyroxylin of the composition assigned is obtained, which is soluble in ether. Strictly speaking, this may not be correct, for only seven or six atoms of hydrogen may be displaced; but this is of no consequence, since all the lower and less explosive forms of pyroxylin are soluble in ether.

Gun-cotton was probably first made by Braconnot in 1833, but it is usually said to have been discovered by Schönbein in 1845. One of the first, if not the very first (in 1848), who noticed the fact of its solubility in ether was Dr. Bigelow, an American practitioner, who certainly was the first to employ such a solution in surgery. Since then the use of the solution, under the name of collodion, has greatly extended, and it now appropriately finds a place in the British Pharmacopœia.

As most practitioners will make their own gun-cotton and collodium, we give the respective formulæ, in a few words:—

Pyroxylin.

Take of Cotton, an ounce;
Sulphuric acid, five fluid ounces;
Nitric acid, sp. gr. 1·42, five fluid ounces.

Mix the acids and immerse the cotton for three minutes, continually stirring the mixture. Afterwards well wash the cotton, and dry over a water bath. The exact time th cotton is immersed is of no great moment, so that it is not less than three minutes. The washing must be continued until all trace of acid is removed.

Collodium.

Take of Pyroxylin, one ounce;
Ether, thirty-six fluid ounces;
Rectified spirit, twelve fluid ounces.

Mix the ether and spirit, and add the pyroxylin.

When collodium is applied, the pellicle contracts as it dries, and causes a puckering of the skin, which is a great objection to its use in some surgical cases. We may therefore mention that an elastic collodion which does not contract may be made by adding to the Pharmacopœia compound about one-sixth of its bulk of castor-oil or Venice turpentine. The addition of mastic has also been found to give strength and durability to the pellicle. An excellent blistering collodium may also be made by dissolving four or five grains of cantharidin in an ounce of the Pharmacopœia preparation. Lastly, collodium has been employed as a vehicle for the application of bichloride of mercury and iodine in some skin diseases.

CREASOTUM.—No directions for the preparation of creosote are given in the Pharmacopœia, and the authors have wisely abstained from giving any further account of it beyond what is contained in the words "a product of the distillation of wood tar." The exact process by which creosote is obtained from tar is kept secret by the best manufacturers in this country; but it no doubt essentially consists in the repeated rectification of the products of distillation, the solution of the impure creosote in caustic potash, the subsequent decomposition of the solution by sulphuric acid, and the redistillation of the creosote. This latter part of the process is repeated several times, until the product is obtained colourless.

The creosote so procured from *wood tar* is a mixture of several bodies, among which phenylic and cresylic alcohols are said to predominate.

A similar process carried on with *coal tar* furnishes principally phenylic or carbolic acid, a definite body quite distinct from that intended by the Pharmacopœia.

The creosote imported from Germany is distilled from coal tar, and consists chiefly of carbolic acid; that sold by the best English makers is distilled from Stockholm tar, and contains but little carbolic acid. In odour and appearance the two articles closely resemble each other.

The tests given in the Pharmacopœia are, first, the specific gravity, which should be 1·065. Any admixture of alcohol, or a fixed oil, would, of course, lower the gravity, and the latter adulteration would also be indicated by the translucent stain left, if the creosote were dropped on filtering paper, and exposed to a heat of 212°. The other tests afford no peculiar indications of the quality of the creosote.

MISTURA CREASOTI.—In making this mixture, the Pharmacopœia orders the creosote to be dissolved in glacial acetic acid; but as creosote is only soluble in strong acetic acid, it separates again as soon as the water is added.

CUPRI SULPHAS.—Sulphate of copper calls for but a short notice. The commercial salt is directed to be purified by recrystallization. The most common contamination is

iron, the presence of which will be detected by ammonia. If the sulphate of copper is free from iron, whatever is precipitated by ammonia will be redissolved by an excess of the precipitant, forming a clear sapphire-blue solution.

PARISIAN MEDICAL NEWS.

HOSPITAL DE LA CHARITE.

M. BEAU ON HÆMOPTYSIS—EFFICACY OF PRESSURE AND FARADISATION IN MONO-ARTICULAR RHEUMATISM.

M. Beau recently invited the attention of his class to bilious hæmoptysis, a symptom which, in his opinion, has not hitherto received all the notice it deserves, and which unmistakably occurred in a case at present in the wards. The patient was a woman affected with copious hæmoptysis, coincident with a bitter taste in the mouth and vomiting of bile. In accordance with the precepts laid down by Stoll, M. Beau at once prescribed the following emetic :

℞ Pulv. ipecac. gr. xv. ;
Antimon. tartarati, gr. ij. ;
Aquæ, ℥v.

To be taken in two doses at an interval of ten minutes. The object of the association of tartar-emetic and ipecacuanha is to secure the emetic action of the remedy ; either drug, separately administered, sometimes fails in producing the desired effect, which, on the contrary, is induced with certainty when both are simultaneously exhibited. In the present instance, a large amount of bilious matter was soon ejected, and the spitting of blood was immediately checked.

Bilious hæmoptysis may be idiopathic, but this is seldom the case. In general, the spitting of blood is connected with chronic tuberculosis revived by the coincidence of gastric disturbance, and giving rise to a form of hæmoptysis which deserves the denomination of bilious, an appellation fully justified by the immediate effects of the emetic. M. Beau disclaims all belief in the alleged astringent and hæmostatic virtues of ipecacuanha ; the very short period during which this powder is retained by the stomach shows that it must be considered merely in the light of an evacuant ; and if the drug has been found beneficial in dysentery, the fact must be ascribed to the removal by its agency of a bilious condition of the *primæ viæ*. It is for the same purpose that the Professor exhibits ipecacuanha to persons affected with tuberculosis, in whom it effects a degree of improvement so marked as sometimes to lead to an entire recovery.

Another suggestive and interesting case of hæmoptysis was observed at the same time in the wards.

The patient was a woman who had been admitted into hospital awaiting her confinement, and who also had several attacks of hæmoptysis, which M. Beau hesitated to ascribe to pulmonary tuberculosis, on account of the infrequency of the progress of phthisis during pregnancy. The only physical signs discoverable on auscultation were the sonorous rhonchi characteristic of bronchitis, and the spitting of blood was clearly symptomatic of a congestive state of the lung consequent on gestation. Visceral congestion is a circumstance which often coincides with gravidity, and which may occasion various symptoms ; the abstraction of a small amount of blood is then a useful palliative measure. Labour may be relied on to restore the system to its natural condition, and to effect a complete cure.

Most readers are acquainted with the rules laid down by M. Beau for the management of rheumatic fever. We shall perhaps revert to this important subject on some future occasion, but we shall for the present confine ourselves to a reproduction of the Professor's remarks on circumscribed articular rheumatism, a disease which occupies an ill-defined place in medical classifications, and is designated by the terms rheumatic arthritis, mono-articular rheumatism, &c. This affection bears an indisputable analogy to articular rheumatism ; it is, for instance, generally referable to the same cause, viz., exposure to wet and cold, and is attended with severe pain. On the other hand the absence or mildness of the concomitant fever, the tenacity of the inflammatory action which is fixed in one joint, the loss or diminution of the power of motion, and the subsequent tendency to the formation of white swellings, are circumstances which distinguish mono-articular arthritis from common rheumatism.

The joints of the hand or foot are those which are most liable to be invaded. In one of M. Beau's patients the left wrist alone is affected, and the treatment adopted by the Professor has led to results which are deserving of every attention.

The measures resorted to consisted in the application of pressure and of Faradisation.

The object of pressure is to subdue the symptoms of the first stage of the malady, viz., the inflammatory pain and swelling ; the electric action is intended to effect a cure of the subsequent plastic engorgement.

The pressure is applied with strips of adhesive plaster. It sometimes induces pain at first, but this soon decreases and the swelling subsides. The practitioner must, however, not be disappointed if these symptoms reappear, and necessitate a removal of the adhesive plaster. The relief is immediate, but variable in duration ; and when the pain returns with any degree of intensity, pressure must again be instituted, and its sedative effects will now be much more apparent. Two applications are in general sufficient, but a third resort to the same method is sometimes desirable if the pain proves obstinate. A complete cure is thus usually effected.

In the patient who suggested these remarks, these singular alternations of improvement and relapse were observed, but with a gradual and perceptible abatement of the intensity of the symptoms. In this case the disease yielded only after three successive applications of the compressive strips of plaster, in the course of as many weeks. On each occasion the pressure relieved the pain, and restored sleep ; the inflammatory action then returned, but with decreased violence, and finally ceased after the third dressing of the wrist.

Despite its favourable results, this course of treatment would have been insufficient, had not M. Beau resorted to another series of remedial measures calculated to remove the articular swelling which persists after the cure of the acute symptoms, and which it is of the greatest importance to subdue. We allude to Faradisation. In the present case the joint was so swelled that the hand and fingers were utterly immovable. Twice a day sponges moistened in water and secured to the directors of a magneto-electric machine were passed over the articulations,— a method to which M. Beau ascribes far more effectual resolutive powers than can be obtained by any other remedial agent. The electricity is thus conveyed through every part of the diseased structures. The manipulation of the instrument is soon acquired ; and although at first the patients often object to its use, they soon become reconciled to a procedure which affords such prompt relief.

Faradisation was daily applied for a month in the case above noticed. The patient was recommended to clothe herself warmly in the intervals of the operations ; and although she frequently neglected this advice, the swellings rapidly and gradually disappeared, and the hand and fingers recovered full liberty of action. In short, pressure first relieved the pain, and electricity dispelled all fear of subsequent disease of the joint.

We may, in concluding, remark that this is not a solitary instance of the good effects of the medication instituted in similar cases by M. Beau. This gentleman has obtained many equally satisfactory results from this method, and he now unhesitatingly resorts to Faradisation for the cure of articular disease of long standing. He expresses a confident hope that a knowledge of the great resolutive power of magnetic electricity must lead to a more frequent and extensive recourse to this agent, for the cure of a host of chronic affections which have hitherto yielded only to protracted and wearying measures of treatment.—'Journal of Practical Medicine and Surgery.'

EFFICACY OF THE WATERS OF MONT DORE IN CONSUMPTION.

A debate recently occurred at the Society of Hydrology, on a subject brought forward by M. Mascarel. This gentleman practises in summer at Mont Dore, and forwarded some time since to the Society a paper, entitled 'A New Inquiry on the Curative Powers of the Waters of Mont Dore in Tubercular Consumption.' This memoir gave rise to the discussion now briefly alluded to.

The author is a firm believer in the curability of tuberculosis in every stage, and brings forward in support of this view a series of cases collected by himself at Mont Dore and witnessed by MM. Bouillaud, Mélier, Bouchut, Guérineau, Horteloup, &c., and vouched for by M. Desnos, the reporter, as presenting the most satisfactory scientific characters.

Comparing the respective effects of the waters of Ems and of the Pyrenees with those of the springs of Mont Dore in tuberculosis, M. Mascarel explains the superiority of the latter by their much less marked tendency to induce hæmoptysis.

His opinion obtained the all but unanimous assent of the Society, and met with opposition from one member only, M. Pidoux. Notwithstanding our sincere respect for this gentleman's attainments, we must remark that, in this circumstance as in his recent publications on the subject of phthisis, the Inspector of Eaux-Bonnes appears to us to dispose with much too unceremonious a tone of superiority of the conscientious researches of deserving fellow-practitioners.

The facts adduced by M. Mascarel are sufficiently conclusive to invite attention, and M. Hérard expressed himself to that effect. They indisputably prove that the waters of Mont Dore, unlike sulphurous springs, allay pulmonary congestion, and are, therefore, in this respect, preferable, as we have for some time suspected, to the spas of Ems and of the Pyrenees.—'Journ. of Prac. Med. and Surg.'

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number commences with Mr. G. JOHNSON'S second lecture, delivered before the College of Physicians, "On the Laryngoscope." He shows, by a series of illustrative cases, the use of this instrument in distinguishing the various affections of the larynx, and also in proving, by negative evidence, the existence of disease in other parts causing laryngeal symptoms. Thus, for instance, a person was treated for laryngitis, before the invention of the laryngoscope, and, on a post-mortem examination, the larynx was found quite healthy, and the cause of the symptoms was discovered to be a cancerous tumour, filling up the arch of the aorta, and involving the branches of the pneumo-gastric nerve. In another case, apparently of acute laryngitis, laryngoscopic investigation proved that the larynx was healthy, and it was suspected (what afterwards turned out to be the fact) that there was an aneurism of the aorta. In some cases, again, laryngitis is simulated by hysterical patients, in whom no inflammation exists; and, on the other hand, patients, apparently hysterical, have been found to be really labouring under congestion, or inflammation of the larynx. Different forms of syphilitic laryngitis are also detected by means of the instrument, and a guide is thus afforded to appropriate treatment.——Dr. HUMPHRY, of Cambridge, under the head of "Surgical Observations," continues his remarks on Lithotomy, and describes the effects of stone upon the bladder and the system, and shows that large stones are unattended with much suffering or disease. It appears that in process of time the bladder becomes inured to the irritant, and although small stones usually produce great irritation, large ones are often retained in the bladder for many years without inconvenience. It has been supposed that the use of chemical solvents taken into the system has the effect of lessening the size of the stone; but this does not appear to be the case, although these agents may diminish the sufferings of the patient. It appears, in fact, that alkaline remedies do not even always prevent the addition of lithic acid to a stone already formed.——Dr. HYDE SALTER concludes his paper "On Tracheal Dysphagia," and after giving two more cases of the successful management of this affection, he sums up by describing its nature and treatment. He shows that the inconvenience is caused by some irritation or inflammation of the larynx or trachea, that it is a transient affection, and terminates favourably. The dysphagia is less when the chin is bent down than when it is raised, because in the former case the trachea is less stretched. The treatment should be adapted to relieve the symptoms by measures calculated to remove tracheal inflammation, such as sedatives, counter-irritants, rest warmth, &c.——Mr. W. H. FOLKER relates "A Case of Femoral Aneurism, successfully treated by Ligature of the External Iliac." The aneurism appeared to arise spontaneously; and as it was retarded, but not stopped in its growth, by rest and cold applications, it was determined to operate. The convalescence was satisfactory, except that suppuration took place in the sac, and an abscess formed, which, however, burst spontaneously, and the cure was afterwards uninterrupted. As the suppuration was circumscribed, it was thought better not to resort to incisions.——Dr. P. GORDON STEWART relates "A Case of Traumatic Tetanus occurring in a Negro, and followed by Recovery." The affection was traumatic, and the symptoms were very severe. Several remedies were employed, as chloroform, croton oil, calomel, and compound jalap powder, and the spine was vesicated and afterwards dressed with mercurial ointment. Dr. Stewart does not know exactly to which remedy the cure is to be attributed.

'MEDICAL TIMES AND GAZETTE.'

The number of the 'Medical Times and Gazette' which we now review begins with the first of three clinical lectures "On Iridectomy and Glaucoma," by Mr. WHARTON JONES, of University Hospital. The operation—iridectomy—is explained as meaning excision of a portion of the iris, and it is shown to be *central* or *lateral* in the method of performance. The object is to form an artificial pupil; so that when the cornea immediately in front of the pupil is opaque, light may be admitted upon the retina and at least a certain amount of vision gained. Clearance of the cornea is centrifugal. The conditions of the iris and pupil in cases of perforating ulcer of the cornea are mentioned. Lateral excision is the more usual, and is done not only in the instance just mentioned, but also when the pupil is occluded with lymph and by adhesions. The

operation is as follows :—The patient lies upon his back, with his head raised and fixed ; chloroform may or may not be administered ; the lids are separated ; the cornea incised where we would have it perforated—namely, near and concentric with its margin—the opening being made by means of a cataract knife, and according to the plan of puncturation and counter-puncturation ; the aqueous humour flows away, and at this stage the iris may become prolapsed, unless adhesions be present to prevent such an occurrence : when it happens, the projecting iris is to be snipped off. Should the iris, however, not protrude, owing to its being bound down by adhesions, it must be seized by the forceps and drawn out to the necessary extent ; at the same time, great care must be taken not to wound the capsule of the lens. Little or no bleeding takes place from the cut iris, unless it be in some way unsound. The object of the operation is to evacute aqueous humour so as to allow the vitreous body and lens to press against the iris and cause it in turn to press against the cornea. The corneal wound quickly unites, and the eyeball regains its natural rotundity. The aqueous humour is stated to be derived from the blood of the ciliary processes, and not from the lining membrane of the aqueous chambers, nor from the iris. In cases of irideremia there is nevertheless abundance of aqueous humour. Blood effused into the chambers of the eye is rapidly effused. Evacuation of aqueous humour, as introduced by Mr. Wardrop for dim vision, the result of hypersecretion of that humour, is commented on, and shown to be highly useful and most valuable as an auxiliary to medicinal treatment. Glaucoma is defined to be a diminution of sight, or an entire loss of the sense, with an alteration in the pupil, and a peculiar sea-green opacity at the back of it. The derivation of the word is from γλαυκος, sea-green. The peculiar opacity of this affection has been proved by Dr. Mackenzie to be dependent upon an alteration in the lens, which body, though transparent, reflects much of the light thrown upon it. This coloration is shown to be merely incidental, and not a pathognomonic sign of the disorder, and is often found existing in old persons who are free from all ophthalmic diseases. Great general venous congestion of the eye, but especially of the choroid and retina, is the essential characteristic of glaucoma, the humours being all transparent ; the arteries, owing to venous compression, are slender and pale. The conditions of the other structures of the eye, viz., of the choroid, the external veins, the iris, the humours, and of the lens, are severally pointed out.——Dr. HARLEY continues his lectures "On the Urine and Urinary Organs," hippuric acid being the subject selected for consideration, and discussed in its chemical, physiological, and pathological bearings. Having passed this in review, he then directs attention to the chloride of sodium or common salt. ——Dr. THOROGOOD communicates a paper in which is shown the curative effect of "Belladonna in Certain Forms of Epilepsy."——Dr. COGHLAN contributes "Notes on Dysmenorrhœa and Sterility."——Drs. JACKSON and BULLEN have articles, the former "On Amaurosis with Hemiplegia ;" the latter, "On the Removal of a Large Neuroma from the Median Nerve."——"The Action of the Bromide of Potassium" is the subject of a paper sent in by Dr. WILLIAMS. In this he shows the benefit to be obtained from the medicine in cases of epileptic convulsions.

REVIEW OF BOOKS.

Exanthematous Diseases : their Rational Pathology and Successful Treatment. To which are added, Remarks on Hooping-cough, Diphtheria, Croup, Laryngismus Stridulus, Chorea, and Erysipelas. Illustrated by Details of Numerous Cases. By John Pursell, M.D., F.R.C.S.E. Pp. 103. London : Churchill and Sons. 1864.

The principal object of Dr. Pursell in writing this little book appears to be to show the efficacy of quinine or cinchonine in the treatment of the diseases mentioned in the title-page ; and the use of these alkaloids was suggested to his mind by the remittent character which he states he had generally observed those maladies to assume. In his description of the symptoms of the diseases mentioned, and of their varieties, it does not appear to us that Dr. Pursell has exhibited much originality, or has introduced any novelty ; and in some instances—as, for example, in describing diphtheria and croup—he does not seem to have made himself thoroughly acquainted with the recent literature of those subjects. Again, that most of the exanthematous affections exhibit a certain periodicity in their course is quite true, but we are not sure that their remittent character is so striking as Dr. Pursell would represent ; and therefore we can scarcely agree with him in the peculiar efficacy of the cinchona alkaloids in their treatment. The general application of tonic and supporting measures in such diseases is, however, no doubt beneficial.

On Poisoning by Diseased Pork. Being an Essay on Trichinosis, or Flesh-worm Disease : its Prevention and Cure. By Julius Althaus, M.D., M.R.C.P. Lond. ; Physician to the Royal Infirmary for Diseases of the Chest. Pp. 34. London : Churchill and Sons. 1864.

The substance of this essay has already appeared in the pages of a medical contemporary, and we have previously noticed the chief points brought forward by the author on the very important subject of trichinosis. Since the appearance of the original papers and the publication of the present essay, Dr. Althaus has made several additions, in consequence of the development of new facts in connection with the trichina disease. We consider Dr. Althaus's essay, in its present form, to be the best monograph which has hitherto appeared on the subject of trichinosis.

MR. BAKER BROWN'S services to science and practice have lately received a new recognition on the continent. The Société des Sciences Médicales et Naturelles of Brussels has lately conferred on Mr. Brown the title of corresponding member, the diploma being accompanied by an extremely flattering letter from the President of the Society.

THE LATE APPOINTMENT OF APOTHECARY IN DROGHEDA WORKHOUSE.—The name of the gentleman who was appointed apothecary in the Drogheda Workhouse at the last meeting of the Guardians is M'Greevy, not M'Creedy, as erroneously printed in this Journal last Saturday. Surgeon M'Greevy is highly respected both in Antrim and Lurgan, where he has heretofore resided. So long ago as 1857 the inhabitants of Antrim presented him with a valuable gold watch and chain and a purse of sovereigns for his unwearied attention to his professional duties and his self-sacrificing devotion during the awful visitation of the scourge of cholera amongst the poor of that town. We have no doubt Surgeon M'Greevy will give every satisfaction in his new sphere of labour, and fully sustain the high opinion the Guardians here have formed of him.—'Drogheda Reporter.'

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 27, 1864.

HOMŒOPATHIC STATISTICS.

It has sometimes been said, and with considerable truth, that statistics may be made to prove anything. You have only to exclude some class of cases which might tell against you, or include others which may tell in your favour, and afterwards do as you like with the rest, and then your statistics are ready for use. One of the most amusing specimens of this kind of statistical cookery which has lately fallen under our notice is a Report of the Leopoldstadt Homœopathic Hospital at Vienna, for the year 1861—a document which is admirably calculated to effect the purpose for which it was no doubt designed—namely, to gull the public. The names of all the diseases, on the principle *omne ignotum pro magnifico*, are given in Latin: thus, hiccup is singultus; gum-boil is parulis; chilblains are perniones; mumps are parotitis, &c.; and although these and other diseases of a similar kind are not particularly important or severe, it appears that the cases are all treated as in-patients, and the period of their stay in the hospital is accurately measured.

The mortality at this establishment is so wonderfully low, that we are surprised that any people ever die at Vienna; and, indeed, if the success of homœopathic practice should continue to be so great at the city in question, Rokitansky and other morbid anatomists who have hitherto made their post-mortem examinations by the thousands every year, will soon find that their "occupation's gone," and that there are no bodies for them to dissect. Out of 818 patients at the Leopoldstadt Homœopathic Hospital, only 17 died, being in the proportion of about 2 per cent., a result which is perfectly astounding as compared with the mortality at other establishments. The time occupied in the treatment of the above patients amounted to 13,013 days, giving for each patient an average of 15·9 days.

On examining these statistical tables more closely, we are led to admire the sanitary condition of Vienna, and at the same time to congratulate the inhabitants of the Austrian capital on their apparent immunity from those serious diseases which we know to prevail in other parts of the world. Disease does indeed occur, but the serious forms of it are comparatively unknown if we are to believe the tables before us, because we presume that the authorities of the hospital do not turn away from the door those cases which are acknowledged to be difficult and dangerous, but take them all as they come. We accordingly find among the 818 cases recorded, that there were only nine of tuberculosis of the lungs, of which only two died; only three of cancer, all of which recovered; only one of syphilis, which of course recovered; only one of apoplexy, which also recovered; one of meningitis, which likewise recovered; and only five of disease of the mitral valves, and even of these two were relieved.

On the other hand, we find that diseases not considered either serious or generally fatal by the Medical Profession figure very largely among these 818 cases treated as in-patients, and remaining under treatment for an average of 15·9 days. Thus, for instance, common colds, under the imposing names of catarrh. laryng. acut. and chron., catarrh. pulmon. acut. and chron., amount to fifty-seven cases, all of course terminating in recovery; common sore-throats, under the name of angina, amount to thirty-two cases; of gum-boils there are nine—exactly the same number as those of pulmonary consumption; common diarrhœa, under the names of catarrh. gastro-intest. and chron., affords no less than ninety-three cases; and amenorrhœa, and chlorosis, and dysmenorrhœa, account for forty-seven more. That some sort of selection is observed in the retention of the cases is very evident from the admitted fact, that nine cases of variola were sent away to another hospital—whether homœopathic or otherwise, we are not informed. This dismissal of the small-pox cases strikes us as rather unfair, because, if the principles of homœopathy are true and the practice successful, small-pox ought to be as amenable to treatment, and to afford the same proportion of extraordinary cures, as any other disease.

A large city which, out of 818 cases of disease, affords only nine of pulmonary phthisis, one of scarlatina (cured), three of cancer (all relieved), one of apoplexy (cured), one of meningitis (cured), two of white swelling (cured), must be in an enviable state of salubrity; and it may be assumed that in other forms of disease either the type of the malady was mild, or the treatment was almost miraculously successful; for, out of eighteen cases of peritonitis, only one died, and out of 154 cases of acute, subacute, and chronic rheumatism not one fatal case occurred! We are not, indeed, surprised that the case of hiccup (singultus) recovered under the use of the globules, and that the chilblains and the gum-boils were treated with equal success by the same method—aided, perhaps, by warmth and food in the one case, and probably by the gum-lancet in the other; but the cures in other cases really almost surpass belief: apoplexy is cured, meningitis is cured, white swelling is cured; while even cancer and valvular disease are relieved.

But on examining the details which have been furnished in reference to some of the cases, our incredulity is partly diminished. Thus, for instance, we are favoured with some particulars as to the case of apoplexy; and we find that the patient was a strong, stout woman, who was seized with temporary unconsciousness, and who was treated before she arrived at the hospital by *ice to the head and a strong purgative*. By the time she came to the hospital she had regained her consciousness, and the cure (?) is complacently attributed to the homœopathic inanities which she was directed to swallow when all dangerous or important symptoms had disappeared or were disappearing. We have sought in vain for any information of a detailed description, of any of the other wonderful cures, and the person who has drawn up the report is entirely silent as to the extraordinarily small proportion of phthisical cases, the diagnosis of the cancerous ones, the treatment of the cases of peritonitis, and many other points on which accurate information would be very desirable.

But, *en revanche*, the compiler details the particulars of the common colds, which we are told were very frequent, and all recovered under globulistic treatment; and we may very safely assert that if these fifty-seven cases, pompously described as pulmonary and laryngeal acute and chronic catarrh, had been put into a comfortable room, and had been subjected to no treatment at all, except an allowance of ordinary food and protection from the inclemency of the weather, they would all have equally recovered.

In many of the cases, therefore, we may be satisfied that the homœopathic treatment did no harm, and that it was equally immaterial to the result whether the patients took the decillionth of a grain of sugar, or flint, or chalk, or anything else of the same kind, and in the same doses. But we are not so sure that, on the showing of the homœopaths themselves, many of the cases were not cruelly neglected, and that the sufferings of the patients were not needlessly prolonged by the non-administration of suitable remedies. Thus, for instance, we are told that a poor girl was allowed to die of anæmia, in whose body, after death, nothing was found except a shrivelled, lax, and bloodless condition of most of the internal organs, and a few scars of ulcers in the ilium. She would probably have recovered under the use of iron, quinine, and nourishing food. Again, we are informed that there were thirteen cases of hemicrania (a form of neuralgia); and we are candidly told (*mirabile dictu!*) that not one was cured, and that *it was not often very easy to relieve the head-ache.* Very likely not by the homœopathic globules; but quinine or arsenic in proper doses would, in all probability, have relieved the sufferings of these unfortunate patients, who, we are told, left the hospital uncured, and who, we hope, were subsequently relieved of their pain by some practitioner who was uncontaminated by the homœopathic absurdities.

We have thus indicated pretty clearly what we think of the Report of the Vienna Homœopathic Hospital, which is probably a type of its kind, and is no worse and no than any other similar institution devoted to carrying out the views of Hahnemann.

SUMMARY OF THE WEEK.

THE BRITISH PHARMACOPŒIA.

As many statements, more or less erroneous, are current on the subject of the British Pharmacopœia, we think it right to repeat what we have on a former occasion observed, that there is no probability whatever that the present work will be withdrawn from circulation, and that those who expect the speedy appearance of a new book will inevitably be disappointed. The edition just sent forth is rapidly being disposed of, but fresh copies will be supplied as occasion requires; and the only step now being taken in reference to a new edition is the appointment of a committee, consisting of representatives in London, Edinburgh, and Dublin, to examine into the defects of the present work, with a view to a new edition at some future period. There is not the slightest chance that this new edition will appear under at least eighteen months from the present time, and it will then come just like any other second edition of a scientific work, corrected up to the time of its publication. We are no apologists for the British Pharmacopœia, and we have repeatedly exposed its defects and shortcomings in our pages; but, nevertheless, we are aware of the enormous difficulties of the task involved in the fusion of three Pharmacopœias into one, and we are disposed to be lenient to those who have had the management of so laborious a duty, which has required great tact and discretion, as well as the higher qualities of learning and experience. We could, if we chose, point out some of the individuals by whom the leading mistakes in the British Pharmacopœia have been perpetrated, and the obstinacy of a few, and the too ready acquiescence of others, by which objectionable features have been introduced. We shall, however, only remark in general, that national prejudices and prepossessions are hard to overcome, and to this cause many anomalies and incongruities are to be attributed; added to which, the book has been compiled by three committees, all sitting at once in different parts of the kingdom, and consequently unable to work in perfect harmony with each other. It may also be stated, that however eminent may be some of the members of the Medical Council, they are not all good chemists, and none of them are pharmaceutists; and some of the subordinates to whom they delegated their functions might not be, perhaps, the most competent assistants, or the least biassed by preconceived views. But all these difficulties were inseparable from the very idea of forming a National Pharmacopœia; and the present volume, imperfect as it undoubtedly is, is quite as good as could be reasonably expected when the enormous labour of smoothing existing inequalities and overcoming objections is taken into account.

THE COLLEGE OF PHYSICIANS AND THE GOLDEN APPLE.

About the year 1815, the three London Medical Corporations were somewhat in the position of the three goddesses, who exhibited their charms in emulous rivalry to the Royal Shepherd of Mount Ida; but unlike Minerva, Juno, and Venus, who all coveted the glittering prize, the College of Physicians, the College of Surgeons, and the Society of Apothecaries were indifferent to the bauble in the shape of the Apothecaries' Act, and the two former positively declined it; and it was at last pressed upon the latter body by the Government of the day. It must be admitted that the apple at that period was not worth much, and instead of being a ripe golden pippin, it was both sour and immature. Since then, however, it has increased in bulk and in flavour, and consequently in value; and now that the fruit has become completely ripe, the eldest sister of the three corporations has lately viewed it with longing eyes, and, in fact, has managed very recently to get a slice of it, although she formerly refused even to taste it, and turned up her nose at the very thought of its being brought to her table. Our contemporary, the 'Lancet,' is now trying the part of Paris, and is again offering the golden apple

although he has not yet got it into his own hands; and inasmuch as it is not possible to steal the fruit, and nobody is strong enough to take it by force, a novel plan is recommended, namely, to buy it, or rather to give in exchange for it all the respectability which the College possesses. It must be added, in justice to the College, that it repudiates the offer made to it; but still, it might find better means of publishing its refusal of the disgraceful barter than by communicating its sentiments to the Medical public in an obscure corner of a weekly periodical, among its answers to correspondents. The announcement to which we refer, inconspicuous as it is, is evidently dictated by authority, and it tells us that the Brighton Memorial was sent by the Fellows of the College to the Council "simply for the sake of shelving it, without hurting the feelings of the memorialists." The same authority, acting no doubt under what the French press calls "inspiration," tells its correspondents that "there is not the very smallest chance of the College accepting the proposal of giving *ad eundem* degrees to Licentiates of the Society of Apothecaries."

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

In our article on the College of Surgeons last week, we quoted some remarks from a published report of a speech made by Mr. Arnott at the late dinner held by the Fellows of the College. He was represented to have said that the College, without any assistance from the State, had raised up and maintained a splendid museum and library, the former having been declined by the Government of the day, when offered to them by the representatives of John Hunter. Whether Mr. Arnott's speech was misreported, or whether that gentleman's memory had failed him as to the facts, we know not; but it was incorrect to assert that the College had received no assistance from the State, inasmuch as sums amounting to somewhere about 30,000*l.* have been voted from time to time by Parliament for the purposes of the museum. It is quite correct, however, that the College is not maintained by the State, as the sums first mentioned were granted for specific purposes, such as the purchase of specimens and the erection of the new building. With this exception, however, the College has no support from the Government, and its maintenance is entirely derived, as we stated, from the fees paid by candidates for diplomas. We are inclined to believe, also, that Mr. Arnott was incorrect in stating (supposing that he was not misreported) that the Government declined to purchase John Hunter's collection. It was *William* Hunter's museum which was declined.

THE INDIA MEDICAL SERVICE BILL.

In the debate upon the India Medical Service Bill on Friday last, in the House of Commons, Mr. Hennessy moved the introduction of a clause requiring the assistant-surgeons to pass an examination as the condition of their appointment as Indian Medical officers; but although the honourable member argued the point with great zeal, force, and ability, he was defeated on a division, and the Bill has passed the House. He contended that the present Bill was only a device to cover the misconduct of the Government in reference to their treatment of the Medical officers; for, in respect to rank, pay, and general position, they had been so badly treated, that there was a difficulty in procuring candidates for that part of the service. Sir Charles Wood's remarks in reply were unfair and evasive, and he actually argued in favour of his measure from the very facts which ought to have been adduced against him. He showed, what is quite true, that there was a deficiency of candidates for the Medical service under the system of competitive examinations, but he concealed the fact that this deficiency arose from the shameful breach of faith committed by the military authorities towards the Medical officers of the army. He also stated that all he proposed to do by the Bill was to enable the assistant-surgeons in the Queen's army to volunteer, if they pleased, into the Indian service; and he expressed his high appreciation of the benefits derived from competitive examinations. Colonel North believed that Sir Charles Wood's argument would be a very good one if our own army found no difficulty in obtaining medical officers, but he could not see how the deficiency in the Queen's service would be obviated by the assistant-surgeons in that service volunteering into the Indian army. But the Government was deaf to all arguments; and although the subject in question was a Medical one, the opinions and remonstrances of all kinds emanating from Medical men were entirely ignored, and the Bill was passed through the Commons, an irreparable injury having thus been inflicted upon the principle of competitive medical examinations as passports to admission into the Army Medical Service.

LEGISLATION ON SYPHILITIC DISEASE.

The very unsavoury subject of the control of syphilitic infection has been introduced into a Bill in the House of Commons, entitled the Contagious Diseases Bill, which, at the time of our writing, has passed through its different stages, and now only awaits its fate in the House of Lords. It will be seen that the sphere of operations contemplated by the Bill is limited in its locality to certain seaport and garrison towns and camps, and in its duration to three years, after which time it may be abandoned, or its provisions may be renewed, according to the success or failure of the experiment. The following are the heads of the measure, which obviously aims at the check of syphilitic disease among soldiers and sailors:—

"The Bill, with amendments, has been reported to Parliament, and issued accordingly. The enactment, which is to continue in force for three years, is to have effect at Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown, and in the specified limits of parishes, villages, and places included in or contiguous to the towns and stations named. It will be the duty of an Inspector of Hospitals, chosen for the purpose, to supervise a system of Certified Hospitals. The authorities of any hospital, being desirous that such hospital should be certified, if, on examination and report by the Inspector of Hospitals, the hospital appears to the Admiralty and the Secretary of State for War to be useful and efficient for the purposes of the Act, it will be constituted a Certified Hospital, and will be from time to time visited by the Inspector. Power is given to withdraw this certificate, if the authorities think fit to do so, on the report of the Inspector. This system of hos-

pitals will be utilised as follows. Any authorised superintendent or inspector of police, or any duly registered medical practitioner, can lay before the justice of the peace an information; the justice may, if he think fit, issue to the woman named a notice summoning her to appear personally, or by deputy. In event of the person not appearing, or the matter of the information being substantiated on oath or affirmation, the justice may order the woman to be taken to a Certified Hospital for medical examination. The woman may be apprehended for this purpose. The medical authorities of the Certified Hospital will return to the justice, within twenty-four hours, a certificate of the examination made; and on this the justice may, if he think fit, order the authorities of the hospital to detain such woman for medical treatment until discharged by the authorities. In the case of the patient refusing to submit to the examination, or to the medical treatment, or to the rules of the hospital, she may be summarily convicted, and be imprisoned for one or two months."

A QUESTION IN PSYCHOLOGY.

A man has been lately brought before one of the police-magistrates, charged with sending threatening letters to the Prince of Wales, Sir George Grey, Dr. Begley (of Hanwell), and others. The accused person, it appears, had been an inmate of the Hanwell Asylum from July, 1863, till May of the present year. He was admitted on account of his suffering from delusions; and after having been carefully watched, it was considered that the delusions had left him, and he was discharged cured. Dr. Begley, however, lately received a threatening letter from him, and in consequence he was brought before the magistrate, who asked the following question of Dr. Begley:—"May a dangerous delusion exist, leaving the person so affected sufficient soundness of mind to distinguish between right and wrong?" to which Dr. Begley, who has had a long experience in the treatment of the insane, very cautiously replied, "That this was a very much-disputed question, upon which he would rather not express any opinion." Dr. Begley stated, however, that the delusions were such as to make the individual who entertained them dangerous to the persons threatened, and for this reason he (Dr. B.) had put the matter in the hands of the police. A curious feature in the case is that Mr Haswell, a magistrate, and said to be a Commissioner of Lunacy, could not detect any "delusions" during a conversation with the accused, who had called upon him and conversed with him about his future prospects and intentions. If Dr. Begley alone had been threatened, it is very possible that the affair might have been treated with ridicule, or that gentleman might have been left to the mercies of his rather unwelcome correspondent; but as the Heir Apparent to the Throne and the Secretary of State for the Home Department have also been menaced, it is probable that the case may assume a rather more serious aspect. As the laugh has been against the doctors for some time, it is not unlikely that things may take a turn, and that the public will, in common parlance, have to laugh "on the wrong side of the mouth" in relation to the subject of "delusions."

DAMAGES FOR CANCER CAUSED BY A RAILWAY COLLISION.—At the late Durham Assizes, Mr. Hudson, an ironmaster of Sunderland, brought an action against the North Eastern Railway Company to recover compensation for a cancer in the breast of his wife, caused by a blow received in a collision on that railway in September last. The jury returned a verdict for the plaintiff—Damages 400*l*.

GENERAL CORRESPONDENCE.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

SIR,—On 27th April last, you did me the honour of inserting in your Journal a letter in which I endeavoured to show that the simple treatment, so-called, of Fricke, is absolutely and in fact mercurial treatment, seeing that that gentleman uses corrosive sublimate baths in preference to all others.

In MED. CIRC., 25th May last, Dr. Drysdale demurs to my conclusion in this way:—"Dr. Sisson must surely recognise the distinction between the mere topical application of lotions or baths of nitric acid, sulphate of zinc, or corrosive sublimate, which act as topical irritants and astringents, and the constitutional effects of the drug, when rubbed in, inhaled, or swallowed."

Now, Sir, I beg to state that I do not recognise such distinction, simply because no such distinction exists; and I prove the fact by the following extracts from Taylor "On Poisons"—head, Corrosive Sublimate.

"The readiness with which this poison acts through the skin is proved by the following circumstance:—

"M. Cloquet plunged his hands into a concentrated solution of corrosive sublimate, in order to remove some anatomical preparations. He did not wash his hands afterwards; and in about eight hours he was attacked with severe pain in the abdomen, constriction in the chest, painful respiration, thirst, nausea, and ineffectual attempts at vomiting. Under the use of diluents these symptoms were removed, but for eight days he suffered from pain in the epigastrium."

Again, "Dr. Guerard has seen ptyalism produced as a result of three corrosive sublimate baths (ʒj. of the poison to about ten gallons of water), taken at intervals of three days."

After this I think Dr. Drysdale must cease to quote Fricke as a non-mercurialist. I am, &c.,

R. S. SISSON, M.D.

Maida Vale, 16th July, 1864.

THE BRIGHTON APOTHECARIES AND THE COLLEGE OF PHYSICIANS.

To the Editor of the Medical Circular.

SIR,—The medical practitioners at Brighton, who have made themselves so supremely ridiculous and contemptible by their attempt to obtain the licence of the College of Physicians on condition of giving up their certificates from the Society of Apothecaries, ought to be held up by name to the Profession at large, which I believe has not been the case with the 'Lancet.'

These worthies ought to be aware that all the improvements which have taken place in medical affairs in the last fifty years have either originated or been instigated by the Apothecaries' Society, and that the Profession and the public are more indebted to that Society than to any other medical or surgical corporation.

It has been the fashion of late to endeavour to run down and ignore the Society of Apothecaries; and it appears to be the ambition to catch at every paltry mode of adding "M.D." to the title of the young members of the Profession. The public have, however, become enlightened on the subject, and attach no more importance to the letters M.D. than if they signified "Muddling Dunce."

Pray enable us to suppress the vanity which is tending to ruin the respectability of the Profession.

Your old subscriber, D. G. H.

July 20th, 1864.

[The Licence of the College of Physicians confers no right to the title of M.D.—ED. MEDICAL CIRCULAR.]

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—Acting on behalf of the gentlemen whose names are subjoined, I have had much pleasure in forwarding Dr. Fowler a cheque for 13*l*. 13s., as a contribution to the above fund.

Resident as we are in Weymouth and its vicinity, and therefore the better able to appreciate, not only the incalculable amount of labour entailed upon our *confrère*, Mr. Griffin, by the collecting of facts and working of figures in support of the cause of Poor-law Medical Reform, but also the pure, unselfish motives which have inspired him throughout the arduous struggle in which he has so long been engaged, we gladly avail ourselves of this opportunity to unite with the Profession in paying him a well-merited tribute of respect for the ability, energy, and zeal with which he has invariably advocated this important question. And though it is to be regretted that his efforts have not as yet met with the success they have so eminently deserved, still it must be admitted that the concessions recommended in the Report of the Select Committee are mainly due to the persevering advocacy of our indefatigable townsman.

Impressed by these feelings, and convinced that Mr. Griffin, by his disinterested self-sacrificing labours, extended over a period of nearly ten years, has done honour to our calling, we trust that not only the Poor-law Medical officers, but our brethren generally, will display such *esprit de corps* on this occasion as to demonstrate that, as a Profession, we are capable of appreciating such noble herculean efforts made on behalf of suffering humanity.

In the name of the following contributors to the fund, I beg to subscribe myself Yours obediently,

Weymouth, July 18, 1864. J. MOORHEAD, M.D.

	£	s.	d.
Dr. A. Brown, Weymouth	1	1	0
Dr. M. Coucher, do.	1	1	0
W. Fowler, Esq., do.	1	1	0
Messrs. Fox and Rhodes, do.	1	1	0
Dr. J. Lithgow, do.	1	1	0
Dr. J. Moorhead, do.	1	1	0
H. Nathan, Esq., do.	1	1	0
Dr. W. Smith, do.	1	1	0
Dr. H. Tizard, do.	1	1	0
Dr. T. Parker, Abbotsbury	1	1	0
J. W. Pridham, Esq., Broadway	1	1	0
Dr. U. P. Brodribb, Portland	1	1	0
Dr. T. N. Nicholas, do.	1	1	0

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund :—

	£	s.	d.
Dr. Burchell, Shoreditch	0	10	6
Dr. G. W. H. Coward, do.	0	10	6
Dr. M. Greenwood, do.	0	10	6
G. Pound, Esq., Hartley Witney	1	1	0
J. R. Gibson, Esq., Holborn	2	2	0
Dr. Brown, Rochester	1	1	0
J. Kenworthy, Esq., Oldham	0	10	0
R. T. Morris, Esq., Wigan	1	1	0
J. E. Beckingale, Esq., Isle of Wight	1	0	0
C. A. M.	0	10	0
Per Dr. J. Moorhead, Weymouth	13	13	0

Erratum.—July 13th, read "J. Clark, Esq., Shoreditch, 1*l.* 1s.," instead of "1*l.*"

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treasurer and Hon. Sec.

July 20, 1864.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 4TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows of the Society :—Mr. E. Des Forges (South Cave, Yorkshire), Mr. Hartley, Dr. G. Hasenfeld (Pesth, Hungary), and Dr. Wharton P. Hood (Lower Seymour street).

Dr. BARNES exhibited a small fibroid tumour of the uterus spontaneously expelled from a patient who had suffered from metrorrhagia.

Dr. GREENHALGH communicated the result of the case of amputation of the cervix uteri mentioned at the last meeting. The patient died some days after the operation, of peritonitis.

Dr. BARNES, remarking on this case, observed that Dr. Marion Sims' method of removing the cervix uteri was superior to the operation by the écraseur, the surface left denuded being smaller, and the risk of peritonitis probably less.

Dr. FUSSELL, of Brighton, exhibited a specimen, consisting of the uterus of a patient who had died five days after removal of a cancerous tumour from the cervix uteri. The interior of the uterus was found diseased, and there were also fibroid tumours in the uterine parietes.

Dr. ROUTH stated, in the course of a discussion which arose on the merits of different écraseurs, that he had found by experiment that the wire-rope écraseur cut through the tissue of the cow's uterus more readily than the chain écraseur.

Dr. GRAILY HEWITT exhibited an entire ovum of seven months' development which had been forwarded to him by Dr. Whitmarsh, of Hounslow. The ovum had been expelled ten days after symptoms of labour had set in.

DR. J. M. GRANVILLE read a paper

ON THE APPLICATION OF EXTREME COLD AS AN ANODYNE IN THE PAIN ATTENDANT ON PARTURITION.

An examination of the phenomena of labour, more especially in relation to the nature, duration, and intensity of the pain accompanying it, has led the author to the following conclusions :—1st. The actual pain (as distinguished from the sensation of forcing) experienced by the parturient woman bears no definite proportion to the force and efficiency of what (for want of a better name) we term "the pains" of her labour. 2nd. The sensation of pain is not invariably synchronous with the occurrence of uterine contraction, the effects of the latter being perceptible to the accoucheur not unfrequently, during examination, before his patient experiences the former.

From these circumstances, taken in connexion with others well known to careful observers, it may be inferred, that the pain attendant on labour is more directly related to the effects of uterine contraction (perhaps mechanical force operating on nervous tissue) than to the specific muscular act itself.

The reference of the pain to some region more or less remote from the contracting uterus or the dilating external passages (in which the seat of pain might have been supposed to be located) appears to support the last inference ; whilst it clearly points to the conclusion, that the pain attendant on labour is neuralgic in its character.

Acting on this theory, the author has tried the effect of extreme cold as a topical anodyne, and the result has been so constant that, after repeated experiment, he feels confidence in bringing this new method of seeking to alleviate the pains of labour before the Society, and suggesting its adoption by the Profession. The method is applicable in all cases, independent of the condition of the patient,—cold being already in use as a powerful means of exciting the uterus to contraction in cases of extreme exhaustion. It is perfectly free from the dangers so inseparable from the most cautious use of anæsthetics. It is perfectly manageable, and may be safely confided to a nurse ; and its *rationale* is in strict conformity with the well-known principles of physiology. It is not intended to remove, but to alleviate, the pain attendant on parturition. It will be found that the power of the uterine efforts is generally increased, without any corresponding increase in the attendant suffering, the patient being not unfrequently under the impression that the pain has ceased when the presentation continues to evidence the continuance of the expulsive force. This has been very remarkable in some of the cases —the pains appearing to be shortened, when examination has proved them to be prolonged. The actual pain is sensibly diminished, the patients expressing themselves variously, but to the general effect that they are relieved of half their suffering.

The method of the application is of the greatest importance. The cold must be extreme, or it is of little if any service, and it must be persistent.

An apparatus was exhibited consisting of a flat tin box, which is filled with a freezing mixture and applied to the seat of the pain.

Dr. OLDHAM believed some difficulty would be found in determining what was the seat of pain. Madame Boivin referred the pain during her own labours to the neck of the uterus.

DR. ALFRED MEADOWS, M.D., read a paper

ON A NEW MODE OF TREATING CASES OF VESICO-VAGINAL FISTULA.

It was contended in this paper, that the usual practice of keeping the patient in bed for two or three weeks after the operation for the cure of vesico-vaginal fistula is unnecessary, and that, on the contrary, she may be allowed with perfect safety to go about as usual immediately after the operation. The author showed that the reason given for the former practice—viz., that the parts should be kept quiet, is as fully attended to in the plan suggested as in that usually followed, because the movements of the body do not interfere with the quietude of that particular portion of the floor of the bladder where the fistula existed, there being no muscles in this region which can by their attachments prejudicially affect the part in question. With regard to the second consideration,—that the urine should be kept from the surface of the fistula, either by the constant employment of the catheter or by its frequent use,—the author exposed the fallacy of this argument by briefly reviewing the circumstances which exist after every operation of this kind. At first the bladder is quite empty, but, as urine gradually flows into it, the organ becomes slowly distended; and the very fact of this distension taking place by the uniform pressure of the urine, proves that contact of that fluid with every part of the bladder-wall cannot be avoided; no position of the patient can prevent it, and consequently the recumbent posture is not needed on this account, nor is the use of the catheter of any service. Two cases were detailed in which the plan here suggested by the author had been carried out with perfect success. In one, where chloroform was not administered, the patient went about immediately after the operation, and followed her usual avocations. In the other case the patient had chloroform and on this account chiefly she kept in bed that day; but the next day she was allowed to go out, and her cure was equally complete. In both cases the opening was large enough to admit the finger easily; and in one of them it was situate far in the vagina. The author recommended the use of many sutures, merely twisting them, and without either clamp or shot; he also advised that they should be allowed to remain some time to secure firm union, their presence occasioning no inconvenience. One of the cases cited was further remarkable inasmuch as by the process of sloughing which had previously taken place no trace of the uterus could anywhere be discovered, and the patient has continued, for some time past, to menstruate through the bladder.

Dr. OLDHAM thought it a great point to save patients from the irksomeness of wearing apparatus; and by showthat the confinement hitherto considered necessary was not required Dr. Meadows had done good service.

Dr. A. HARRIS related a

CASE OF HYDRO-ENCEPHALOCELE.

The subject of this case was the thirteenth child. A tumour hung from the back of the head at the upper part of the occipital bone; it measured nine inches round, and was four inches and a half long; it contained fluid. The day after birth, four ounces and a half of a highly albuminous fluid were removed by a canula and trocar. Two days later it was again punctured. Nine days later a spontaneous evacuation occurred. The child wasted gradually, and died when three months old.

Mr. NUNN related a case of

DESTRUCTIVE INFLAMMATION OF THE HIP-JOINT IN A PUERPERAL WOMAN.

The patient was admitted into the Middlesex Hospital twenty-seven days after delivery of her second child, complaining of pain, swelling, &c., of the right hip. She had a patchy tongue, glazed fauces, and a pulse of 130. No inflammatory or other disease of the pelvic viscera. According to the patient's account, she suffered some post-partum hæmorrhage, and for three weeks had offensive discharges. The pain in the hip commenced nine days after delivery. The infant was suckled no longer than fourteen days. On the thirty-sixth day Mr. Nunn passed in deeply a narrow bistoury at the back of the trochanter, and gave exit to twelve ounces of pus. On the forty-fourth day rigors came on, and on the forty-eighth day death took place. The post-mortem examination revealed most extensive denudation of the head of the femur, the cotyloid cavity, and neighbouring osseous structures; no invasion of the pelvis by matter through the thyroid foramen; the uterus and other pelvic viscera not visibly affected; in the lower lobe of the left lung a small solidified patch the size of a bean, with a yellowish softened centre. Joint disease the author believed was generally accepted to be one of the consequences of puerperal fever, and under such circumstance to be the result of pyæmia. The question was—Is there a liability to joint inflammation peculiar to the puerperal state independent of ordinary purulent infection characterised by an absence of acute constitutional symptoms? The author related a case by Dr. Fenwick bearing on this point. He expressed a conviction that many analogous cases lay scattered over, and so to speak fossilized in, the experience of accoucheurs; and that it would be well, if his conviction should be justified by facts, that something more definite than is to be at present found in surgical text-books were made available to the student by these cases being brought to light. The obvious practical point was regarding the moment when an incision into the joint might justifiably be made, so as to relieve the system of the grave complication of pent-up matter.

Dr. MARTYN gave the particulars of an interesting case somewhat similar to Mr. Nunn's; the patient recovered, however, after an illness of many months' duration. The abscess should not, he believed, be opened. Rest was very important.

Mr. NUNN, in reply, said that it was curious to observe, in consulting various works, that the surgeons had apparently left the question of puerperal joint disease to the obstetricians, and that the obstetricians had tacitly relinquished it to the surgeons. A very important and highly interesting matter had thus, between the two, not received that elaboration which it required.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28.

Mr. PARTRIDGE, President.

Dr. SAMUEL FENWICK read a paper

ON THE CONDITION OF THE STOMACH AND INTESTINES IN SCARLATINA.

The object of this paper is to prove the following propositions:—1st. That the mucous membrane of the œsophagus, stomach, and intestines, is inflamed in scarlatina. 2nd. That desquamation of the epithelium of these parts takes place. 3rd. That, notwithstanding the anatomical changes in the mucous membrane of the stomach, the formation of pepsine is not prevented. 4th. That the condition of the skin is similar to the condition of the mucous membrane in scarlatina. In support of the first proposition, the microscopic examinations of the mucous membranes of the œsophagus, stomach, and intestines were detailed in ten cases of death from scarlatina during the first week of illness, and in six cases who died in the second and third week of the fever. The first effects of the scarlatina poison upon the mucous membrane of the stomach were shown to be the congestion of the blood-vessels and the stripping the epithelium from the tubes and the surface of the organ, and also the softening of the tissues. The tubes are greatly distended by granular and fatty matters, or by small cells intermixed with granules, and in some cases they are lined

by a newly-formed membrane. Sometimes no normal cells can be distinguished ; in other cases they are present, but are scattered irregularly. After the second or third week the tubes are found less distended than at an earlier period, and whilst their closed ends are still loaded with granular matters, which greatly obscure the gastric cells. These become more evident towards the surface of the mucous membrane. The cells at this period are sometimes very large, sometimes loaded with fat or coated with granules, and seem to have but little adhesion to their basement membrane, as they readily separate from the tubes, but adhere closely to each other. The effects of the inflammation upon the intestines seem, in slighter cases, to consist in the effusion of granular and fatty matters into the mucous membrane ; but in more severe cases the tubes of Lieberkühn are obstructed by epithelial cells, whilst extravasations of blood take place in the villi, and these, with the rest of the mucous membrane, are loaded with small cells and granules. In one case the mucous membrane was entirely stripped of villi, excepting a few fragments which still remained, and the enlarged and prominent openings of the follicles of Lieberkühn gave its surface the appearance of a sieve. In some instances in which the pancreas has been examined, evidences of disease presented themselves. The second proposition was stated to be more difficult of proof, inasmuch as vomiting usually occurs only in the first stage, and the author had no opportunity of examining the vomited matters at this period of the disease. In one case, in which vomiting took place in the third week, fibrinous casts of the stomach tubes were discovered, and inflammation of the mucous membrane was proved to have existed by post-mortem examination. The chief reason upon which the opinion that desquamation of the epithelium occurs was founded, was from the microscopic examination of the contents of the stomachs of those who had died of this disease. The contents in recent cases consisted of pieces of fine membrane, of cells, and of granules and shreds of membrane. The membranes were of the shape and size of the tubes of the stomach, and were covered with granules and fat. The cells varied from 1-1200th to 1-2200th of an inch, and were usually fringed with fine pieces of membrane. In cases of longer duration the membranes were covered with cells, and were also of the size and shape of the stomach tubes. In order to ascertain if these appearances were trustworthy as evidences of inflammation, the contents of the stomachs of forty-five subjects were examined at the Middlesex Hospital, the condition of the mucous membrane being at the same time noted. In only one were there any fibrinous casts, and it was in a case of acute gastritis. In eighteen there were only separate cells, chiefly of the columnar form, and in none of these was there any inflammatory action. In eight cases casts of the upper parts of the tubes were plentiful, composed only of healthy conical cells, and in all the mucous membrane was in a natural condition. In eighteen there were either plugs formed of cells and granules from the secreting parts of the tubes, or the casts of conical cells were overlaid with granular matters, and in all of these the stomach was more or less inflamed. Two cases of gastritis, unconnected with scarlatina, were also quoted as examples of the forms in which casts of the stomach tubes appeared in vomited matters during life, and the author stated he had detected casts of the stomach tubes in matters vomited by persons affected with gastritis connected with diseased kidneys, with inflammatory dyspepsia, and other forms of inflammation of the gastric mucous membrane. It was urged that if casts of the gastric tubes can be discovered during life in cases of gastritis, and if in scarlatina this condition exists, and casts have been found in the stomach after death, there is every probability that desquamation of the epithelium takes place in this organ as it does in the skin and the kidneys. In support of the third proposition, the results of the following experiments were given in three cases of scarlatina :— Ten grains of hard-boiled white of egg were digested at a temperature of 90° for twelve hours in an infusion of the mucous membrane, to which 3 per cent. of hydrochloric acid had been previously added. The average loss of albumen was three grains and two-thirds. Similar experiments performed with the stomachs of eleven males, who died of various diseases at the same hospital gave an average loss of four grains ; so that there had been scarcely any diminution of pepsine produced by the fever. As a contrast to this were the results of similar experiments upon four cases who died of typhus fever. In two of these the albumen had gained three grains of weight by imbibition, and was not at all softened ; whilst in the other two it was softened, and one had lost only half a grain, the other one grain and a half in weight. But as the activity of the digestion must depend, not only upon the relative amount of pepsine, but also upon the bulk of the mucous membrane, this was also attempted to be estimated. The average weight of the mucous membrane of the stomachs of ten males dying of various diseases at the Middlesex Hospital was eighteen drachms, the weight of two recent cases of scarlatina was eighteen and sixteen drachms (the latter being in a boy), whilst it only amounted to fifteen drachms in one who died in the third week of illness. In four cases of typhoid fever the average weight of the mucous membrane only reached eleven drachms. Under the fourth proposition it was stated that the skin had only been examined microscopically in three cases. In the first in which the patient died after a few days' illness, the only morbid appearances in the cutis was an occasional minute extraarsation of blood in the neighbourhood of the sudoriferous ducts. The rete mucosum was greatly thickened, and numerous round cells with large nuclei were everywhere visible, intermixed with the natural cells. The basement membranes of the sweat-glands were thickened, and the epithelium lining them was so much increased that in most cases it obstructed their channels. In some of the sweat-glands the coils of which they were composed were loaded with coagulated blood, and were greatly and irregularly distended. In the other recent case the appearances were similar, excepting that the external layers of the cuticle were stained with blood in minute patches, and the sweat-ducts were also reddened ; but there were no extravasations of blood either in the glands or cutis. In some of the ducts the epithelium was detached from the basement membranes. In the case of a man who died during the third week the sudoriferous tubes were still choked up, but in the glands the epithelium seemed in many places to be torn away, leaving the basement membranes bare, or only covered by ragged particles. The cutis was in a natural condition. The author stated that although he had, in accordance with the usual custom, described the appearances of the skin and mucous membranes as the results of inflammation, yet that certain considerations suggested the idea that the term when so used was perhaps misapplied. In scarlatina, we find that in each part the morbid condition is mostly confined, in the first instance, to the basement membranes, and consists in the formation of layers of new cells, which, in the skin, are transformed into cuticle of natural appearance, and in the stomach contain pepsine. If future researches should prove that a similar condition occurs in the kidneys and other parts, it will be necessary to look upon the structural changes produced as resulting from increased physiological, rather than from pathological action ; and that the primary effect of the scarlatina poison is suddenly and violently to stimulate the natural cell-growth of the various secreting organs.

Dr. WILSON FOX said that he had listened with much pleasure to Dr. Fenwick's very able paper. It had possessed an especial interest for him, inasmuch as Dr. Fenwick's observations on scarlatina confirmed those which he had himself communicated to the Society in 1858, on the condition of the stomach in a variety of acute diseases, including variola, typhoid and puerperal fevers, pneumonia, peri- and endocarditis, cholera, and many others, in which he had found the stomach in a condition very closely resembling that described by Dr. Fenwick, and which, after Professor Virchow, he had designated as one of acute catarrh, the mucous membrane being hyperæmic, swollen, and cloudy-looking, and covered with very tenacious mucus. This condition Dr. Fox had always found associated with a granular condition of the epithelial cells, which were shed

with great facility both from the surface of the membrane and from the interior of the tubes, and were found in great numbers, and often enlarged and presenting multiple nuclei in the tough mucus covering the surface. Dr. Fox said that since he had made these observations he had been in the habit of regarding the furred condition of the tongue in acute diseases as an index of the same irritative production of epithelium through the gastric intestinal tract. He had also at the same time been able to point out, on anatomical grounds, that chronic affections of the stomach were frequently associated with chronic affections of other organs. On some points of detail Dr. Fox said that his observations differed from those of Dr. Fenwick. He had not examined with the microscope stomachs of patients dying from scarlatina, but the appearances which these presented to the naked eye corresponded so closely with those to which he had alluded that he spoke on them with more confidence than he should otherwise feel inclined to do. He still thought, as he had pointed out in his original paper, that the granular matter which Dr. Fenwick described as occurring free in the tubes was really contained in the interior of epithelial cells, and that it was only in the severest cases of acute gastritis, in which the cells became at once broken down, that the granular matter was found free. With regard to the casts of tubes described by Dr. Fenwick, Mr. Fox, not having examined the stomachs of scarlatina patients, could not make any positive observations, but he had never found any in the cases of other diseases which he had mentioned. He had, however, often observed appearances in the mucus having a most deceptive resemblance to casts, from the manner in which the epithelial cells were agglutinated by the tough mucus. He did not think that these casts, if they did occur in the stomach, could be of a fibrinous nature any more than the first epithelial desquamations from the kidney in the early stages of Bright's disease possessed that character; nor was he of opinion that the membrana limitans of the gland separated with the epithelium. He believed that when the membrana limitans (when it existed) was destroyed or injured, the power of reproducing epithelium was impaired or lost. Epithelium often separated in continuous masses from mucus surfaces and from the interior of glands.* Such desquamation was not only exceedingly common under conditions of irritation, but was also under some circumstances a physiological act. It had been noted long ago by Mr. Goodsir during digestion, and many recent observations on this subject were contained in Virchow's Archiv. Dr. Fox was of opinion that Dr. Fenwick's observation, though very valuable as evidencing the participation of the stomach and intestines in the consequences of the scarlatina poison, did not show anything specific in that organ, or peculiar to the disease in question.

Dr. WEBSTER had listened with great gratification to the paper, especially as it confirmed what he had observed as to the employment of remedies in scarlet fever. It gave a great additional value to the minute researches of the author that they had a practical bearing in treatment. Dr. Webster then related instances in which the internal administration of irritating remedies, especially purgatives, did harm. He referred also to the bad effect of articles of diet which were sometimes given to children in scarlet fever to tempt the appetite; and, lastly, alluded to the good effects of sponging the skin with tepid water and vinegar.

Dr. MURCHISON said that he had examined the stomach in twenty cases of scarlet fever, and found, on the whole, similar appearances to those described by the author, but he agreed with Dr. Fox that the granules were in the interior of the epithelial cells. He had not seen any casts. He thought, however, that the author had called attention to an important complication, but he (Dr. Murchison) could not agree that it was of universal occurrence, as he had examined the stomach in several cases of scarlet fever and had found it quite healthy; and, on the other hand, he had found changes like those in scarlet fever in the stomachs of those who had died of other diseases.

The AUTHOR said the question was one of experience, and continued examination would no doubt settle the question. In every case that he had examined during four years, he had found the changes he had described. In some cases of scarlet fever the skin was not affected, and yet it was still called scarlet fever, and just so in a few the stomach might escape. Still we should in a large number find evidence of inflammation of the stomach. The paper was chiefly to draw attention to the subject. In reply to Dr. Fox, he said that he had made the sections straight with a double-bladed knife, and examined them by a low power with a parabolic condenser. He had found casts, best in children who had died a few days after the disease began, but in other cases he had not found them, and sometimes he had only found plugs as described by Dr. Fox. These plugs, he had no doubt, were the result of inflammatory action. After a few further remarks the speaker was obliged to conclude abruptly, as the time for reading the remaining papers was very limited, this being the last meeting of the Society.

(To be continued.)

* Dr. Fox begs us to append to his remarks a fact which he omitted to mention to the Society, that he has notes of a case of acute inflammatory diarrhœa, which came under his observation some years ago, and of which he has preserved drawings of casts of the crypts of Lieberkühn, found in the intestinal mucus.

OBITUARY.

JAMES BIRD, M.D., F.R.C.P., F.R.C.S.

We regret to have to record the decease of Dr. James Bird, late Physician-General to the Bombay Army, and Lecturer on Military Surgery and Tropical Medicine and Hygiene at St. Mary's Hospital. His death took place on the 10th inst., at the age of sixty-seven. Dr. Bird had long retired from the service, but his mind was by far too active and his zeal too great to allow him to spend in idleness the time of retirement. He was a man of great energy and fine *physique*, and took the warmest interest in all that concerned State medicine and the health of armies. In 1862 he was Lettsomian Lecturer on Public and Private Hygiene at the Medical Society of London, of which he was also vice-president and treasurer, taking an active interest in its affairs. Dr. James Bird was a great authority on military medicine and surgery and military hygiene, and we published in the 'Lancet' of 1855 some important lectures from him on these subjects. He was foreign secretary for India of the Epidemiological Society, and a zealous supporter of that useful body. Dr. Bird was much esteemed as an adviser by the medical and military authorities of the army, and his advice was often taken on matters of imperial importance. His contributions to current literature on his favourite subjects of military medicine and general hygiene were numerous and valuable. He leaves many friends, who admired his character and respected his powers of mind.—'Lancet.'

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 20th inst, the following gentlemen, previously Members of the College, were admitted Fellows of the same:—George Harley, M.D., Harley street; James Edward Pollock, M.D., Upper Brook street; William Overend Priestley, M.D., Hertford street, Mayfair; William Wood, M.D., Upper Harley street.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Leo Charles Da Silva, Burntwood, Wandsworth; John Lewis Jones, Carnarvon; John Wickliffe Jones, Assist.-Surg. R.N.; William Skinner, Sheffield; Thomas Haywood Smith, Alcester.

The following gentlemen were reported by the Examiners to have passed the first part of the professional examina-

tion for the Licence:—Francis Bateman, St. Bartholomew's; Stephen W. Bushell, Guy's; Henry Clothier, University College; Thomas Cole, St. Bartholomew's; Henry Cribb, Bishops Stortford; Henry Denne, Guy's; William S. Eccles, St. Bartholomew's; John S. Ferris, King's College; John Gill, Guy's; George W. Malin, Sydenham College, Birmingham; Robert Robinson, St. Bartholomew's; George A. Rogers, Commercial place, Commercial road; Henry Rundle, St. Bartholomew's; Reginald P. Simpson, Gower street; Francis M. B. Sims, Sackville street; Wm. Skinner, Ampton place, Gray's inn road; William A. P. Stuart, University College; John Stuckey, University College; Theodore T. Taylor, St. Mary's; John B. Welch, King's College; James A. White, Salford; Edward F. Willoughby, University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 19th inst., and when eligible will be admitted to the pass-examination:—W. A. Creaser, Hull; W. B. Dawson, London Hospital; G. N. Dunn, Dublin; J. M. Gibbes, St. George's Hospital; Richard Jeffreys, Sheffield; James Kelly, Dublin; Thomas Laffan, Dublin; R. R. S. C. C. Lloyd, Guy's Hospital; F. W. Lowndes, Edinburgh; W. G. Martin, Manchester; W. J. Mountain, Leeds; Alderson Newsam, Guy's Hospital; W. H. Pywell, Guy's Hospital; J. H. Quinn, Dublin; J. D. Rowlands, Guy's Hospital; W. B. Swann, Leeds; T. A. Turner, Charing cross Hospital; James Wickham, Middlesex Hospital.

The following gentlemen also passed their primary examinations on the 20th inst.:—J. W. D. Bain, Westminster Hospital; Merry Clarke, Edinburgh; Petros Constantinides, Canada West; J. E. Coxwell, University College; Francis Derbyshire, Manchester; J. S. V. Fifield, King's College; J. M. Fraser, Canada West; Eustace Greenaway, London Hospital; F. R. Haward, St. Bartholomew's; S. S. M'Millan, University College; W. J. Marsh, Guy's; Campbell Orme, St. Bartholomew's; T. H. Redwood, St. Bartholomew's; William Roberts, Manchester; S. H. Smith, King's College; R. B. Wall, St. Mary's; J. M. Whitwell, University College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th inst.:—John Frederick Foster, Old Court, Guernsey; Henry William Freeman, Bideford, Devon; Henry Hope, St. Bartholomew's; Albert Comberbach Reade, St. Bartholomew's; Duncan Francis Sinclair, Halstead, Essex.

As an Assistant:—Walter Alfred Marsh, New Kent road.

PRESENTATION.—On Thursday evening, the committee of the Cottage Hospital presented Dr. Wyllie with a testimonial, in recognition of his gratuitous services in connection with the hospital during the first six months of its existence. In the absence of the mayor, the presentation was made by Mr. Crapper, who, in very eulogistic terms, referred to the very valuable services rendered by Dr. Wyllie, and the success which had attended his operations, and which was a proof of the doctor's skill and ability. Several other members of the committee spoke in complimentary terms of the manner in which the doctor had managed the surgical department of the hospital. The Doctor, in feeling and appropriate terms, acknowledged the gift, which, he assured them, he would ever cherish with feelings of gratitude, and which would serve as a stimulus to renewed efforts in rendering the hospital as useful as possible. He felt it his duty to acknowledge the assistance he had received from the other medical men in the town, to whom he was much indebted for the readiness with which they had aided him on all occasions. He advised the committee to set about raising a building fund, as the erection of an hospital would not only secure the sympathy and support of the public, but would materially facilitate the efforts of the surgeons and the recovery of the patients. The testimonial, which was raised by voluntary contributions among the members of the committee, consisted of a number of very valuable medical works.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 27.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 28.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 29.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 30.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 1.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 2.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Expeditious Writing: Two New Systems. Stenography. By W. Hall, F.R.C.S. London: J. Stevenson, Paternoster row, E.C.

Prize Poems.

The Treatment of Consumption. By M. Corner, M.D. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. J. MOORHEAD, *Weymouth.*—The communication is inserted.

DR. ROBERT FOWLER.—The list has been received.

D. G. H.—The letter is inserted.

DR. R. SISSON'S letter is published.

From Lower Norwood.—5s. worth of postage-stamps have been received for the distressed family of the late Mr. Edgar Bull, and 2s. 6d. worth for the Griffin Testimonial. These stamps have been sent to the recipients of the respective funds.

MR. J. Z. LAURENCE'S paper will appear next week.

THE Return of Births and Deaths in the City of Dublin has been received.

To the Editor of the Medical Circular.

SIR,—Professional men and others are cautioned against a limping farmer-like man, dressed in a black coat, drab vest and trousers, charged with purloining from my consulting-room a stout silver-mounted cane, knotted one inch apart; much valued because of its being a present. Notice has been given at the Police-office, Scotland yard.

I am, &c., J. K.

July 17, 1864.

DR. B.—We understand that the *Cocculus Indicus* was introduced into the British Pharmacopœia by the influence of a distinguished Scotch Professor, the drug having been previously admitted into the Edinburgh Pharmacopœia.

INQUIRER.—The institution in question is not supported by the money received for diplomas, but the examiners are paid in proportion to the number of candidates who are passed; which we have already denounced as a most unwise arrangement.

MR. R. B.—We have not yet received the information which we anticipated in reference to the probable success of the plan proposed. Without such information we are unable to move in the matter.

A POOR-LAW GUARDIAN.—The licence in question does not confer any right to assume the title of Doctor. It is received by the Poor-law Board as equivalent to a single qualification.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 17.)

Disease of the Right Side of the Heart.—It may be stated in general terms, that valvular disease of the heart is far more common on the left side than on the right; and, therefore, when there is any peculiar difficulty in the diagnosis, the chances are that the left side is affected. The reason why the left side is the most liable to disease may be easily explained by reference to the greater amount of work performed by the left ventricle in comparison with the right, the first propelling the blood to the whole system, and the second sending it only to the lungs. Nevertheless, the right side of the heart *is* sometimes affected; and, although the diagnosis by auscultation is difficult, yet there are collateral circumstances connected with the pulse and the venous circulation, in addition to the stethoscopic signs, which tend to throw light upon the real nature of the case.

When the mitral valves are affected, the murmur is heard over the apex of the heart, and on the left of the sternum; but although the tricuspid valves may be diseased, so as to permit regurgitation (which is not infrequent) this circumstance may be unaccompanied by any morbid sound, or at any rate it may escape detection. No positive rule can, therefore, be laid down for the diagnosis of tricuspid from mitral regurgitation; but when a murmur is heard both at the left side of the apex of the heart, and also at the epigastric region, it may be assumed that both the auriculo-ventricular valves are diseased. When the aortic valves are diseased, there is, as has before been noticed, a murmur over the base of the heart, either single, indicating obstruction, or double, indicating obstruction with insufficiency of those valves; but when the semilunar pulmonary valves are affected (which is not common) the murmur will be propagated along the third costal cartilage of the left side. It is right to mention that Dr. W. T. Gairdner considers that tricuspid regurgitant murmurs are not rare; their seat, when they are heard, is immediately over the ensiform cartilage.

But the examination of the veins of the neck affords valuable information in disease of the valves on the right side of the heart. As the right receives the blood from all parts of the body through the venæ cavæ, it is evident that when the tricuspid valves are obstructed or insufficient the blood will be thrown back upon, and accumulate in the veins which supply the venæ cavæ; and hence, the latter will become turgid and congested. The veins coming from the upper extremities and the trunk cannot of course be seen, but those in the neck are visible; and accordingly it is found that the jugular veins are either simply swollen, or become the seat of actual pulsation, when any cause exists which retards the course of the blood in the right cavities, and especially in contraction or insufficiency of the tricuspid valves.

It may be repeated, however, that the left side of the heart is very much more frequently diseased than the right. The most common murmur is that which is heard synchronously with the contraction of the ventricles, and if it is heard simultaneously over the base and the apex of the heart, it indicates both obstructive disease of the aortic valves, and insufficiency of the mitral valves; and this is a very common, and, indeed, the most common, complication. When a double murmur is heard over the base of the heart, it indicates the existence of obstruction to the passage of the blood, together with regurgitation through the aortic valves; but a diastolic murmur over the apex of the heart is a rare occurrence, even although the conditions for producing it may be present—namely, obstructions of the mitral valves.

(To be continued.)

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,

Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 34.)

The Causes, Diagnosis, and Treatment.

Partial Separation of the Placenta morbidly Adherent.—I shall not enter into the pathology of morbid adhesion of the placenta, as in our present state of knowledge it is not of any practical importance so far as the treatment is concerned. If we were able during pregnancy to ascertain the existence of disease of the placenta, we might perhaps, by appropriate treatment, prevent it from going on to morbid adhesion. Abdominal pain and constitutional disturbance are the symptoms which are said to accompany inflammation of the placenta, but they are not pathognomic of that affection, as they are so often present during the latter months of pregnancy from causes quite unconnected with the placenta. Most practitioners must have observed that women not infrequently suffer from pain during gestation in the uterine and lumbar regions with the pulse quickened, and yet after delivery the placenta comes away easily, and appears perfectly healthy. Sometimes, also, disease of the placenta occurs so insidiously, that it does not give rise to any symptoms.

Diagnosis.—The uterus externally is felt large, and alternately *hard* and soft. The patient complains every now and then of "pinching pains" in the lower part of the abdomen. On making an internal examination, the insertion of the cord cannot usually be reached, showing that notwithstanding the contractions of the uterus, the placenta is still attached. If we draw upon the cord firmly, the patient complains of pain, and on letting it go it is felt to recede. During uterine contraction, the interior of the cervix just within the os uteri will be felt hard, like gristle. The amount of hæmorrhage depends chiefly upon the extent of the adhesion. Should the discharge be slight, we may be pretty sure that nearly the entire placenta is adherent. It depends partly also on the amount of uterine contraction. The hæmorrhage is most profuse when there is inertia of the uterus, as well as partial morbid adhesion of the placenta.

Treatment.—It is very similar to that of hæmorrhage arising from partial separation of the healthy placenta. When the hæmorrhage occurs within a few minutes after delivery, we cannot be certain that the placenta is *morbidly* adherent; because in that short time uterine contraction will either not have commenced, or only occurred once or twice. We should therefore, in such cases, first try strong pressure. If, on the other hand, flooding does not come on until several strong contractions of the uterus have taken place without the afterbirth becoming totally detached, the treatment may be commenced by introduction of the hand, and removal of the placenta. This is one instance in which ergot not only does no good, but does harm. It increases the difficulty of the operation, by making the uterus contract firmly upon the placenta, and it tends sometimes to complicate the case by setting up irregular or hour-glass contraction. When the placenta is morbidly adherent, it is not so easy to detach as when it is healthy. The side to side movement of the fingers does not generally answer; it must be effected by flexing and extending the fingers. If possible, the whole of the placenta should be peeled off *in one piece*; because, on its removal, we can tell with a considerable degree of certainty whether we have taken away the whole of it or not. In some rare cases, the placenta

has to be removed in pieces, and then we can never be quite certain that we have not left a piece behind.

Illustrative Cases.

I.—In the following instance there was suspension of the action of the uterus, as well as adherent placenta:—Mrs. B., æt. twenty-one, primipara, had a very lingering labour. A short time after the delivery of the infant, I found the pulse very rapid and weak. On passing my hand under the clothes to make a vaginal examination, I came in contact with a large mass of clots, lying in the bed. The root of the placenta could not be felt. I compressed the uterus with the hand, but no good was derived. The blood poured away so fast, that in a few minutes I could hardly feel the pulse. I ordered the mother of the patient to administer brandy freely, while I removed the placenta with the hand. About two-thirds of it was attached and strongly adherent. Afterwards, the uterus was kept under command by the hand for a time as a precaution, and no further loss occurred. The patient was very feverish for a few days, but ultimately did well. I may state, as worthy of note, that during the labour, the mother of the patient expressed a hope that her daughter would not flood after labour, as she always did after her confinements. She said she had nearly lost her life after each delivery from flooding, and, in each instance, it was only arrested by detaching the placenta with the hand. I know that some practitioners believe in the hereditary predisposition to hæmorrhage; but the above instance looks very like as if there might also be a hereditary tendency to disease of the placenta. It would be interesting to know the subsequent obstetric history of this patient.

II.—Mrs. T., æt. thirty-five, mother of eight children. The placenta was adherent in four of her previous confinements. For the last six months of the present pregnancy, she has felt a constant pain in the right iliac region. She was attended in her labour by one of the students of the Queen's Hospital. He says that the labour was quite natural, and after delivery uterine contractions set in to detach the placenta. Severe hæmorrhage soon commenced. On examination, the insertion of the cord could not be felt. Applied pressure and cold and gave brandy. In half an hour, that gentleman succeeded in arresting the hæmorrhage, and having waited ten minutes more, sent for me, as the placenta had not come away. One of the rules framed for the guidance of the midwifery pupils of the Queen's Hospital was, that if the placenta did not come away in forty minutes, the student was to send for the surgeon-accoucheur of the district. The rule is not now in existence; it was very unsafe. In this case, the student ought to have sent for me before; he waited, however, forty minutes, according to rule. When I arrived, the child had been born one hour and ten minutes. Fortunately, there had not been any flooding for some time, but she was in a great state of prostration from what she had lost. On an internal examination, I could not feel the insertion of the cord. I then introduced my hand and removed the placenta. The greater portion was adherent. Although there was no further hæmorrhage, she was in a very feeble and dangerous state for three days, and her recovery was slow, but complete.

Irregular Contraction. Hour-glass Contraction.—I have alluded to one form of irregular contraction which sets up hæmorrhage by separating a portion of the placenta. In this variety, only a small part of the uterus is contracting, while the rest is in a state of inertia. Besides this simple form of irregular contraction, we have others in which the circular fibres of the uterus are chiefly implicated. The os uteri sometimes contracts rapidly after labour, and prevents the detached placenta from being expelled or withdrawn by traction. When flooding occurs in such cases, it is on account of the presence of the placenta not allowing the uterus to contract to its minimum. In other instances, the circular fibres of the uterus, at any point above the os uteri, and below the fundus, contract so as to divide the cavity into two compartments. The hæmorrhage, in hour-glass contraction, depends very much upon the position of the circular constriction. If the placenta is situated at the fundus, the nearer the contraction is to that spot the less will be the hæmorrhage; and the nearer it is to the os uteri, the more profuse will be the flooding. When the constriction is very high up, it cuts off all the supply of blood from below, and it renders the upper compartment so small, that blood cannot escape, on account of the placenta filling it up, and acting as an efficient plug to the uterine sinuses. When the hour-glass contraction is situated near the os uteri, the blood from the spermatic and uterine arteries flows on to the sinuses unobstructed, into the large upper cavity.

Hour-glass contraction is generally attributed to the effect of ergot, or premature traction of the cord. I believe, in the majority of cases, its primary cause is morbid adhesion of the placenta, and that neither ergot nor traction on the funis will produce it, unless that condition of the placenta also exists. The uterus contracts to detach the placenta, and failing to do so, spasm or cramp of a certain layer of muscular fibres is excited. Ergot and traction of the cord would both stimulate the uterus to contract more forcibly upon the adherent placenta, and in that way would be more likely to induce the spasm.

Diagnosis.—If the hæmorrhage is due to simple retention of the placenta by contraction of the os, it will be ascertained on making an internal examination. The os will be found contracted, the cervix hard, and the insertion of the cord felt through the os. Moderate traction on the cord will fail to draw the placenta through. The uterus externally feels moderately contracted. The diagnosis of hour-glass contraction, until the hand is passed into the uterus, is very unsatisfactory. Some say that the constriction can be felt through the abdominal walls, while others hold the reverse opinion. It does not matter much, because the hæmorrhage is not caused by the hour-glass contraction, but is due to the partial separation of the adherent placenta. The treatment of the case is to get away the placenta. We pass our hands into the uterus with that object, and then we find the additional complication.

Treatment.—When the os is contracted, it must be dilated gently by the fingers, and the uterus emptied of its contents. I have a few times treated these cases by applying strong traction on the cord, at the same time getting the nurse to press on the uterus externally. The os has gradually yielded and allowed the placenta to pass through. I think the first plan is safer, because we cannot be quite sure that a portion of it is not still attached; and also, from the force required in pulling the placenta through, there is danger of breaking off the cord.

In hour-glass contraction, the hand must be insinuated in the same way through the constriction, and the placenta separated by the fingers. No one can have an idea of the difficulty there is in passing the hand through an hour-glass contraction until they have tried it. The more you try to dilate it, the more it seems to contract. The administration of chloroform very much facilitates the operation. If, after steady perseverance for some time, the contraction will not allow the whole hand to pass, the placenta must be picked away in pieces by as many fingers as can be passed through.

ORIGIN AND NATURE OF SYPHILIS.

By Dr. Sisson.

(Continued from page 52.)

Mr. Carmichael says: "The eruption is usually ushered in by considerable fever, pains in the different joints, and frequently with dyspnœa and pain in the chest—symptoms which often demand the repeated use of the lancet."—('Venereal Diseases.')

Swediaur writes: "I remark, that every author who wrote when the venereal disease first appeared has called it pestilence or pestilential disease."—('Syphilitic Diseases,' vol. i.)

Dr. Copland and other writers have described several epidemic outbreaks of syphilis, commencing with that of 1494, which has been always mentioned as such; and when we remember that in less than two years the disorder had

spread over France, Scotland, Germany, and Hungary, we are incapable of designating it by any other name.

We know, moreover, that syphilis will get well under a variety of treatments, and may do so under no treatment at all. Besides, Astruc was in error in supposing that the "epidemics" treated of epidemic diseases alone, and that those to which no treatment was appended got well spontaneously.

Dr. Adams, the learned translator of Hippocrates, says: "The Books of Epidemics can be viewed in no other light than as an adversaria or memorandum-book of isolated facts and detached observations, in which the lineaments of a particular disease are seldom to be recognised, and in which there is a general omission of any mention of treatment."

I wish to throw no contempt on those who were wise in a bygone generation, but if we wish to be considered wise in our own—and it is true, as stated by Dr. Laycock ('Medical Observations and Research'), that, "in knowledge, a junior medical student of the present day is far superior to a Hippocrates or a Sydenham"—we ought to think and judge for ourselves, and not lean too much upon the authority of those who had few of the advantages which we possess.

Spontaneous Origin of Syphilis.—In the opinion of Mr. Holmes Coote, the syphilitic poison is mainly produced by filth and excess, or, in other words, by filth and promiscuous intercourse. This idea is by no means new, for Astruc alludes to those who, as he expresses it, "objiciunt luem veneream sponte oriri ex venere vulgivagâ;" and he laconically replies, "Luem veneream nunquam observatam fuisse ante annum 1494"—a most palpable *petitio principii*, since this was one of the very points at issue, and was not admissible as a valid argument against the other.

Mr. De Meric objects in these words: "This inquiry may, however, appear idle to some practitioners, as we have it stated in certain books that the poison of syphilis may be generated spontaneously. It has also been maintained that frequent promiscuous intercourse, coupled with uncleanly habits, may cause the development of syphilitic ulcerations. If notions of this kind were to gain ground, investigations respecting the intimate nature of the virus—its unicity, duality, or plurality—might well be given up; for spontaneous generation, problematical as it is in natural science, is completely incompatible with the conception we form of a virus or morbid poison:" and he goes on to say, "Nay, we concede a special virus for scarlet fever, influenza, rubeola, and typhus, although we are aware that it must be volatile and unamenable to the senses by any vehicle; so we may, *à fortiori*, look upon the syphilitic virus as having a *bonâ fide* existence."

That the poison of syphilis has a *bonâ fide* existence, when once generated, is no doubt true; but this in no way militates against the arguments in favour of its spontaneous origin. In his essay "On the Zymotic Diseases, Registrar-General's Report on Cholera, 1848-9," Dr. Farr states of syphilis, amongst other diseases: "It must be admitted, with respect to all the forms of these diseases, that the body, in the cycle of external circumstances through which it passes, may run into them spontaneously; for it is impossible to trace them invariably to infectious sources: it is not, *à priori*, more improbable that they, than other diseases, should arise spontaneously, and it is impossible to account for their existence in the world upon any other principle than that of spontaneous origin."

In 'Transactions Epidemiological Society, Sanitary Review,' No. IV., Dr. Riecke states: "All contagia, under certain circumstances, have a primary origin; and even syphilis may be primarily produced. This is a fundamental principle."

Dr. Barker writes: "Nor does the fact of a disease being communicable from one person to another in any way show that the first instance of that disease was not from some external cause—a cause which may possibly have died out, but which, with equal reason, may be supposed as still extant."—('Fothergillian Prize Essay,' 1863.)

The late Dr. Alison, of Edinburgh, believed in the spontaneous origin of scarlet fever and varicella.—('Practice of Medicine.')

Dr. Wood, Professor of the Theory and Practice of Medicine in the University of Pennsylvania, believes that all contagious diseases may arise spontaneously, and brings forward cases of variola, of which he remarks, "It would be difficult to admit the possibility of a contagious cause."—('Practice of Medicine.')

Dr. Tweedie says of typhus: "For example, the possibility of typhus being engendered by overcrowding in infirmaries for the sick, prisons, workhouses, transport ships, and dwellings of the poor, is a fact so well established, that no one in the present day attempts to dispute the statement. We have only to examine the records of epidemic visitations to be satisfied of the truth of this axiom; and under whatever circumstances the disease may have arisen, its propagation by contagion explains its often rapid extension, *a twofold cause being in operation.*"

Dr. Barlow says: "Relapsing fever certainly has much the appearance of a disease originating from marsh poison, the history of which seems to suggest the belief that it is generated by filth and starvation, but that it is capable of reproduction by contagion."

Of erysipelas Dr. Todd writes: "A patient who has received an injury may generate the poison of erysipelas in his own person by exposure to certain deleterious influences; or he may, under similar circumstances, generate this poison in his own body, even when he has not received any wound."—('Med. Gazette,' 1850, vol. xi., N. S.)

Perhaps there is no disease, with the exception of syphilis, the spontaneous origin of which has been so universally denied as measles; yet it would be difficult to account in any other way for the following cases, reported by Dr. Noble, of Manchester, in 'Med. Gazette, 1850, vol. xi. N. S.:—

"Mrs. E. gave birth to her first child on 25th July, 1847, attended by a friend on my account, during my absence from home. I saw both mother and child on my return in a few days, and they seemed doing well. Having taken my leave of the patient in about ten days from her labour, I was summoned to see the infant in three or four days afterwards, and found it covered with measles, attended by fever, and having been preceded by the ordinary premonitory symptoms of coryza and cough. The symptoms declined in the usual way, and in about a week the child was well. I neither saw nor could hear of any other case from which it could have been taken. The mother, intending a probable explanation of the phenomenon, stated that according to the statements of her mother, she and a twin sister had measles also when a fortnight old.

"On the 12th June, 1849, Mrs. E. gave birth to a second child. She did well, and I ceased to visit her at the expiration of about a week.

"On being summoned to attend another member of the family some months afterwards, I was informed that the second child had had measles at the same period after birth, and exactly under the same circumstances as in the former instance. All the inquiries I could make led to a conviction upon my part of the accuracy of the statements that were made. It had not been considered necessary to call in medical aid.

"During the present year Mrs. E. again became pregnant, and I was once more engaged to attend her. She was confined on the 31st ult., under circumstances quite favourable. I was naturally curious to know what would happen with the child when ten or twelve days old, and continued my own personal observation. Measles again became developed accompanied and preceded by slight fever, with mucous irritation of the air-passages. The case was this time but slight, yet it was unequivocal. The infant is now well again. Measles do not prevail in the neighbourhood; nor am I aware of any case from which the contagion could have been received."

The spontaneous origin of similar diseases amongst animals has also been denied, upon, I think, no stronger evidence; but with such avidity are sources of contagion sought for, that they are always found. Nevertheless, Dr. Copland says: "From the facts adduced by Mr. Coleman, Dr. Ashburner, and Elliotson, it evidently appears that glanders in horses may be generated anew when several of

them are shut up together in a confined atmosphere, as often happens on board transports."—('Med. Dict.')

Now, syphilis has been considered glanders in the human subject; and it is exceedingly difficult sometimes for even the most experienced to distinguish one disease from the other, as the following case extracted from Dr. Atlee's notes will show:—"March 1st, 1854.—A patient with double lachrymal fistula entered M. Nélaton's Clinique. This gentleman, after examination, was tempted to ascribe the affection to syphilis. There were ulcers on the palate. On taking his history, it was found that the young man had been caring some horses, and one of them was sick and concealed from the police. The patient became gradually but slowly worse. Nélaton said the case was one of chronic glanders."—('Drysdale on Syphilis.')

In a leading article, 'Med. Times and Gazette,' 1863, it is stated of rabies canina: "Though the disease *may undoubtedly arise spontaneously*, in the vast majority of cases, it is due to the introduction of a specific virus into the system;" and Renault states that the spontaneous origin of rabies is extremely rare" ('Lancet,' 1863), inferring therefore that it does occur.

(To be continued.)

BRIEF NOTES ON MR. J. Z. LAURENCE'S PRACTICE AT THE SURREY OPHTHALMIC HOSPITAL DURING THE PAST YEAR.

By ROBERT C. MOON, House-Surgeon to the Hospital.

DISEASES OF THE CONJUNCTIVA.

These formed by far the great majority of cases treated during the year. The treatment generally adopted, and found to be most successful, was the application of a solution of nitrate of silver (varying in strength from 4 to 30 grains to the ounce, according to the intensity of the inflammation) to the everted eyelids. After a few seconds the solution was washed off with water, so as to prevent any unnecessary and injurious subseqent irritation to the cornea.

Conjunctivitis granulosa has been treated in various ways. Free scarification of the granulations has given immediate relief to the pain, and in a few cases where it was frequently repeated a permanent cure has resulted. The application of the solid nitrate of silver, or the sulphate of copper, to the granular conjunctiva has been in many cases successful. The application of the liquor potassæ to the everted lids has in other instances yielded most satisfactory results. In one inveterate and long-standing case, which had resisted all the above remedies, the granulations were speedily destroyed by touching them with the potassa fusa. The application was followed for some days by acute pain and suppuration, which had subsided by the tenth day, when it was found, on everting the upper lid, that it presented a pale, non-granular surface; only a few vascular granulations remaining at the edge of the palpebral sinus, where probably the potassa fusa did not reach. These granulations, however, afterwards disappeared by touching them with a weak solution of nitrate of silver. This patient was seen about six months after his dismissal from the hospital; his eyelids were then perfectly sound. In all the cases of conjunctivitis granulosa the cornea was more or less affected, excepting two in which the cornea was perfectly clear. One case of *melanotic tumour of the conjunctiva* has been treated during the past year, which deserves a few remarks.

E. H., æt. fifty-two, presented herself with a pyramidally-shaped growth, measuring 4‴ from above downwards, and about the same across at its base, which was attached to the cornea at its lower and outer quadrant, and also to the adjacent scleral conjunctiva, the apex of the tumour being free, and protruding from between the closed eyelids. The growth was soft, somewhat lobed, and of a deep slate colour. For upwards of twenty years there had been a minute brownish spot in the situation of the tumour, but it had only grown large during the last six months. To its inner side were a few enlarged subconjunctival veins leading to the tumour, as well as a large scleral discoloration.

On Jan. 19, 1863, Mr. Laurence removed the tumour with scissors, and on microscopical examination it presented all the appearances of a cancerous growth. When the patient was last seen after an interval of fourteen months, it was found that no return of the growth had supervened, and the eye was in a perfectly healthy condition, merely a small cicatrix at the cornea and adjacent conjunctiva indicating the former attachment of the tumour. An almost identical case is reported by Dr. Steffan, in Zehender's 'Monatsblätter,' ii., p. 81.

Entropion has been treated in three different ways:—1st. By removing simply a small portion of the skin and muscle of the lid parallel to its ciliary margin, and uniting the cut edges by sutures. 2nd. By excising a strip of the cartilage, uniting the margins of the groove thus left, and then bringing together the edges of the integument with silver wire or silk sutures. The third method consists in passing two or three threads, at about the distance of 3‴ from one another, through the skin and muscle of the lid from above downwards, taking care that the counter-puncturation with the ligature needle is made a little above the ciliary margin. The two ends of each ligature are then tied tightly on the outer surface of the lid, and after three or four days the ligatures are removed. This plan has yielded very satisfactory and permanent results, so far as it has been tried at this hospital. In no instance has the operation been followed with suppuration, as is stated to be the case with the method proposed by Dr. Pagenstecher. The following case shows that it is not necessary, as in Dr. Pagenstecher's operation, to include the border of the lid in the ligature, so that the subsequent irregularity and distortion of the edge of the lid are avoided.

CASE.—Thomas C., æt. sixty-four, came with complete ptosis of the right upper lid, and entropion of the lower. There had been partial ptosis of both upper lids for fifty years, from a blow with a cricket-stump, causing a fracture of the right parietal bone (concussion, meningitis, &c.) During the last six months the ptosis of the right upper lid had become complete. Mr. Laurence treated both lids of the right eye in the manner described above. The ligatures were removed in a week, by which time the eyelashes had resumed their normal position, the entropion of the lower lid being completely cured. On looking straight before him, the maximum separation of the right lid was about an eighth of an inch, that of the lids of the left eye being a quarter of an inch. Twice subsequently the operation on the right upper lid was repeated, which has enabled him to open the eyelids to the extent of 4‴, so that the lower margin of the upper lid corresponds exactly with the upper margin of the pupil. No suppuration followed either of the operations.

DISEASES OF THE CORNEA.

Affections of this structure form a very large proportion of the diseases which have been treated at this hospital. Most of the patients suffering from corneitis have been in a debilitated condition, and in the majority of cases a tonic plan of treatment has been found necessary. Warm applications have proved of decided use in many severe cases of corneal inflammation, either with or without ulceration. Where ulceration has occurred, especial benefit has been remarked from the application of a cotton wool compress bandage (Druckverband), the object being, as in the case of ulcers in any other part of the body, to keep the eye in a state of perfect rest, by which means the most favourable conditions are presented for the natural repair of the loss of surface. In a few cases great relief was obtained from the local abstraction of blood, and the application of blisters behind the ears. A case of *Congenital Double Corneitis* has been seen during the last year, of which a report is published in the July number of the 'Ophthalmic Review.'

Our attention has been directed much of late to the marked decrease in the sensibility of the cornea when that structure has from any cause become opaque.

Cataract Operations.

In addition to the ordinary method of extraction, the plan of excising a portion of the iris, previous to the extraction of the lens, as proposed by Dr. Mooren, has also been practised in three cases of cataract. An interval of about a month was allowed between performing the iridectomy and extracting the cataract; and although each of these three cases presented difficulties of an unusual kind, they all recovered without any subsequent inflammation, and with sufficient sight to be able, by the aid of proper glasses, to read tolerably small type.

Case 1.—J. L., ætat. sixty-four. *Right Eye:* Operated on at another hospital for cataract thirteen months ago. *Left Eye:* Fully formed senile cataract; good perception of light; iridectomy downwards; after which there was hardly any irritation. In about a month afterwards, Mr. Laurence extracted by the downward section. After the section of the cornea, owing to some spasm of the lids, a quantity of vitreous escaped, along with the still encapsuled lens. The eyelids were at once closed, and a cotton wool compress-bandage was applied. The case ultimately made an excellent recovery.

Case 2.—J. M., æt. sixty-nine; sight has been failing him for about a year. *Right Eye:* Mature senile cataract; good perception of light; tension normal. *Left Eye:* Incipient cataract; can only read No. xxx. (Snellen) at about a foot. Iridectomy downwards in right eye; extraction a month later. In this case the cataract knife was withdrawn before the section of the cornea was quite completed, so that a narrow bridge was left at its lower margin which was divided with scissors after the capsule had been opened; perfect healing. After freely dividing a few capsular bands which occupied the area of the pupils, he was able with 2½ to read No. 8 and almost No. 6.

Case 3.—S. B., æt. seventy-three. The sight of right eye has been failing for six months; that of left for nine months. *Left Eye:* Has good perception of light. *Right Eye:* Reads No. 18 quite close to eye; cataract of both eyes, more advanced in left; large iridectomy in left eye; extraction a month later. In making the flap some difficulty was experienced in consequence of the patient spasmodically closing the lids, and the incision was enlarged with a keratome. The cortical portion of the lens being soft prevented its complete removal, notwithstanding which the patient recovered excellent vision, being able to read a very small type with an appropriate glass.

A large number of soft cataracts have within the last few years been operated upon at this hospital with the needle, the majority of which have terminated successfully; but in a few instances it was subsequently found necessary to extract the cataract completely by the linear method, in consequence of some particles of the opaque lens matter finding their way into the anterior chamber, and there setting up serious irritation. These cases have, in some instances, been followed by acute iritis, and even by complete blindness. Having experienced the great danger to which the ordinary method of operating was liable, when the lens was too freely divided, Mr. Laurence was induced to try the plan of dividing it *sub-capsularly*. After fully dilating the pupil with atropine, he introduced the needle through the sclera on a plane parallel with the iris, then punctured the capsule, and passed the needle on in the direction of the centre of the lens, when he freely divided the lens-substance in every direction, taking care that no second puncture was made in the capsule, in order to prevent the possibility of any flocculi passing into the anterior chamber. No swelling of the lens, or passage of any particle of its substance into the anterior chamber, followed this method. As yet we have not had a sufficient number of cases to furnish statistics on the value of this sub-capsular operation; but its intention is to combine a more speedy absorption of the cataractous lens than is attainable by frequently-repeated divisions with the needle, and to avoid multiplications of the operation; the risks involved in a free division of the lens and capsule together being at the same time avoided.

During the past year, we have had three cases of *Paralysis of Accommodation*. These, with two others which have been admitted since, are fully reported in the 'Ophthalmic Review' for April, 1864. Two of the cases seen during 1863 were from traumatic causes: the one resulting from a blow on the eye with a lemonade cork, and the other from a piece of putty striking the eye with great force. Each of the patients to whom these accidents happened had been previously hypermetropic, but until the time of the injury they had been able to correct this defect by a voluntary effort of the accommodation. In three of the reported cases, the iris, as well as the ciliary muscle, was completely paralysed; in the fourth case, it was only partially so; and in the fifth, the pupil was contracted, and the iris acted with the greatest activity. For further particulars respecting these cases, and a detailed account of the experiments with the Calabar bean, vide the report referred to above.

A case of amaurosis, dependent on effusion into the orbit or cranium, has been reported at length in the Medical Circular for January 13, 1864. The prominent symptoms were:—Complete loss of vision in the affected eye, accompanied with slight protrusion and divergence of the globe, the mobility of the eye being greatly diminished, and the pupil becoming widely dilated when the other eye was covered. She had been subject to periodical attacks of violent pain in the head, with obstinate constipation, for a long time previously, but no abnormal appearance of the fundus oculi could be discovered with the ophthalmoscope. Within three months from the time she came to the hospital, the vision and movements of the globe had become completely restored, under a brisk purgative plan of treatment.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

On Tuesday we paid a visit to this hospital, and saw the following cases:—First, a middle-aged man suffering from scabies, which thickly covered the chest, abdomen, inner sides of the thighs, and the back, but more especially the first two regions. He was an out-patient, and was under the care of Mr. Heath, who, in the presence of the class attending the hospital, took the opportunity of pointing out the rarity of this eruption as occurring upon the face, and the frequency with which it is met upon the front of the body, especially of the abdomen.

The treatment to which the man was submitted was that by external application only, the lime and sulphur lotion being prescribed. The manner in which this remedial agent should be used is very simple:—The patient is made to take a warm bath, and while in it to wash himself thoroughly with the best yellow soap. Petroleum soap is an excellent kind for the purpose. Having well dried the surface of the body, he should then have each scabietic spot mopped with some of this lotion, and the parts so treated should be allowed to become completely dry: the bath and lotion may be used in the evening or at night; the patient should afterwards sleep in a blanket, and on the next day the bath must be repeated, and the entire of the body cleansed; when, if the lotion be properly applied, the disease will, in the majority of cases, be found to be wholly stayed, the acarus having been destroyed.

This is a decided improvement upon the old method of treatment, than which it is far more rapid in its results, being speedily effective. We have tried it ourselves in very many cases, not alone of simple scabies, but where this eruption is present at the same time with syphilitic disease.

The second case, and which also was under the care of Mr. Heath, as an out-patient, was a woman about the middle age, and mother of a family. She was of a spare habit, and had a peculiar delicate and sad expression of face, and also a cachectic appearance, indicative of either an exhaustive and long-standing ailment or of a malignant affection. Her history was: Some time previously she presented herself at the hospital with a tumour of a malignant nature in the right breast. This she was advised to have removed before the ulcerative process should supervene; but she declined to have any surgical procedure put

into practice, and preferred to run the risk of a rapidly fatal termination, to which, indeed, at the time of her receiving advice, the disease seemed to be hastening. In the course of time—about twelve months had elapsed—the integument became broken by the ulcerative process, which, as it continued, tended to the removal of the tumour. There was found at the present examination to be a hard, puckered cicatrix surrounding the nipple, the base of which was involved in the cicatrix, whereas the apex rose prominently from it. The colour of this cicatricial tissue was of a deep red hue, with somewhat of a purplish tinge, which was pathognomonic of the kind of disease and of the patient's condition of health. This was an instance of natural atrophy of a cancerous breast, or rather, to speak more correctly, of a cancerous tumour of the breast.

The daughter of this patient, who was about eleven years of age, had *strumous* enlargement of the glands of the neck. She was also of a very delicate general habit.

CASE III. was likewise an extern patient, under the care of Mr. Heath; it was a child aged fifteen months, and the offspring of a delicate mother, who, to save herself expense, had continued to nurse the patient up to the present time. There was great general debility, evidently because lactation had been persevered in for too long a time; and the mother's milk had become so deteriorated in quality, so altered in its nutritious properties, as to have been, no doubt for some time past, not only insufficient for nutrition, but positively injurious. As a consequence of this malfeeding, struma had been engendered and the child injured in health, perhaps permanently. The entire glandular system was enlarged, and besides this evil, the glands of the right axilla had taken on suppurative action, had burst, and poured out no small quantity of purulent matter.

The mother was enjoined to at once give up nursing, and the child was put upon the syrup of the iodide of iron.

CASE IV. was a nævus, which had been tied by Mr. Heath, the ligature being allowed to remain constricting it for not longer than twenty-four hours. The patient was only five months old, and not of a very strong habit, but yet no unfavourable symptom had set in after the operation; the nævus, which had originally covered an area of about the size of a shilling, or even a somewhat larger surface, was now very much diminished, and was gradually contracting itself as the ulcerated and sloughy spots had taken on a healthy and healing action. Mr. Heath thought that a more rapid and effectual destruction of the nævoid tissues might be obtained by leaving the ligature constricting them for forty-eight hours, instead of the twenty-four, which latter time had elapsed between the application and removal of the ligature, in the present instance.

The nævus was situated on the top of the head, and seemed to have engaged deeply the structures composing the scalp; it lay somewhat in front of the posterior fontanelle.

CASE V.—A little boy, aged about ten, of delicate strumous habit, and with the features so characteristic of that peculiar diathesis, presented himself as a patient from abscess of the right tonsil. Having swathed a sharp-pointed bistoury halfway up its blade, when the boy's head was thrown well back, the mouth opened as widely as it would admit, and a good light made to bear upon the part about to be operated on, Mr. Heath made an incision into the tonsil—at its upper part, that is, where it joins the velum and arches of the palate—and gave exit to the purulent matter collected in it. He pointed out to his class the impropriety of plunging the knife into the tonsil, or of directing the instrument outwards, or outwards and backwards, or of burying it too deeply in the tonsil; and he at the same time took opportunity to dwell upon the fact that the carotid was not endangered, if the surgeon made his incision at the upper part of the abscess, which was, indeed, some distance from the artery just named.

CASE VI.—A middle-aged woman, with a specific or syphilitic ulcer in the popliteal space. There had been considerable hardness and a brawny condition of the entire limb for some distance around the ulcer which itself presented an appearance as though a circular piece of the soft tissues of the ham had been gouged or scooped out. The staining of the margins of this ulcer and of the integument around it, or rather, the alteration in its natural colour, was of that nature which at once showed the true character of the ulcer and of the taint with which the system was contaminated.

The treatment was that by the internal use of bark and nitric acid, at the same time that there was applied to the ulcer itself the lotio flava, which Mr. Heath prefers, in such cases as the present, to the lotio nigra. The strength of the yellow wash was gr. j. of the corrosive sublimate to ℥j. of lime water.

After our visit to the extern patients' department, we adjourned to the operating theatre, and the first case of which we had an opportunity of witnessing the treatment was that of a middle-aged man, of robust build, stout habit of body, and with a short, thick neck: Some time since, this patient had been attacked with disease of the bone of the lower maxilla; as a sequence of this affection abscesses had formed in and about the lower part of the face and in the neck; they had burst, discharged themselves, and had then given rise to unhealthy sores and sinuses. Chloroform being badly borne—it had occasioned great congestion of the veinous system of the neck and face, and consequent empurpling of these regions—was not administered to its full extent.

Having inserted a probe into the sinuses, and having ascertained that there was dead bone at the bottom of them, Mr. Barnard Holt passed into the principal one—the largest and that which led most directly down to the diseased bone—the sharp-pointed bistoury, opened it up, made quite certain of the presence of dead osseous structure, and endeavoured to get away some portions of it.

The object of the present procedure was rather to open up a free channel and aperture of exit, so that Nature might throw off the dead tissues, than to remove them by any of the more severe aids of surgery.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XXII.

DIGITALINUM.—The active principle of digitalis is now, for the first time, introduced as an officinal remedy; and although scarcely anyone ventures to prescribe it, and it will probably be omitted in the next Pharmacopœia, we may devote a small space to an account of it. The mode of preparing digitalin is, shortly, as follows:—A spirituous extract of the powdered leaves of digitalis is first made; this is dissolved in water and a little acetic acid, and the solution is partly decolorized by animal charcoal. The acetic acid is now neutralized with ammonia, and thus a solution of acetate of ammonia and digitalin is obtained. From this solution the digitalin is precipitated by means of tannic acid. After washing with water, the precipitate is rubbed with litharge, which combines with the tannic acid and sets the digitalin free. The latter is then taken up with spirit, the solution is treated with animal charcoal, filtered, and evaporated. The residuum is the digitalin, contaminated, according to Walz, with some other neutral bodies allied to it, which are removed by washing with ether, in which digitalin is insoluble.

So obtained, digitalin forms a light and tolerably white porous mass, which separates into scales. The Pharmacopœia says it is inodorous; but all the specimens we have met with have had a faint smell of digitalis: the taste is intensely bitter. The process just described shows that it is readily soluble in spirit, but almost insoluble in water and ether. It dissolves in acids, but does not form with

them neutral compounds. Digitalin is, in fact, a glucoside, which, when boiled with dilute sulphuric acid, splits up into glucose, and a body to which the name *digitaliretin* has been given :—

$$\underbrace{C_{54}\,H_{45}\,O_{30} + 4\,HO}_{\text{Digitalin.}} = 2\underbrace{(C_{12}\,H_{12}\,O_{12})}_{\text{Glucose.}} + \underbrace{C_{30}\,H_{25}\,O_{10}}_{\text{Digitaliretin.}}.$$

The chemistry of digitalis, however, cannot be considered as settled, since Walz and Kosmann, to whom we owe most of our knowledge concerning it, are not agreed, either as to its composition or decompositions.

Digitalin is a most powerful poison, and considerable attention has been drawn to it by a recent murder in Paris. Some account of the means of detecting it was given in the Medical Circular for July 6, but we may add a few more reactions which are said to be characteristic. Sulphuric acid produces with it a reddish brown colour, which, on exposure to the vapour of bromine, changes to a deep violet. Ammonia gives a rose-red colour which changes to brown. Hydrochloric acid, as mentioned in the Pharmacopœia, produces a green colour.

The dose of digitalin is said to be one-thirtieth of a grain; but it is notorious that the imported samples vary greatly in activity.

Ferri Sulphas.—In noticing the different compounds of iron contained in the British Pharmacopœia, it will be convenient to depart from the alphabetical order there adopted, and we therefore commence with the Sulphate. It will be remembered that the London College gave a process for Sulphate of Iron, which consisted in purifying green vitriol or the sulphate of iron of commerce. This method has been discarded, and a process is now given for preparing the salt directly from the metal. The only form of metallic iron contained in Appendix A is iron wire, which is described as annealed or binding wire. We believe this is one of the purest forms of iron that is readily attainable.

The sulphate is prepared by taking iron wire, sulphuric acid, and distilled water, putting them in contact, and, when the disengagement of gas has nearly ceased, boiling for ten minutes and then filtering the liquid through paper. After the lapse of twenty-four hours, the crystals which have deposited from the solution are separated, dried on filtering paper, and preserved in a stoppered bottle.

The reaction which occurs in the process is very simple; the iron, acting upon the diluted sulphuric acid, displaces the hydrogen of the water, forming a protoxide of iron, which, united with the sulphuric acid, constitutes the sulphate :—

$$HO, SO_3 + Fe = Fe\,O, SO_3 + H.$$

The operation is best conducted in a porcelain dish or open vessel, as the Pharmacopœia directs, so that the liberated hydrogen may at once pass off.

Sulphate of iron crystallizes with seven atoms of water. It is described in the Materia Medica as occurring in oblique rhombic prisms, of a green colour and styptic taste; insoluble in spirit, soluble in water. The solution gives a white precipitate with chloride of barium, and a blue one with the ferridcyanide of potassium, and on exposure to the air gradually becomes turbid, depositing a reddish brown sediment. Sulphate of iron when quite pure and recently prepared has a decidedly pale blue tint, which becomes green by keeping or by exposure to the air. This salt varies slightly in the facility with which it is acted on by the air, depending on the state of the solution from which it has been crystallized. Commercial sulphate of iron is commonly crystallized from a strongly acid liquid. The ochry powder which forms upon the surface of the crystals, and is also deposited from a solution of the salt which has been long kept, consists of a basic sulphate of the peroxide. The oxygen of the air converts the protoxide of iron in the salt into peroxide, which requires a larger amount of sulphuric acid to form a soluble sulphate than is present; consequently a portion separates out as an insoluble basic salt.

The Pharmacopœia directs that an aqueous solution of sulphate of iron shall give no precipitate with sulphuretted hydrogen, and one nearly white with ferrocyanide of potassium. The absence of any precipitate by sulphuretted hydrogen shows that the salt is not contaminated with copper, which is sometimes the case, and also, to a certain extent, indicates its freedom from persalt. Sulphuretted hydrogen does not precipitate either the proto or per salts of iron, but it acts upon the latter, reducing them to the state of proto salt with the simultaneous liberation of sulphur. Consequently, the formation of a white precipitate of sulphur indicates the presence of a persalt. It is exceedingly difficult to get protosulphate of iron which shall give a white precipitate with ferrocyanide of potassium. Even when it is got the effect is only momentary, for oxygen is absorbed so rapidly that the precipitate immediately assumes the blue tint due to a persalt; therefore it is described by the Pharmacopœia as nearly white.

Ferri Sulphas Granulata.—This preparation has been taken from the Dublin Pharmacopœia, and the process which was there given has been, with a slight modification, adopted. Granulated sulphate of iron is prepared by pouring a solution of pure sulphate of iron into spirit; the salt being insoluble in the latter menstruum, is at once precipitated in the form of minute crystals. The first part of the process given is the same as for sulphate of iron. Four ounces of iron wire, four ounces of sulphuric acid, and a pint and a half of distilled water are put into a dish, and when action has ceased, the liquid is boiled for ten minutes, and then filtered into a jar containing eight ounces of rectified spirit, stirring the mixture until the salt has separated out. The minute granular crystals so obtained are transferred to filter paper, dried by exposure, and then preserved.

The Pharmacopœia represents this salt as having the same composition as the ordinary crystals of sulphate of iron, and assigns to it the formula $FeO, SO_3 + 7HO$. Some exception has been taken to this, and it has been said that the salt contains less than the seven atoms of water. This statement is supported by the fact that alcohol is capable of abstracting the water of crystallization from sulphate of iron to such an extent, indeed, as to deprive the salt entirely of its colour. It might be inferred, therefore, that as the salt is precipitated from its solution by spirit, a portion of its water of crystallization would be at the same time removed. Possibly with the first few drops of solution which enter the spirit this is the case; but it must be remembered that a pint and a half of solution are added to eight ounces of spirit: the proportion of alcohol, therefore, must be far too small to exert any dehydrating influence on the salt itself. The Pharmacopœia formula is, moreover, sufficiently supported by the analyses which have been made of the granulated salt.

This form of sulphate of iron is one of the purest and most definite which can be obtained, for being precipitated from solution, it is more perfectly freed from the excess of acid, persalt, &c., than it could possibly be by the ordinary process of crystallization. It is described in the Materia Medica as occurring in small granular crystals of a pale green colour and mildly styptic taste, soluble in water, and insoluble in rectified spirit. Why this salt should be "mildly styptic," while the ordinary sulphate is "styptic" is not very obvious.

The tests are identical with those for sulphate of iron.

Ferri Sulphas Exsiccata.—Dried sulphate of iron is prepared by exposing the crystallized salt in a porcelain capsule to a moderate heat, which may be finally raised to 400°F., until aqueous vapour ceases to be given off. By this process six out of the seven atoms of water in the salt are expelled, and a white powder is obtained. By the application of a still stronger heat, the last atom of water might be expelled, and the anhydrous salt obtained. At a full red heat complete decomposition of the salt ensues, sulphuric and sulphurous acids passing off, and peroxide of iron remaining behind—

$$2\,(Fe\,O, SO_3) = Fe_2O_3 + SO_3 + SO_2.$$

Eighty-five grains of the dried sulphate ($Fe\,O, SO_3 + HO$) are equal to 139 grains of the crystallized salt.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 3, 1864.

THE CLOSE OF THE PARLIAMENTARY SESSION.

The termination of another Parliamentary Session naturally leads us to reflect upon the relations existing between the Medical Profession and the Legislature, and to inquire how far the interests of our body have been promoted or retarded, or otherwise affected, during the season which has just closed. If there is not much reason for congratulation on any victory achieved, there is not any regret to be expressed for hopes that have been disappointed; in fact, as we expected nothing, we may be grateful if we have received only a little.

In the first place, we have cause to be thankful that, although the condition of the Army Medical Department has not been materially improved, the course of bad legislation in respect to this service has been retarded in a manner as satisfactory as it was unexpected. Only last week we recorded our feeling of regret that a short Bill, entitled the India Medical Service Bill, and which had for its object the abolition of competitive examination for the Medical Service in India, had been allowed to pass its second reading in the House of Commons. We need scarcely remark that when a bill has passed its second reading, and has gone through committee, it is looked upon as virtually having passed the House; and such was considered to have been the fact on Monday last, when we went to press. But, on the evening of that day, Mr. Hennessy, who had offered a strenuous opposition to the bill in all its stages, renewed his opposition on the occasion of the third reading, and rallied round him many of the independent members of the House; and notwithstanding the support of the bill on the part of the Government, he succeeded in defeating it by a majority of two—the number of those who voted on both sides being considerable, taking into account the advanced state of the Session and the very little general interest excited by the bill itself. We are most thankful to record this defeat of the Government, whose only object in bringing forward the measure appears to have been to strengthen the hands of the authorities at the Horse Guards in resisting the just and reasonable demands of the Medical Profession in relation to the Army Medical Service.

As it is hardly worth while to slay the slain, the bill may perhaps better be consigned to oblivion; but we cannot help remarking that Sir Charles Wood had a most uphill task in supporting the measure, and that, as soon as he began to explain its provisions, he involved himself in such a mesh of absurdities and equivocations as to render its rejection inevitable. In fact, there can be no reasonable doubt that this little bill was intended quietly to be thrust through the House, in the thin and languid attendance common at the close of the summer; and the Horse Guards would then have had another triumph over the Medical Profession. But this time they are disappointed; and if they intend still to resist the pressure made upon them in reference to the Army Medical Service, they must adopt some other kind of tactics than those exhibited in the concoction of their India Medical Service Bill.

In other respects, the Army Medical Service remains in the same position as before. A large number of vacancies exist, and candidates are deficient; and of those who offer themselves for the competition, many fail to pass the examination, and those who do pass are mostly in the third class. That this result is in great measure to be attributed to the dissatisfaction existing against the Army authorities, is indubitable; but it is not true that the Profession is so overstocked as to render the Army Medical Service under any circumstances a very desirable boon to the Medical aspirant of the present day. The real fact is, that the junior ranks of the Profession are not at present overstocked, and the number of medical students is smaller than it was some years since, while the demand for young medical men is greater: but the necessity of a better education, especially in the preliminary branches, and the stringency of competitive examinations, have deterred many young men from entering upon a medical career, the emoluments of which are unlikely to remunerate them for the expenses they must incur and the time they must wait before profitable employment can be expected.

While the Medical Service of the Army is thus unable to attract the better class of students to its ranks, the Poor-law Medical Service is as much sought for as ever, chiefly, perhaps, because it is a home service; and the Poor-law authorities, both national and local, are able to make what terms they please with the Poor-law Medical Officers. If a Medical Officer remonstrates with the Guardians, he is told he may resign, or he is dismissed, and a dozen competitors spring up for the vacant post, and any attempt to procure a more adequate compensation for Poor-law Medical services is necessarily frustrated by the competition to which we allude. The patient and laborious efforts of Mr. Griffin to obtain something like justice to his brother-officers has been only partially successful; but still, the recognition of the claims of the Poor-law Medical Officers to consideration at the hands of the State has been obtained, and we have reason to be thankful for what has been already accomplished; while at the same time we hope that, by continuing the contest, still more may be achieved.

All attempts to exterminate the plague of small-pox by a thorough and well-devised scheme of general national Vaccination have been frustrated by the listlessness of the Government and the Legislature. Although it has been proved over and over again that efficient vaccination has never yet been carried out in this country, and that the Poor-law Guardians are wholly incompetent to superintend satisfactorily the performance of the operation, no steps have yet been taken to place matters on a better footing so as to protect the community. This is, perhaps, the more to be wondered at, since in the Session which has just closed, certain compulsory measures have been taken in respect to another disease, the victims of which are not the

feeble and the innocent, but the debauched and the depraved. In the case of the so-called Contagious Diseases Prevention Bill, powers are conceded to the police and the magistrates of a most stringent character, and totally inconsistent with the maintenance of that liberty of the subject which is the boast of our country. But it is argued—and not without reason—that liberty should not be allowed to degenerate into licentiousness, and that persons afflicted with disease ought not to be permitted to disseminate a physical pest among their neighbours. This is all very true, but in the instance in question, the community may avoid the pest, if they only take proper care to lead a virtuous life: while in the case of the small-pox contagion, the public is made involuntarily to pay the penalty of the neglect of the Legislature. The explosion of the fallacy that people are at liberty to propagate disease has, however, been witnessed in this case of the attempted prevention of syphilis; and we may reasonably hope that some day our helpless infants and children will be protected from small-pox, and thus receive the same paternal care at the hands of the Legislature as that which is accorded to our soldiers and sailors, in protecting the latter from the consequences of their own indiscretions.

SUMMARY OF THE WEEK.

THE LONDON COLLEGE OF PHYSICIANS AND THE APOTHECARIES.

The College of Physicians has determined not to grant the *ad eundem* diploma to the holders of Licences of the London Apothecaries' Society; and in this determination we think that the College has shewn a due regard to its own dignity. A more absurd proposition than that of requiring the College to accede to such a request, has, perhaps, never been made. If, indeed, the College of Physicians was a State Institution, invested with legal power to concentrate the whole mass of the Medical Profession within its jurisdiction, such a step as that which it has been requested to take, would be not only desirable, but would be a mere act of justice. But the College of Physicians, although the highest Medical Corporation in England, is only one out of many similar bodies empowered to grant Diplomas and Licences to practice Medicine, and the attempt to swallow up all the Members of the Profession could only be regarded as indicating either an avaricious desire to gain money at the expense of respectability, or a love of popularity at the risk of ultimate confusion. If, too, it is considered that the Licentiates of the Apothecaries' Society of London have a claim upon the *ad eundem* diploma, why have not the Licentiates of the Dublin Apothecaries' Society the same claim? And why, again, should the members of the London, or any other College of Surgeons, be disentitled to the same concession? And why, *à fortiori*, should the Graduates of Universities be excluded from the same boon? If, again, Licentiates of the Society of Apothecaries' of London are to be made, for a money consideration, licentiates of the College of Physicians, why, in the name of common sense, are not all the Members of the College of Physicians to be made Fellows?—why should there be any distinctions in the College at all? If the Fellowship, and the Membership, and the Licence of the College of Physicians are desirable distinctions (and we do not deny that they are so), they are desirable because there is some difficulty in obtaining them, and in the case of the two latter, because a certain amount of intellectual labour is essential to their acquisition; but what value can be attached to an *ad eundem* licence, available for all comers who have some ten or fifteen shillings in their pocket? As we have just remarked, if the College was a State Institution, empowered to over-ride all the Medical Corporations in the Empire, like the School of Medicine in France and other despotic countries, it would be only fair to allow all Medical men holding degrees or licences to inscribe themselves as members by a nominal payment, and thus secure to themselves a suitable professional position; but however respectable the College of Physicians may be, and however justly its Fellows and Members may value the privilege of being connected with it, still there are many persons who may think just as highly of their own Alma Mater, although it is not situated in Pall Mall, London. The prestige of the College of Physicians has hitherto depended (with the exception of the year of grace, or disgrace, when its diplomas were sold at ten guineas a piece) on the value it has hitherto set upon the distinctions it conferred, and on the high character of the examinations it has instituted. It is well that it has shown its resolution to maintain this high position, and to repudiate a course of action which might have filled its coffers with a few hundred guineas, but would have reflected a lasting disgrace upon itself, and by comparison would have elevated the rank of other corporations which it sought to overthrow.

THE MEDICAL PROVIDENT FUND AND THE BRITISH MEDICAL ASSOCIATION.

The establishment of a Medical Provident Fund, for the purpose of assisting Medical men in time of sickness, and of providing for their widows and orphans in the case of their death, has long been a desirable object with the members of our Profession, and more especially with those residing in the provinces, to whom the provisions of the Society for the Relief of the Orphans of Medical Men in London and its vicinity, are of course inapplicable. The proposal to establish such a fund was considered last year at the meeting of the British Medical Association at Bristol, and the subject will again be brought forward and discussed at the forthcoming meeting of the same Association which commences its proceedings this day at Cambridge. We have received a great number of communications on this subject, which we think is one of the deepest importance to our Profession, but many of the writers intimate a fear that very little will be accomplished at the Cambridge meeting, owing to the great pressure of other business, and to the fact that the members will be absorbed in the pursuit of amusement. It is also suspected that the leaders of the Association are lukewarm on the subject,

and that, in attending to their own interests or pursuits, the claims of the Provident Fund will be disregarded. It is therefore suggested that, without placing much confidence in the result of the Cambridge meeting, another meeting should be convened in London in October next, to organise a plan of operations. We think it right, however, to state that the Report of the Medical Provident Fund Committee will be read at the Cambridge meeting on Friday morning next, and Dr. Richardson, the Chairman of the Committee, has published the following letter to the members of the Association :—

To the Members of the British Medical Association.

FELLOW ASSOCIATES,—I beg specially to call your attention to the fact, that the Report of the Medical Provident Fund Committee will be read at the Cambridge meeting on Friday morning next.

The Report will, I hope, show demonstratively that a Provident Fund, capable of exercising the most useful influence in the Profession, may be easily worked in connection with the Association; and it will further incidentally suggest the question, whether it would not be advisable to obtain for the Association a Royal Charter of Incorporation.

Under these circumstances, it may be fairly assumed that the discussion on the Report will be the leading feature of the meeting at Cambridge; and that, on the decision of the meeting, results of immense moment in our future will rest.

May I, therefore, urge on all members of the Association who may come to Cambridge, to let nothing hold them from their attendance on Friday morning; and may I also ask members who are in doubt about coming, to treat, for once, "their doubts as traitors," and to join their brethren.

I remain, fellow associates,
Your faithful friend,
B. W. RICHARDSON.

12 Hinde street, W., July 28th, 1864.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GEORGE JOHNSON concludes his "Lectures on the Laryngoscope," delivered before the College of Physicians. He points out the applications of the instrument in throwing light upon the causes of hoarseness and aphonia, and shows how warts and tumours are often detected upon the vocal cords, and how tubercular and syphilitic ulceration of the larynx are also often revealed by the same means. The general use of the instrument, by detecting organic disease of the larynx, will often obviate the use of drugs, and at least spare the patient much useless medication; while by indicating removable disease, a cure may be often effected by surgical proceedings. Dr. Johnson, in conclusion, cautions the Profession not to trust too far to the instrument so as to treat the local disease exclusively, because the affection of the larynx may be merely a coincidence or a consequence of constitutional disorder, which must be treated by general remedies.——Dr. G. M. HUMPHRY, of Cambridge, continues his "Surgical Observations," his present subject being "Stone in the Female." He prefers the operation of extraction from the bladder by means of forceps, the urethra being previously dilated by means of cat-gut bougies, introduced gradually in greater and greater number, until the urethra is sufficiently patent to admit the forceps. Sometimes bone, teeth, and hair have been extracted from the female bladder, and their presence in this situation may perhaps be accounted for by supposing that they are derived from an ovarian cyst, which has ulcerated and discharged its contents into the bladder.——Mr. E. W. POLLARD communicates a paper "On the Treatment of Syphilis by Mercurial Vapour." The plan consists in softening the skin by producing gentle diaphoresis previously to employing the vaporised calomel, which is applied in a carefully-constructed box, where the calomel is volatilized at a regulated temperature with the vapour of water and the sublimed particles are equally diffused and deposited on the person of the patient. As inhalation is not always necessary, the head is excluded. Several cases are related, in which the use of this mercurial bath was attended with great success.——Dr. DANIEL MACKINTOSH contributes some notes "On Three Persons Struck by Lightning." The occurrence happened in May last, two of the persons recovering, and one being killed on the spot.

'MEDICAL TIMES AND GAZETTE.'

Mr. WHARTON JONES, of University College, continues his lectures "On Iridectomy and Glaucoma," the second of the series being, in the present number of the journal, brought under notice for our consideration. In summing up the contents of his last paper, Mr. Jones mentions that glaucoma is really a condition of general *venous* congestion of all the structures of the eye, but more especially of the retina and choroid; while there is a pallid condition of the parts traversed by arteries, owing to the constriction of these vessels. The retinal venous radicles are all of them varicose and sacculated; capillaries are not found in the same state; the constricted arteries, however, *seem* to have an increase in the thickness of their walls; this is not a real thickening, but is merely the result of a contraction of their circular fibres, and when the spastic tension of the vessels is relieved, there is synchronously with the relaxation a thickening in the walls. The sacculated appearance of the veins is dependent upon the contraction of their coats in some places, and their dilatation in others. There may be, however, no dilatation; the vessels, where not contracted, merely preserving their wonted calibre, and causing a semblance of true dilatation by comparison with the contracted parts. The cause of the venous congestion is a stasis of the blood-corpuscles in the arteries from constriction of the coats of the latter, by which diminution in the size of the bore of the vessels, the *vis a tergo* is insufficient for purposes of propulsion. Understanding the pathology of glaucoma, we can easily comprehend the injurious effect of atropia or belladonna, these agents tending to intensify the contraction of the circular muscular fibres of the arterial coats. Belladonna stimulates to contraction rather than paralysis to dilatation. The immediate sequence of retinal and choroidal venous congestion is intra-ocular distension, which becomes aggravated by an increase of the intra-cellular fluid of the vitreous body. In antero-internal inflammation, distension takes place in the anterior

segment of the eye-ball; in the opposite form of inflammation, the converse holds good—the anterior segment is diminished in depth, the iris and lens are pushed forwards, and the papilla optica becomes more excavated, owing to a forcing backwards of the nerve into its sheath, a certain degree of atrophy of the nerve itself, and a bulging forwards of the retina by the congested and thickened choroid. The hardness of the eye-ball in this affection arises both from intra-distension and from morbid alterations in the sclerotic. Though this disease is almost essentially chronic, yet it may be sometimes acute, and may be of as different degrees of variety as any other malady. There may be intra-ocular hæmorrhage in the course of the ailment. An account of the condition of a patient operated on for glaucomatous blindness concludes the lecture.——Dr. Harley's fifth lecture is "On Hippuric Acid." In the beginning of his discourse, allusion is made to the importance of the chloride of sodium as a most common ingredient in the composition of every human organism at one time, and in certain tissues increasing solubility at another time, and in other tissues behaving itself as an antiseptic. It prevents the coagulation of the fibrin of blood, and in a certain measure gives to the blood-corpuscles their peculiar colour, according as it occasions them to be bi-concave or bi-convex. Its amount in the human economy is subject to very great varieties—its absence is, indeed, an inordinate want; when it is taken in proper quantities it tends to fatten; when in excess it acts contrariwise. Admitted into the system in any way, it is rapidly eliminated by the saliva, mucous membranes, and the kidneys; in the muscles, the chlorine, instead of being combined with a soda salt, is united with a potash one. Lehmann says it tends to cell-development; without doubt it causes excretion of urea, and that, too, in large quantities. In cases of starvation, none can be detected in the urine. It acts as a valuable tonic by forming muriatic acid in the stomach. The average amount passed is 77·5 grains. In disease, as in health, it varies very much as to the quantity excreted. In diseases attended with exudation, there is diminution or absence of the chlorides; such a condition exists in pneumonia. The sputa, however, contain it largely in such instances as these. From his closing remarks, it is evident that Dr. Harley considers this combination of chlorine and soduim may be used in some affections as a remedial or palliative agent.——Dr. Laycock contributes a paper "On the Treatment of Delirium Tremens and of Delirium in Fevers." The object of the communication is to defend the "rational" and "expectant" method of treatment, which he advocates as preferable to the empirical and heroic plans. It is shown that alcoholic stimuli are of avail, and should be used in asthenic delirium. It is advisable to abstain from the use of opium, or of any of its salts, in the case of the sleeplessness of fever, even when such want of rest may have continued for even more than five or six nights in succession.——Dr. Ogle, of St. George's Hospital, communicates "Cases of Softening of the Brain and Spinal Cord;" the present article being a continuation of former papers on the same subject.——Mr. Bulley has contributed "Clinical Notes and Observations on Hard Nodulated Tumour of the Tongue, apparently of Cancerous Nature, which disappeared under the Use of the Galium Aparine." The patient, a married woman, æt. sixty, had noticed the growth only five weeks previous to her admission into hospital, and during that time there was an increase in the size from that of a hemp-seed to that of a marble; it lay imbedded in the right side of the tongue, and not more than an inch from the apex; was nodulated, and with the feel peculiar to scirrhous growths; was painful as well as tender, and at times the pain assumed a throbbing character. The patient had lived well, but had been at no time what might be termed a free liver; there was no apparent cachexia, nor any history of cancer; the tumour had latterly taken on rapid growth. She was ordered ʒjss. of a fluid extract of galium aparine twice daily, and also a lotion of the same. The most nutritious diet was likewise given. The tumour entirely disappeared; the tongue resumed its natural structure and appearance. The galium (cleavers) is a popular remedy for scirrhus; it has proved useful in professional hands, not alone as antagonistic to cancer, but in epilepsy and certain obstinate skin diseases. It acts by altering and improving the deteriorated blood. It seems to generate healthy granulations on cancerous ulcerated surfaces, and to promote rapid cicatrisation.

REVIEW OF BOOKS.

Lectures: Chiefly Clinical. By Thomas King Chambers, M.D., Physician to St. Mary's and the Lock Hospitals. Pp. 599. London: Churchill and Sons. 1864.

The present volume is substantially the same as the book which in two former editions was entitled by the author 'The Renewal of Life,' but this appellation was considered by the critics as of such an objectionable nature, that it has been discarded from the title-page. The fact is, that, without meaning any harm, Dr. Chambers had certainly given to the outside of his former book a "sensational" appearance, with which the contents by no means corresponded, for they consisted of a series of clinical remarks and lectures delivered during the course of hospital practice; and although the lecturer showed himself to be an independent thinker and prescriber, there was nothing quackish or extravagant in the doctrines inculcated or the practice pursued. The present book has a very modest appearance and a very brief and common-place title; and we congratulate the author both on the publication of the lectures in their existing form, and on his own convalescence from a most distressing illness.

The subjects discussed are very numerous, and are not arranged in any consecutive order. The leading idea which they illustrate (if they can be said to illustrate any at all) is, that disease is a diminution of vital power tending towards death, and that, therefore, all curative agency, by preventing this tendency and restoring the vital powers, is a "Renewal of Life." Expressed in the terms used by the author, there is no fault to be found with the idea, or with the manner in which it is worked out; for in no case can it be said that any erroneous treatment is insisted upon as a necessary corollary of crotchetty theories, or, indeed, that any views are advocated which might not have emanated from any other accomplished hospital physician, writing from the results of his experience.

The theoretical portions of the volume are comparatively few, the great bulk being made up of the record of cases which actually occurred, and which are frequently grouped together for the sake of analysis, or comparison. In the selection of

cases for clinical instruction, the author has purposely chosen those which are of most common occurrence, very properly considering that they are the most adapted for the guidance of the student, who will meet with them most frequently in his subsequent career; while the rare cases, sometimes exclusively chosen by clinical lecturers, will, perhaps, never present themselves to a medical man in ordinary practice. Thus we find that fever, pneumonia, rheumatism, hysteria, anæmia, consumption, and many other common diseases, form the text of many of the lectures; while others are devoted to what may often be considered as mere symptoms—as pain in the stomach, vomiting, costiveness, and the like. These are, however, just the subjects with which the student requires to be made familiarly acquainted, and which he is not taught in the systematic lectures delivered at the medical schools. We do not wish it to be implied that we condemn the teaching of medicine in a systematic manner—far from it; we think such teaching absolutely essential to the formation of accurate habits of thought and reflection, but inasmuch as diseases present themselves indiscriminately, and not systematically, to our notice, the clinical teacher is a necessary complement to the systematic professor of medicine. There is the same difference between Dr. Chambers' book and a treatise on the practice of Medicine as between a description of the fauna or flora of a particular country and a treatise on zoology and botany; but both books are very useful in their way.

Dr. Chambers is tied down to no school in his doctrines, and his practice is eclectic—that is to say, he accepts or rejects any given mode of treatment according as he finds it or thinks it beneficial or otherwise, and he changes his own opinions if he finds them no longer tenable. On many debatable points he offers what appears to be a candid and well-balanced judgment: blood-letting is considered useful in certain specified cases, notwithstanding the condemnation which has been lately passed upon it in certain quarters. Alcohol is pronounced to be neither a poison nor an elixir vitæ, but an agent powerful for good or for evil, as it may be judiciously or injudiciously employed. Mercury is commended in certain cases, but condemned in others. Among the peculiarities of Dr. Chambers' practice are the *jacket-poultice* in inflammation of the chest; the recommendation of *blanketing* in rheumatic fever; and the proscription of tartar emetic as a remedy in disease, in which latter particular we by no means coincide with him. Several years since we had the same opinion inculcated upon us by an eminent member of the Profession, but we have subsequently seen so much benefit follow from the judicious use of tartar emetic, especially in diseases of the respiratory organs, that we look upon it as a remedy of inestimable value.

CONTAGIOUS DISEASES BILL.

The following are the principal provisions of the Contagious Diseases Bill, as amended by the Select Committee:—

The Admiralty and the Secretary of State for War shall, on the passing of this Act, appoint a superior Medical officer of her Majesty's navy or army to be, during pleasure, Inspector of Hospitals certified under this Act, and may from time to time, on the death, resignation, or removal from office of any such inspector, appoint any such officer in his stead.

On the application of the authorities having the direction or management of any Hospital desiring that such Hospital should be certified under this Act, the Admiralty and the Secretary of State for War may direct the Inspector of Hospitals to examine and report to them on the condition of that Hospital, and on the regulations established for its direction and management.

If on such examination and report the Hospital appears to the Admiralty and the Secretary of State for War to be useful and efficient for the purposes of this Act, and is certified in writing to be so by the Admiralty and the Secretary of State for War, the same shall be deemed a certified Hospital for the purposes of this Act, and every such Hospital is in this Act referred to as a certified Hospital.

The Inspector shall, from time to time, visit and inspect every certified Hospital.

If on the report of the Inspector respecting any certified Hospital the Admiralty and the Secretary of State for War think proper to withdraw their certificate, that Hospital shall thereupon cease to be a certified Hospital for the purposes of this Act.

Where an information, in the form given in the second Schedule to this Act, or to the like effect, is laid before a Justice of the Peace by a superintendent or inspector of police or constabulary authorised to act in any place to which this Act applies, or by any Medical Practitioner duly registered as such, the justice may if he thinks fit, issue to the woman named in the information a notice in the form given in the same Schedule, or to the like effect.

A constable or other peace officer shall serve such notice on the woman to whom it is directed, by delivering the same to her personally, or by leaving the same with some person for her at her last or usual place of abode.

In either of the following cases, namely,—

'1. If the woman on whom such notice is served appears herself, or by some person on her behalf, at the time and place appointed in the notice, or at some other time and place appointed by adjournment;

'2.) If she does not so appear, and it is shown (on oath or affirmation to the justice present that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her 'as the case may be): the justice present, on oath or affirmation being made before him substantiating the matter of the information to his satisfaction, may, if he thinks fit, order such woman to be taken to a certified Hospital for medical examination.

Such order shall be a sufficient warrant for any constable or peace officer to whom the order is delivered, to apprehend such woman, and to convey her with all practicable speed to the Hospital therein named, and for the authorities of the Hospital to cause her to be examined by some Medical officer of such Hospital, for the purpose of ascertaining whether or not she has a contagious disease, and in case, on such examination, it is ascertained that she has a contagious disease, then to detain her in the Hospital for twenty-four hours from the time of her being brought there.

Within the said period of twenty-four hours, the authorities of such Hospital shall cause a certificate, signed by the Medical officer who has made such examination, stating (if the fact be so) that on such examination it has been ascertained that such woman has a contagious disease, to be made out and laid before the justice by whom the order was made, or some other justice having the like jurisdiction; and thereupon such justice may, if he thinks fit, order the authorities of such Hospital to detain such woman in the Hospital for Medical treatment until discharged by such authorities, and such authorities shall detain her accordingly.

If any woman ordered as aforesaid to be taken to a certified Hospital for Medical examination refuses to submit to such examination, or if any woman ordered to be detained in a certified Hospital for Medical treatment refuses or wilfully neglects, while in the Hospital, to conform to the regulations thereof, or quits the Hospital without being discharged from the same as aforesaid, every such woman shall be guilty of an offence against this Act, and on summary conviction thereof before two or more Justices of the Peace shall be liable to imprisonment, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding two months.

If any person, being the owner or occupier of any house, room, or place within the limits of any place to which this Act applies, or being a manager or assistant in the management thereof, induces or knowingly suffers any common prostitute having a contagious disease to resort to or be in such house, room, or place for the purpose of prostitution, every such person shall be guilty of an offence against this Act, and on summary conviction thereof before two or more

justices of the peace shall be liable to a penalty not exceeding ten pounds, or, at the discretion of the justices, to be imprisoned for any term not exceeding three months, with or without hard labour.

Provided that a conviction under this enactment shall not exempt the offender from any penal or other consequences to which he or she may be liable for keeping or being concerned in keeping a bawdy house or disorderly house, or for the nuisance thereby occasioned.

For the protection of persons acting in the execution of this Act,—all actions and prosecutions against any person for anything done in pursuance or execution or intended execution of this Act shall be laid and tried in the county where the fact was committed, and shall be commenced within three months after the fact committed, and not otherwise ; and notice in writing of such action and of the cause thereof shall be given to the defendant one month at least before the commencement of the action ; and in any such action the defendant may plead generally that the act complained of was done in pursuance or execution or intended execution of this Act, and give this Act and the special matter in evidence at any trial to be had thereupon ; and the plaintiff shall not recover in any such action if tender of sufficient amends is made before such action brought, or if a sufficient sum of money is paid into Court after such action brought, by or on behalf of the defendant ; and if a verdict passes for the defendant, or the plaintiff becomes non-suit, or discontinues any such action, after issue joined, or if upon demurrer or otherwise judgment is given against the plaintiff, the defendant shall recover his full costs as between attorney and client, and have the like remedy for the same as any defendant has by law in other cases ; and though a verdict is given for the plaintiff in any such action, such plaintiff shall not have costs against the defendant unless the judge before whom the trial is had certifies his approbation of the action and of the verdict.

This act shall continue in force for three years from the passing thereof, and no longer.

GENERAL CORRESPONDENCE.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund :—

	£	s.	d.
James Hair, Esq., Bures St. Mary . .	0	10	6
C. F. J. Lord, Esq., Hampstead . .	0	10	6
Dr. R. Martin, Warrington . . .	1	1	0
Dr. Bisset Hawkins, Dorchester . .	1	1	0
Dr. William Sankey, Hollingbourne .	1	1	0
Amount previously announced . .	39	7	6
Received at the 'Lancet' office . .	2	18	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treasurer and Hon. Sec.

July 27, 1864.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 1ST, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows of the Society :—Dr. Waller Balls ; Dr. A. Wahltuch, Manchester ; and Dr. W. B. Woodman, London Hospital.

Dr. HALL DAVIS showed a Craniotomy Forceps, whose blade fenestrated, of the form of a very elongated horse-shoe. It was composed of two parts, male and female ; the former serrated deeply, the serrations pointing backwards, and fitting into the depression in the female parts ; the lock like Naegelé's, and the handles fastening by a spring and rack at their extremities. This instrument he had tested practically, and found it answered admirably.

Dr. MEADOWS exhibited a Bandage, which he recommended in place of the jack-towel usually applied after labour. It was made of stout calico, shaped to the abdomen and hips, having one bone for extra support in front. When adjusted, it could be fastened firmly, either by bracket or laced like a corset, the advantages being, facility of application, combined with comfort and greater efficiency.

Drs. Routh, Oldham, Rogers, Graily Hewitt, and Meadows discussed some points connected with bandaging after labour.

Dr. AVELING, of Sheffield, read a paper

ON IMMEDIATE TRANSFUSION.

The author stated that transfusion had been performed now for two hundred years, and that for the first hundred and sixty years of that time the immediate method had been solely employed. He described the numerous forms of immediate apparatus hitherto used, and pointed out their faults and advantages. He also exhibited an instrument of his own, which consists of two small silver tubes to enter the recipient and emittent vessels, and of an india-rubber tube to connect them. This has in its centre a small elastic receptacle holding about two drachms, by compressing and relaxing which the blood is made to circulate through the tube, and the quantity passing is measured. He believed that there was less chance of coagulation by the immediate method, and that it had advantages over the mediate mode. The blood was not exposed to the air ; the operation was uninterrupted, and the closest imitation of nature.

Dr. CLEVELAND thought there would be danger of introducing air in the apparatus shown by Dr. Aveling, which was not transparent.

Dr. GRAILY HEWITT said the subject brought before the Society by Dr. Aveling was one of great importance, and one moreover in which he was individually much interested. In the course of last year he (Dr. Graily Hewitt) had brought the subject of transfusion before the profession in a paper read at the annual meeting of the British Medical Association held at Bristol, and he had exhibited at that meeting the apparatus for the performance of transfusion which he now begged to lay before the Obstetrical Society. He would remark that the great desideratum in an apparatus for transfusion, adapted for use in obstetric emergencies, was a simple, certain, and ready mens of conveying the blood. The instrument which he had contrived fulfilled, he believed, these indications ; and he had had an opportunity of using this instrument only a short time since in the case of a poor woman dying from loss of blood connected with placenta prævia. The instrument acted admirably, and by its means he was enabled to transfuse two successive portions of blood. The operation was unfortunately delayed, as it proved, a little too long, and the patient failed to derive benefit from the operation ; but the experience afforded by the case was such as to justify him in expecting the best possible results from its use in similar emergencies. The apparatus devised by Dr. Aveling, which in principle, he believed, resembled one that had been recommended by Dr. Richardson, was, he considered, objectionable for a variety of reasons. The want of transparency prevented the observer ascertaining what was going on in the tube ; it was not easy to connect, off-hand, the tube with the vein of the individual supplying the blood ; and, further, it would be found very objectionable to bring the individual supplying the blood into close proximity with the individual dying from loss of blood. The person supplying the blood was often, in obstetric practice, the husband of the patient ; and, unless under very exceptional circumstances, the nerve and fortitude of the individual in question would be likely so to break down as to interfere with the carrying on of the operation. For these reasons, therefore, he believed that, however ingeniously contrived, the "immediate" method could not become a practical operation. The instrument he (Dr. Graily Hewitt) had employed—constructed for him by Messrs. Whicker and Blaise—was a two-ounce glass cylinder, fitted at one end with a piston and rod, and at the other adapted to the tube entering the vein of the patient. The blood was received into the syringe itself, the piston being

removed for this purpose, and the blood was then injected. The peculiarity of the instrument was that the blood was received directly into the syringe, without the necessity for a funnel or other apparatus; and the exposure of the blood to the air and to foreign objects—which hastened to coagulation—was thus reduced to a minimum. The operation of transfusion required forethought and arrangement, and accurate appreciation of the difficulties surrounding its performance. These difficulties he had endeavoured to point out and to obviate, in the paper to which he had already alluded.

Dr. EASTLAKE was able to confirm Dr. Graily Hewitt's statement as to the applicability and value of this instrument, having assisted Dr. Hewitt at the operation in question. It would have been impossible in this case to have brought the husband, who supplied the blood, to the bedside. His nervousness and agitation under such circumstances would probably have prevented the performance of the operation.

Dr. BRAXTON HICKS hoped he should be able some day to bring before the Society a plan which he had employed with success in the lower animals, and also in a case of hæmorrhage in a lady. The principle of its action was to prevent fibrillation, thereby doing away with the greatest difficulty attending the operation.

Dr. AVELING, in reply, would remind the Society that the operation of transfusion had been successfully performed by the simplest means—such as quills; and he differed from Dr. Graily Hewitt in his estimate of the difficulties of the operation.

Dr. GREENHALGH read a paper on Placenta Prævia, the discussion upon which was adjourned to next meeting.

An abstract of this paper will appear in the report of the next meeting.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28.

Mr. PARTRIDGE, President.

(Continued from page 65.)

Mr. J. A. KINGDON read a paper on

THE CAUSES OF HERNIA.

The object of the paper was to call in question the accuracy of the prevailing opinions concerning the causes of hernia. Instead of its being due almost entirely to mechanical causes, as most writers since the time of Scarpa have held, the author endeavoured to prove that hernia was the result of an abnormal condition of the peritoneum in its entirety, either from congenital malformation or inherent disposition to be relaxed. Without disputing the majority of the arguments that favoured the mechanical theory, the author attempted to show that mechanical causes could not operate without antecedent derangement of the peritoneum. So long as the mesenteries remained unrelaxed, in healthy bone, and with their normal attachments, the author held that hernia not only did not, but could not, occur, and that there was no disposable force that could stretch the mesenteries and dislodge the viscera. But when, from congenital defect or subsequent derangement, the mesenteries allowed the intestines to descend in the cavity of the abdomen below their proper sphere, then mechanical causes could act—then the arguments of those who advocated the mechanical theory would apply; protrusion would then be due to loss of equilibrium between the muscular parietes and the rings, but not till then. The author further attempted to show that hernia was fundamentally an affection of the peritoneum generally, by pointing out that the condition of the parietal layer determined the kind of hernia—*i.e.*, the aperture through which it escaped. The facts and arguments in support of these views were set forth in the paper.

A paper, by Dr. WILSON FOX, was read

ON THE ORIGIN, STRUCTURE, AND MODE OF DEVELOPMENT OF THE MULTILOCULAR CYSTS OF THE OVARIES.

The first division of the paper consists of a *résumé* of the views hitherto held with regard to the origin of these cysts. The author considers that the opinions hitherto expressed on this point may be divided into two chief classes. 1. Those which attribute the cysts of the ovary either to morbidly affected Graafian vesicles, or to secondary formations of these structures. 2. Those which ascribe the multilocular forms to a morbic process arising in the stroma of the ovary, independently of the Graafian vesicles. Under the second category there is a great variety and discrepancy of opinions. With regard to the former, it has long been doubted whether the number of the Graafian follicles normally existing in the ovary is sufficient to account for the whole of the cysts sometimes found in these tumours; while the proof of any fresh formation of Graafian vesicles taking place in the adult has hitherto been of a very dubious kind, nor has any account been furnished of the mode in which secondary cyst formations proceed from them. The author has studied these conditions in fifteen of the so-called "colloid cysts" of the ovary, for the opportunities of examining most of which he has been indebted to the kindness of Mr. Spencer Wells. He believes that all primary cysts of the ovary originate in the destruction of the ovum and subsequent accumulations of fluid in the follicle, the membrana granulosa acting as a secreting structure. From these cysts secondary cysts may originate in various ways, all of which, however, may be referred to one common type. Class A.—Cysts give off long tubular processes, lined by an epithelium similar to that of the cyst whence they spring; one cyst may give off two or three such processes at various parts of its circumference. These undergo constrictions in their course, and thus form secondary cysts. These processes and the cysts from which they spring are most easily found in the more dense parts of the stroma. Class B.—Thin-walled cysts give off diverticula analogous to those by which the lungs, the thyroid, and some other glandular organs, both of the gusto-pulmonary and genito-urinary system, originate in the embryo. These diverticula, which open by a narrow neck into the cavity of the parent cysts, expand as large pouches on its external surface, protruding into other and adjacent cysts. The neck may either expand into a large opening or may become constricted, in which latter case the original communication is destroyed. One cyst may in this manner give off numerous diverticula. These varieties (A and B) usually co-exist in different parts of the same tumour. They were found by the author in three out of the fifteen tumours examined by him. They give rise to very compound structures, but not to the dense masses to which the names of "alveolar degeneration," "cystoid disease," and "adenoid tumours" of the ovary have been given. This variety (or Class C) results from the formation, on the inner surface of the cyst-wall of a series of tubular glands, analogous to those of the uterus, or the crypts of Lieberkühn, or the glands of the stomach. They are formed by the (1) epithelium lining, the parent cyst becoming stratified, and in its superficial layers assuming a columnar character. (2). Into this stratified epithelium, papillæ formed of connective tissue spring from the stroma of the ovary, in each of which a loop of vessels is formed. A series of densely-clustered villi is thus produced, which are converted into tubular glands by the growth upwards around these bases of the stroma of the ovary. The glands may become compound at their bases by secondary villi arising in them. They may be converted into simple cysts by the closure of their orifices; but more commonly the upward growth of the stroma surpasses that of the villi in which their summits end, and the glands become completely shut off and enclosed in the stroma, forming groups of a very compound form, of tubular structure, lined by a secreting epithelium embedded in the wall of the parent cyst. When distended by further secretion they form the smaller and larger multilocular cysts scattered on the inner wall of the parent cyst. Other modes of cyst-formation resulting in dense cystoid masses were traced by the author to these structures. Class D refers to the cyst found in the cauliflower papillary or dendritic growths which spring from the interior of parent cysts. These growths originate in a number of delicate papillæ growing from a common basis,

and uniting to form larger masses. They consist of a delicate stroma, derived from that of a parent cyst-wall, a loop of vessels, and a covering of epithelium. The irregularity of their growth causes spaces to be enclosed by them, lined by a secreting epithelium, and which, when completely shut off, become cysts. Various illustrations were given of this process. The author considers that in no case are the secondary cysts in the cauliflower growths of the ovary derived from single epithelium cells. The author then referred to the observations of Drs. Pflüger and Billroth on the origin of the Graafian follicles from tubular structures found in the embryonic condition of the ovary; and though not fully able to corroborate all Dr. Pflüger's views from his own observations, he has convinced himself that the Graafian follicles originate in tubular structures. He regards these cysts as resulting from a renewal in the adult of the early mode of development of the Graafian vesicle with various morbid aberration from the type of embryonic growth, and thinks they must therefore be placed in the same category with other cystic tumours growing in structures having tubular glands and ducts, especially with those of the mamma, testicle, the thyroid gland. He regards the cysts mentioned under class D as presenting essentially the same type, inasmuch as the large papillary and cauliflower masses can only be regarded, similarly to the Haversian fringes of synovial membranes, as everted glandular structures. He has not had any opportunities of examining any multilocular cysts of the ovary containing dermoid structures; but, inasmuch as these have been shown to contain both normal hair follicles and sebaceous and sudoriparous glands—all of which structures are the frequent seat of cyst formations—he believes that they will be proved to follow the same laws of growth as the colloid cysts. The author, from chemical examinations of the fluid contents of the cysts, has been led to regard the so-called colloid matter found in them, as the result of alterations depending on the varying conditions of pressure under which they are secreted from the inner surface; and he believes that this matter cannot be considered as the result of any special form of degeneration of the tissue of the ovary. The method which the author has pursued in studying the development of the cysts of the Clauses A C D has been to make sections in the recent state with a Valentin's knife through various parts of the stroma. The glands of Class C are best displayed by sections made vertically to the inner surface of the cyst-wall. Observations on Classes C and D are much facilitated by hardening the tissues in chromic acid solution of two per cent., and subsequently treating sections made by a sharp razor with liquor of soda and glycerine.

BIRTH.

Paterson.—On the 19th ult., at Balbeggie, Perthshire, the wife of George K. H. Paterson, L.R.C.P. & L.R.C.S.Ed., of a son.

DEATHS.

Abraham.—On the 16th inst., at Marsden Villa, Haverstock hill, Thos. Abraham, M.D., late of New Broad street, aged 56.

Ammer.—On the 9th inst., at Presbury, Hungary, Nikolous Ammer, M.D., aged 56.

Barnes.—On the 18th inst., at Rupert road, Upper Holloway, John Barnes, M.D., formerly of Tavistock place, aged 63.

Don.—On the 18th inst., at Bearchill, Brechin, Forfarshire, N.B., James Don, M.D., retired Surgeon-General, Bombay.

Fell.—On the 18th inst., at Ambleside, Westmoreland, W. Fell, M.R.C.S.E., aged 62.

Forrester.—On the 30th ult., suddenly, on board the Steamship "Nubia," in the Red Sea, on the homeward passage from India, Wm. Forrester, Surgeon Madras Army, aged 45.

Jones.—On the 7th inst., T. R. Jones, M.D., of Aberystwith, aged 35.

The Inverness District Lunatic Asylum has been recently opened. Accommodation is provided for 350 patients. The hospitals and infirmaries for the male and female patients are detached buildings, each hospital being fitted up for forty inmates.

THE INDIAN MEDICAL SERVICE BILL.

The following is the division list on the occasion when the above Bill was rejected on its Third Reading.

Ayes.	*Noes.*
Ayrton, Acton Smee.	Astell, John Harvey.
Baring, Rt. Hon. Sir F. T., (Portsmouth).	Aytoun, Roger Sinclair.
Baring, Thomas G. (Penryn).	Beecroft, George Skirrow.
Bouverie Rt. Hon. E. P. (Kilmarnock).	Bramston, Thomas William.
Bouverie, Hon. P. Pleydell (Berks).	Briscoe, John Ivatt.
Bruce, Rt. Hon. Henry Austin (Merioneth).	Brooks, Robert.
Bury, Viscount.	Burrell, Sir Percy.
Cardwell, Rt. Hon. Edward.	Butler-Johnstone, Hon. A. (Canterbury).
Childers, H. Culling Eardley.	Cecil, Lord Robert.
Collier, Sir Robert Porret.	Clay, James.
Cowper, Rt. Hon. William F.	Clifton, Sir Robert Juckes.
Craufurd, Edward Hy. J. (Ayr).	Colebrooke, Sir Thos. Edward.
Crawford, Robert W. (London).	Cox, William.
Doulton, Frederic.	Duff, Mount. Elph. Grant (Elgin).
Fermoy, Lord.	Farquhar, Sir Minto.
Gibson, Rt. Hon. Thos. Milner.	FitzGerald, William R. S.
Gilpin, Chas. (Northampton).	Fleming, Thomas Willis.
Gladstone, Rt. Hon. William.	French, Colonel.
Goschen, George Joachim.	Gard, Richard Sommers.
Gower, Hon. F. Leveson (Bodminster).	Greene, John.
Grey, Rt. Hon. Sir Geo. (Morpeth).	Hadfield, George.
Headlam, Rt. Hon. Thomas Emerson.	Hamilton, Major (Linlithgow).
Howard, Hon. Charles W. G. (Cumberland).	Hay, Sir John C. Dalrymple.
Hutt, Rt. Hon. William.	Howes, Edward.
Ingham, Robert.	Jermyn, Earl.
Lewis, Harvey.	Lefevre, George John Shaw.
Locke, John.	Lennox, Lord Henry G. (Chichester).
Mackie, James.	Lowther, Hon. Col. (Westmoreland).
Mackinnon, Wm. A. (Lymington).	Lyall, George.
Martin, Phil. W. (Rochester).	Lysley, William John.
Martin, James (Tewkesbury).	Moffat, George.
Morris, David.	Monsell, Rt. Hon. William.
Neate, Charles.	Moor, Henry.
Newdegate, Chas. Newdigate.	Naas, Lord.
O'Hagan, Rt. Hon. Thomas.	Nicol, William.
Paget, Lord Alfred (Lichfield).	Pakington, Rt. Hon. Sir John.
Paget, Lord Clarence (Sandwich).	Powell, Francis Sharp (Cambridge Borough).
Palmerston, Viscount.	Selwyn, Charles Jasper.
Peel, Rt. Hon. Sir Robert (Tamworth).	Seymour, Hy. Danby (Poole).
Peel, Rt. Hon. Fredk. (Bury).	Somes, Joseph.
Shelley, Sir John Villiers.	Surtees, Henry Edward.
Tollemache, Hon. Fred. James (Grantham).	Sykes, Col. William Henry.
Villiers, Rt. Hon. C. Pelham.	Taylor, Col. (Dublin Co.)
Wood, Rt. Hon. Sir Charles (Halifax).	Taylor, P. Alfred (Leicester).
Tellers:	Torrens, Robert.
Mr. Brand and Sir W. Dunbar.	Williams, William (Lambeth).
	Tellers:
	Mr. Hennessy and Col. North.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th ult.:—Charles Edward Blair, Wandsworth; Alex. Hampton Brewer, Victoria, Monmouthshire; Thomas Collier, Bridgend, Glamorganshire; George Covey, Basingstoke; John Hamilton Craigie, Finsbury square; Richard Rothwell Daglish, Wigan; Thomas Henry Whitehouse Davies, Stroud; Henry James Divelly, Wandsworth; John Challen Duke, Leominster, Sussex; John Moore Fisher, Hull; George Gill, Liverpool; John Hankinson Gornall, Liverpool; John Hedley, Newcastle; George Henry Hills, Old Kent road; Thomas Laffan, Dublin; Augustus Square May, Plymouth; James More, Rothwell,

Northamptonshire; Thomas Henry Morris, Spalding; Walter Hugo Reed, Tiverton, Devon; William Matthew Renton, Shotley Bridge; John Coryton Roberts, Peckham; George Henry Savage, Brighton; Frederick Turner, Buxton; William Foster Vise, Spalding; John Hargreave Wraith, L.S.A., Over Darwen.

The following gentlemen were admitted Members on the 27th ult.:—William Bailey, L.S.A., Tipton, Staffordshire; Henry Barnes, Wigton, Cumberland; Joseph Edward Collingwood, Corby, Lincolnshire; Thomas Fairbank, Islington; Ernest Last Fyson, Exning, near Newmarket; Richard Carter Goddard, Stockport; William Henry Harding, Wormley, Herts.; Henry Cripps Lawrence, Surbiton; Paulin Martin, L.S.A., Abingdon; Lewis Wayne Morgan, Hafod, Glamorganshire; Thomas Renny Strachan Nivison, Edinburgh; David Renton, M.D., Madeira; James Francis Hamilton Richardson, Down, Kent; Thomas Edward Roberts, Gibraltar; Charles Edward Heron Rogers, Westmeon, Hants; Joseph Hiram Shearwood, Spilsby, Lincolnshire; Ebenezer Fulham Turner, Upper Clapton; Alfred Edward Wilmot, Ryde, Isle of Wight; Stephenson Moreton Wightman Wilson, Mowsley, Leicestershire; William Thomas Hurd Wood, Notting hill; Charles James Wright, Wakefield.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—Roderick William Henderson, Lower Halliford, Middlesex; Richard Jackson, Birmingham; William Melville Knipe, Guy's Hospital; William Cubitt Lucey, Bermondsey; Philip Brookes Mason, Burton-on-Trent; William Fred. Ruttledge, London Hospital; William Yates, Richmond green.

The following gentlemen also on the same day passed their first examination:—William Le Gros Denziloe, St. Mary's Hospital; William Griffith Jones, Middlesex Hospital; William John Land, St. Mary's Hospital; Thomas Charles Murphy, University College; James Copland Worthington, Middlesex Hospital.

Mr. Fope Hennessy.—The member for King's County, who rendered such good service to the Profession by leading the opposition to the India Medical Service Bill, has already on more than one occasion shown his interest in the Medical profession. It will be remembered that it was his amendment on the Irish Registration Bill that substituted Medical practitioners for the constabulary as registrars. We believe that Mr. Hennessy was educated for the Profession of Medicine, and passed through the classes with considerable distinction.—'Lancet.'

Arrival of Dr. Livingstone.—This distinguished African traveller arrived by the Paris express train at the Charing cross Railway Station on Saturday evening last.

Punishment for Assaulting a Surgeon.—A private of the 1st battalion of the 19th Regiment, stationed at Jullundur in the East Indies, has been sentenced to penal servitude for life for striking an assistant-surgeon in his cell when a prisoner. The sentence has been confirmed by Sir Hugh Rose.

The Wounded Guardsman at Wimbledon and the Volunteer Surgeons.—On Thursday, the 21st, at the camp at Wimbledon, a guardsman, named Thomas Cooper, employed as marker at the butts, unluckily exposed himself and received a ball, which entered an inch and a-half below the angle of the left scapula, passed through the lung, and without perforating, lodged between the cartilages of the third and fourth ribs, where it was wedged in, and could be felt about two inches obliquely above and internal to the left nipple. The man had all the symptoms of wounded lung: collapse, difficult breathing, intense pain, no great bleeding outwardly, some cough, and blood expectorated in frothy fluid mouthfuls. He was brought under the care of Dr. Westmacott, of the London Scottish Volunteers—formerly Surgeon to the New York Artillery, and well-known as an accomplished Surgeon, and as adding the artistic talents of his family to his Professional acquirements—to that gentleman's own tent, where he was soon after seen by Dr. Buzzard, of the Queen's (an old Crimean man); Dr. Shepherd, of the Victorias; Dean, of the Middlesex; Dr. Halley, of the London Scottish; and Staff-Surgeon Guinness of the Guards, and others. When Dr. Westmacott had ascertained the facts as above stated, he and his colleagues decided that it would be better to leave the case without any attempt to extract the ball, although they had at hand, with commendable forethought, every instrument for the purpose that modern ingenuity could devise. Emphysema was beginning over the left clavicle and extending to the right. The exploration was made under the use of chloroform, and in view of the apparent hopelessness of the patient, it was continued from time to time to ease his sufferings. Curtis's chlorodyne also was given with good effect, iced water with brandy in abundance was administered, and the patient got through the night with great distress. The next day vomiting came on, but not of blood; on Saturday retention of urine; a few mouthfuls of dark blood were also expectorated. Surgeon Trotter, Mr. Prescott Hewett, and Surgeon-Major Wyatt were also called in consultation, and in spite of the unpromising aspect of the case, the poor fellow is likely to do well. It is but bare justice to the Volunteer Surgeons, and it ought to be a source of satisfaction to the volunteers and their friends, to state that the former have many experienced Army Surgeons amongst them, and are capable of attending efficiently to every casualty that may occur. They were amply occupied at this review with lesser injuries to the eyes arising from the detonation of Government caps, bruises of the fingers, &c. One death is reported from sunstroke.—'Medical Times and Gazette.'

Dinner of the Apothecaries' Society.—The Annual Herbarizing Dinner of the members of the London Society of Apothecaries was held at the Castle Hotel, at Richmond, on Friday last. This dinner, the cost of which is defrayed by private arrangement among the members themselves, was originally instituted for the purpose of encouraging and promoting the science of botany, by the collection of the indigenous plants growing around the metropolis, but the increase of buildings, and the consequent destruction of the suburban native Flora, have frustrated this design, and the dinner is now perpetuated only for the purpose of maintaining a social feeling among the members of the company, the master and wardens of which usually invite the chiefs of the different Medical and Surgical Departments to meet them on the occasion. Mr. Henry Combe, the Master, occupied the chair, and was supported by Dr. Gibson, the Director-General of the Army Medical Department, Dr. Bryson, the Director-General of the Navy Medical Department, and several representatives of the Royal Colleges of Physicians and Surgeons, among whom were Dr. West, Dr. Basham, Dr. Sibson, Dr. Fraser, Mr. Campbell de Morgan, Mr. Barnard Holt, Mr. Nunn, &c. Dr. Gibson, in responding to the toast of the Army, declared that the Medical Service of the Army was in a state of general efficiency, but he made very little allusion to the questions now pending between the Army Medical Service and the Government. The arrangements made by the stewards in providing the dinner, gave general satisfaction.

Bravery of Army Surgeons in New Zealand.—Sir Duncan Cameron, the General Commanding in New Zealand, in a despatch dated Tauranga, May 3rd, 1864, thus refers to the courage displayed by three medical officers during the recent engagement with the Maories:—"I am much indebted to all the officers commanding and heads of departments for the zeal and activity with which they discharged their respective duties; but I must particularly mention the valuable services of Deputy Inspector-General Mouat, Surgeon M'Kinnon, 57th Regiment, and Assistant Surgeon Manley, Royal Artillery, who fearlessly exposed themselves to fire in attending to the wounded, the greater part of whom fell close to the enemy's work."

St. Mary's Hospital.—The students of St. Mary's Hospital have recently presented to Mr. G. G. Gascoyen, Assistant-Surgeon and Lecturer on Anatomy at the Hospital and School, a service of plate, inscribed. The testimonial was presented by Mr. Raynes, House-Surgeon, in the board-room, with an appropriate address expres-

sive of the feelings of esteem with which the past and present students regarded the services of Mr. Gascoyen during his tenure of the office of Dean of the School and as a teacher of Anatomy.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUGUST 3.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUGUST 4.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUGUST 5.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, AUGUST 6.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 8.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 9.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

DR. ROBERT FOWLER.—The list is inserted.

MR. G. K. PATERSON.—The announcement is inserted.

STUDENS.—The examinations at the College of Surgeons of England are no longer held weekly, but on such occasions as are determined by the authorities. The first examination is always practical, and is conducted upon the dissected subject.

MR. T. H.—The Life Assurance Office in question is a highly respectable one, and the proposed amalgamation consists of the absorption of the other office, which will cease to exist.

DR. TUCKER sends us the following receipt for Mont D'Or water, taken from Beasly's 'General Receipt Book':—

℞ Bicarb. sodæ, gr. 70,
Sulph. ferri, gr. ⅔,
Mur. sodæ, gr. 12,
Sulph. sodæ, gr. ¼,
Mur. calcis, gr. iv.,
Mur. magnesiæ, gr. ij.,
Aquæ aëratæ, lb. j. [See page 199.]

Is this correct and genuine?

SUBSCRIPTIONS FOR THE LATE MR. BULL'S FAMILY.

To the Editor of the Medical Circular.

SIR,—The Rev. H. Bromfield acknowledges with thanks the receipt of 5s. in stamps for Mrs. Bull from C.F.G. and J.M.

Blockley Vicarage, July 29, 1864.

MR. B. S.—Podophyllin in the resin of the *Podophyllum peltatum*, of the natural order of Podophyllaceæ. It is very liable to cause griping, and should therefore be combined with hyoscyamus, or extract of Indian hemp.

DR. R. C.—We have noticed the matter among our leading articles.

QUÆSO.—We have heard of the subject alluded to, but do not deem it of sufficient importance to lay before our readers. The conduct of the principal person is quite in accordance with what we should have anticipated.

University College Medical Dinner, WILLIAM CADGE, Esq., F.R.C.S., in the Chair, will be held on Thursday, NOVEMBER 3rd.
Further particulars will be announced by Advertisement.
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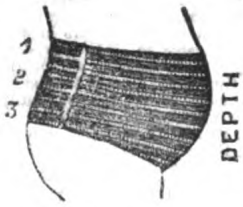
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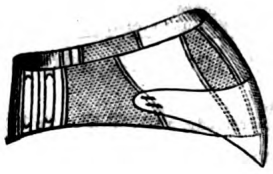
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 68.)

The Causes, Diagnosis, and Treatment.

I have seen two instances of hour-glass contraction, but as there was no flooding in either, I shall not mention the particulars. The placenta in both cases was shut up and firmly compressed in a small compartment of the uterus, so that the uterine sinuses were very efficiently plugged. The following case is an example of hæmorrhage, resulting from retention of the placenta by a firm contraction of the os uteri. The patient was attended in her fourth labour by a pupil of the Dispensary. He sent for me in consequence of retention of the placenta, and flooding, which he was not able to control. The child had been born three-quarters of an hour when I arrived. On external examination, the uterus was felt unusually large, and was tender to the touch. Internally, the insertion of the cord could be readily made out just within the os, which was so contracted, as barely to allow two fingers to pass through. The pupil stated that he had tried firm traction, but with no effect, except that of aggravating the discharge. If the case had been in my own hands from the commencement, I should most likely have first tried drawing the placenta through by traction on the cord ; but the patient had lost a great deal of blood, and from the size of the uterus I concluded there were clots in utero, besides the afterbirth. Therefore, I thought it advisable to introduce my hand. The os was gradually dilated, and the hand passed through. The placenta was lying loose in the lower part of the uterus, and above it was a mass of clots. On their removal, the uterus contracted firmly, the tenderness disappeared, and the flooding ceased.

Inversion of the Uterus.—This dangerous accident fortunately happens very rarely. It sometimes occurs spontaneously, but is more commonly due to mismanagement in the delivery of the placenta. It is generally attributed to premature traction on the cord, while the placenta is still attached. There are two instances on record in which, apparently, strong pressure externally inverted the uterus. Mr Ingleby traced its occurrence on two occasions to unskilfulness in separating the adherent placenta. The cord being unusually short may also produce it.

Diagnosis.—Immediately on the occurrence of inversion dangerous constitutional symptoms exhibit themselves, the result of nervous shock and loss of blood—such as syncope, nausea or vomiting, and a quick and feeble pulse. The face is pale, and covered with cold clammy moisture. The patient also suffers from constant and violent forcing pain in the hypogastric and pelvic regions. The symptoms of sudden collapse, of themselves would not be sufficient to indicate the occurrence of inversion of the uterus, for they might be due to other causes, as rupture of the uterus or vagina closely preceding the birth of the child, an overwhelming loss of blood, simple but severe nervous shock consequent on the exhaustion and sufferings of labour, the existence of a large polypus of the uterus hanging in the vagina, or an immense thrombus of the vulva. The nature of the accident is very soon cleared up on making an external and internal examination of the uterus. Generally, the uterus cannot be felt at all in the supra-pubic region. When the inversion is only partial, a portion of the uterus may be felt, as in an instance which came under Mr. Ingleby's observation. In all cases, however, the roundness of the fundus will be absent. On proceeding to make a vaginal examination, we may find a tumour protruding from the vulva ; and if the placenta is attached to it, the character of the case is plain at once. The inversion may not have taken place until after the removal of the placenta ; in that case, we may tell that the tumour is in the uterus by its sensibility. The portion of the tumour to which the placenta was attached will be noticed to be rough, while the rest is smooth, and blood will be seen issuing from the uterine sinuses. The fact of a globular tumour lodging in the vagina or protruding externally, coupled with the absence of the uterus in the hypogastric region, and the severity of the constitutional symptoms, ought to be quite sufficient, in most instances, to enable us to diagnose inversion of the uterus

Treatment.—If it can be effected, the uterus should be immediately re-inverted ; and it seems to be a simple operation when undertaken directly on the occurrence of the accident. Every moment deferred increases the difficulty of re-inversion. The inverted fundus should be grasped and compressed firmly by the hand, and pressed slowly upwards. If the operation is to be successful, the tumour will be felt to yield and glide upwards up to a certain point, when the fundus will spring suddenly away from the hand and resume its proper position. When the uterus is inverted with the placenta still attached, should the latter be first removed, or should the uterus be replaced with the placenta *in situ?* Opinions seem pretty equally divided on this point. If I were to meet with a case of inversion, I should certainly feel disposed, first, to re-invert the uterus, and then to separate the placenta. By removing the placenta first, I should not be afraid so much of increasing the hæmorrhage, as of causing the uterus to contract, and rendering, in consequence, the re-inversion more difficult. If the uterus could not be replaced with the placenta attached, I should then of course remove it, and make another attempt. In those cases where an attempt to replace the uterus fails, the hæmorrhage must be arrested by applying cold to the inverted organ itself. Probably, pushing the uterus into the vagina would also assist in arresting the flooding. The walls of the vagina would act as a plug to the uterine sinuses, and irritate the uterus to contract. The collapse due to the accident and loss of blood must be combated by the free administration of stimulants.

Illustrative Cases.—As I have not met with a case of acute inversion of the uterus, I shall therefore quote one from the 'Glasgow Medical Journal,' and another from Ingleby's essay on that subject :—

I. Dr. Kelly, of Glasgow, delivered the patient, a primipara, after a lingering labour, by the forceps. As soon as the head was extracted there was a large gush of blood. He then goes on to say: "I then quickly asked the attendant at the bedside to lay her hand upon the belly, and without a moment's hesitation she somewhat rashly and roughly pressed both hands *into*, rather than on, the belly (it may be observed that in her right hand she held a towel, so that her fist was closed). This firm pressure seemed to arrest the flooding, and to have the effect of producing pain, as the body of the child (living) was expelled with very slight manual help ; but again hæmorrhage ensued, with sighing, restlessness, pulse extremely weak, and that exsanguine aspect, as well as general coldness of the whole surface of the body, which indicates imminent peril. Having given her a quantity of whisky and made her head level with her body, I passed my finger towards the vulva, which immediately touched what I supposed, and even considered the placenta ; but after tying the cord and separating the child from the mother, I laid my hand upon the belly ; but finding no hard or rounded uterus, the thought of what might be at once flashed across my mind. Accordingly, to my extreme regret, I found lying upon the bed this soft mass formerly felt ; and beneath the firm, hard, oval, unmistakable, entire inverted uterus, protruding quite externally. At this point, observing the dangerous condition of the patient, both from the shock of such an accident and from the exhausting loss of blood, I requested the assistance of my friend Dr. Tindal, who, I was aware, had had a similar case ; and his attendance, I am happy to say, was

prompt. Our first thought was that it would be best, and we even endeavoured before returning the displaced organ, to remove the placenta. To distinguish, however, placenta and walls of uterus, either by appearance or feel, and to separate the former with impunity to the latter, so firmly adherent whilst covered with blood, was a more difficult and hazardous task than one may feel disposed to credit, and than we were willing to risk. With right hand doubled up, therefore, I pressed steadily and firmly against the fundus, or most dependent part of the whole mass, which very soon began to yield and glide upwards, followed by the hand, until complete reduction and normal restoration was effected. The placental mass was now speedily and easily peeled off, in doing which the internal irritation re-excited the contractile powers of the uterus, and the retained placenta was expelled, with which the hand was withdrawn. Thereupon, more whisky was given, which soon rallied her from the shock and loss of blood." She recovered without a bad symptom.

II. "Mrs. —— was delivered of her first child on Thursday night, the 17th. The practitioner informed me (Mr. Ingleby) that, immediately on the removal of the placenta, syncope took place, followed by profuse hæmorrhage, which subsided a little the next morning. She was harassed by frequent vomiting, pain in the hypogastrio, and an occasional increase of hæmorrhage, until the succeeding Thursday night, the eighth day after delivery, at which time I was requested to see her. I found her nearly without pulse, exsanguine, comatose, delirious on being roused, and apparently moribund. On laying my hand over the pubic region, the uterus, which felt very hard, presented two singular features, its form being almost conical, and its circumference particularly small. I ascertained that the vagina was filled by a very bulky round tumour, which almost reached the os externum, corresponding to the fundus uteri, and resembling a very large-sized polypus. On carrying the finger as high as I could possibly reach, I distinctly felt the os uteri encircling the tumour like a firm stricture. It was clearly a case of inversion of the uterus, the body of the organ being above the brim, and the os internum occupying the centre of the inversion. Under the impression that the sufferer was dying, her relations resisted for some time our earnest entreaties to be allowed to make an effort for her relief. Yielding partly to persuasion and partly to remonstrance, they at length assented. In about five minutes the stricture gave way to the compression which was employed; the left hand gained full possession of the uterine cavity, the fingers being distinguished through the abdominal coverings by means of the right hand placed over the hypogastrium. A piece of placenta was felt adhering to the body of the uterus, but allowed to remain, the organ being then perfectly flaccid; and neither the presence of the hand within its cavity, with friction and a cold napkin over the hypogastrium, nor the administration of ergot and diffusible stimuli, produced the slightest contraction. The hand was therefore withdrawn, and the stimulating plan persisted in during twelve hours before the pulse could be distinguished. The return of the pulse was almost immediately followed by the return of uterine contraction and the expulsion of the piece of placenta, being about one-fourth of the entire mass, in a highly decomposed state. The following day the patient was wonderfully improved, and gradually recovered."

SUNDERLAND MEDICO-CHIRURGICAL SOCIETY.—A Society under the above title has been formed in this town under the presidency of Dr. Brown, J.P., with Mr. Dixon, J.P., and Dr. Parker as Vice-Presidents, and Dr. Yeld as Hon. Sec. and Treasurer. The objects of the Society are: The reading of papers, and discusions on all subjects relating to Medicine and the allied sciences, and mutual intercommunication respecting the prevalent diseases of the district. The exhibition of microscopic and other specimens of a physiological or a pathological character. To have power to take cognisance of all matters relating to medical ethics submitted for consideration.

ORIGIN AND NATURE OF SYPHILIS.

By RICHARD SAMUEL SISSON, M.D.

(Continued from page 70.)

A girl, having had connection with forty-seven men in twenty-four hours, and suffering in consequence from inflammation of the vagina, &c., was under the care of M. Rossignol. As no specific disease followed, the case is quoted by Mr. Acton as conclusive against Mr. Holmes Coote's opinion. Now, we have here a fair example of the inconclusive arguments by which theories are too commonly supported or opposed; for the means taken for subduing the inflammation, would put a stop to those processes by which the specific disease might have been produced. It is my opinion that much less intercourse, and milder results, coupled with neglect of cleanliness and treatment, would be most likely to give rise to the disease—as Dr. Watson says of purulent ophthalmia: "My own creed upon the matter is this, that the disease may and often does arise, independently of contagion, from the agency of ordinary causes of inflammation, and that having so originated it acquires contagious properties, which develop themselves only under circumstances that favour the propagation of most of the contagious complaints."—('Practice of Physic.')

Dr. Fergusson, in 'Notes and Recollections of a Professional Life,' says: "I believe with my friend Mr. Guthrie, that whenever prostitution is foul and unclean, restricted to few women amongst crowds of men, there the infection will be generated, which afterwards spreads through society at large."

Sir George Ballingall expresses his opinion that "syphilis may be developed in sound persons under particular circumstances, by the abuse of coition."—('Mil. Surg.')

Though combating such theories as these, Mr. Acton believes that syphilis originated from some poison introduced into the economy from animals, or decomposing animal matter.

I see no improbability in assigning the origin of this poison to the decomposition of the human secretions, or in attributing syphilis to the absorption into the economy of a poison extrinsically generated, precisely as we now believe pyæmia so called to be produced.

Professor Aitken says: "The history of small-pox is decisive against the notion of its spontaneous origin, and if of small-pox, so for all the other specific zymotic diseases of the same nature." I, however, would reverse the Professor's line of argument, and say, since it is proved that many zymotic diseases amongst animals, as well as in man, do arise spontaneously, so we may infer of the rest; and I believe we carry our incredulity much too far when we deny the possibility of such origin on the bare grounds that absolute proofs are wanting.

To this theory, however, the objection may be raised that, if syphilis is subject to the same laws as other diseases of a similar nature, how comes it that virtuous females and others who have not subjected themselves to the usual means of contagion are not as frequently affected by it as by these diseases.

It would appear, indeed, that such was formerly the case, for the writers of the sixteenth century have described the infection as being conveyed, like the plague, from one person to another.

Syphilis, however, is not what it then was; it is milder in all its phases; and I think we may conclude with Dr. Farr, that "the morbific principle of some diseases, including that of syphilis, is fixed;" or with Dr. Mason Good, that "the miasm of human effluvium is chiefly distinguishable from that of dead organised matter by being less volatile."—('Study of Medicine.')

Unity or Plurality of the Chancrous and Syphilitic Poisons.

Upon this subject opinions differ, much more than is generally supposed, as the following propositions will show:—

1. The hard chancre alone is the infecting sore.

2. Both hard and soft chancre are infecting, their character depending on locality alone.

3. The character of chancre is determined by constitutional influences solely.

4. The suppurating sore is not infecting, but can produce a hard chancre, which is.

5. The suppurating sore is not syphilitic at all.

6. Induration of a chancre is the first symptom of constitutional infection.

7. Chancres have nothing peculiar or specific, but are the offspring of filth, having their character modified by the texture affected.

8. All chancres are local, and never followed by constitutional disease.

Carmichael describes four or five different primary sores capable of producing constitutional symptoms.

Syphilographers have caused great confusion by treating of chancre and constitutional symptoms under the common title of "the syphilitic poison." The terms "chancrous" and "syphilitic" are, however, by no means convertible or synonymous, and I have treated of them together, merely for convenience' sake; besides, they are so intimately connected, that a different arrangement would lead to nothing but confusion.

Ricord says, that chancre no more means syphilis, than the bite of a mad dog means hydrophobia; and those who support the first proposition—viz., that the hard chancre alone is the infecting sore—believe in the unity of the syphilitic, but in the duality of the chancrous virus; whilst those who hold that both hard and soft chancre are infecting, their character depending on locality alone, maintain the unity of the chancrous, as well as of the syphilitic poison.

It will be sufficient for our present purpose to discuss the two following questions alone:—

Is there any fundamental distinction between hard and soft chancre? And are their results necessarily different?

Mr. Lee says: "The hard chancre, untreated by mercury, is invariably followed by constitutional symptoms; the soft, never:" and he supports the first proposition by what appears to me negative evidence of the weakest kind.

"A patient," writes that gentleman, "who considered himself well informed upon the subject of the characters of an infecting sore, presented himself in March, 1859. He had a sore on the right side of the frænum, which spread ultimately for about three-quarters of an inch along the urethra. As the sore extended it became surrounded by considerable indurations, and this, as it approached the urethra, terminated quite abruptly. It was then impossible to distinguish this induration from that which accompanies an indurated infecting sore, and the patient believed that his affection presented all the characters of a true Hunterian chancre. The history of the case, however, and the character of the secretion furnished different testimony; and the patient was prevailed upon, not without considerable difficulty, to be treated for a local affection. I ventured to assure him that his constitution would not be affected, and I had the satisfaction of seeing him Nov. 5th, 1860, and again Feb. 21st, 1862, without his having had any constitutional disease."

The following case, from Harrison on 'Venereal Diseases,' is to the same effect:—

"A young lady had on the right labium an ulcer with a well-defined edge, which proved troublesome, and took a long time to heal. At one period there was considerable thickening about it, so that I was almost inclined to look upon it with suspicion, and was almost thrown off my guard by its appearance. The hymen was perfect. . . . There was, in fact, nothing venereal about the sore; but if ever I saw a chancre, so far as external or visible characters are concerned, it was this." These two sores got well without mercury, were not followed by constitutional symptoms, and therefore, according to the views of these gentlemen, could not possibly have been indurated chancres; although both admit that, as far as external appearances were concerned, they were undistinguishable from such.

Mr. Lee trusted to the history of his case and the secretion furnished, both fallacious guides—the former, as given by the patient, not often to be depended upon; and the latter of no diagnostic value.

Dr. Bennett, of Edinburgh, one of the first histologists of the day, says: "No distinction exists between the different kinds of chancre and other purulent sores." Sigmund, of Vienna, also says no distinction exists. In Mr. Harrison's case the hymen was perfect—no unusual case in girls affected with both gonorrhœa and syphilis. (See several cases to this effect in 'Lancet,' 1859-60.

It is now well ascertained that mercury may postpone, but will not prevent, the appearance of constitutional symptoms; and it is also equally well known, that whatever treatment we adopt for the cure of chancre, no secondary symptoms may follow.

Galligo affirms that hard chancre untreated may be followed by no secondary symptoms. Diday remarks that secondary symptoms generally occur within three months after hard chancre not treated by specifics, if such are to appear; inferring thereby that such do not always appear under these circumstances.

Moreover, according to Marston, Hebra, and others, no constitutional symptoms may follow infecting chancre for many years, or the disease may remain latent in the father and yet be inherited by the offspring. The weight of evidence, then, appears to me against the proposition that "hard chancre untreated by mercury is invariably followed by constitutional symptoms."

Of soft chancre, Mr. Langston Parker says: "I believe that the simple non-indurating chancre occasionally gives rise to constitutional symptoms."

Contrasting the simple chancre with the sloughing and phagedænic, Mr. Erasmus Wilson says: "The calm and natural action present in the simple chancre being favourable to the development of the virus, renders it more dangerous as a source of constitutional infection."

Mr. Mayo says: "Although we now admit that local ulcers of another character are liable to follow impure intercourse, and *to infect the system*, still the opinion universally maintains its ground, that the appearances specified by Hunter are most decisive as to the nature of the disease."

And Mr. Harrison, going still further, writes: "Symptoms simulating those of constitutional syphilis, such as eruptions, sore throat, &c., may, if I mistake not, supervene on ulcers of the genitals not truly syphilitic."

Dr. Clerc, one of Ricord's pupils, considers the simple chancre only a modification of the infecting chancre; it is, he says, the result of the inoculation from an infecting chancre upon a subject already affected by constitutional syphilis. Each of these chancres transmits itself singly as a distinct pathological species.—(Maunder's 'Translation of Ricord.'

Ricord himself states: "The chancre with a soft base of syphilitic subjects is transmitted either as a simple or as an indurated chancre. Finally, it seems probable that the form under which it is reproduced depends on the nature of its origin, that is to say, on the chancre which gives birth to it."—(Ib.)

In other words, Dr. Clerc believes that the soft chancre is the result of the inoculation of the hard upon a previously infected individual, and that it retains this modified character under all circumstances; whereas Ricord believes that it is transmitted as a hard chancre to a previously healthy individual. At the same time, he considers the soft chancre here spoken of as analagous only in appearance to the simple chancre; so that, in order to escape from the dilemma in which he was involved by his dogma that "simple chancre is never followed by constitutional symptoms," Ricord has described as a different species of sore that which had always been considered synonymous with simple chancre—viz., "chancre with a soft base."

The inoculation test is, however, the *experimentum crucis* of those who deny the unity of the chancrous poison.

Professor Aitken says: "Mr. Lee and Rollet have shown that the infecting sore is not only incapable of auto-inoculation, but is not inoculable upon a person who has been contaminated by syphilis."

Mr. Lee says: "After the characteristic induration has been established, the infecting chancre is no longer capable

of being re-inoculated; but for a considerable time, if fresh action be excited in the part—as, for instance, by the application of a blister—a secretion may be obtained, which is re-inoculable upon the patient himself or upon another syphilitic patient."

Mr. De Meric remarks: "I often see patients who present a hard chancre behind the corona. This kind of sore secretes but very little pus in ordinary circumstances; but uncleanly habits and negligence excite irritation and inflammation, and pus is then pretty largely secreted. The groove behind the corona becomes inoculated, wreaths of chancres spring up, but none take on induration."

To be continued.)

SCIENTIFIC ARTICLES.

ON THE FEBRIFUGE PROPERTIES OF THE COMMON WHITE WILLOW.

It has long been known that the white willow and its alkaloïd, salicine, possess febrifuge properties, and the fortunate coincidence has often been remarked of the growth of the willow in those very localities where intermittent fevers prevail—namely, in low, marshy situations. Dr. Cazin remarks, that if the willow has failed to exert a febrifuge action in all cases, the circumstance is due to the smallness of the dose employed, and he suggests that the remedy should be associated with other bitter and aromatic vegetable extracts. M. Cazin has been in the habit of treating in this manner for the last twenty years the intermittent fever which prevails among the inhabitants of the marshy grounds about Calais; and he has found the willow an efficient substitute for cinchona and quinine. In the early stage he recommends an emetic or aperient, when gastric disturbance is present, and then he prescribes large doses of the bark of the white willow, alone or in combination with camomile, wormwood, and some other indigenous tonics, alteratives, and aromatics. He considers that the combinations of vegetable bitters with astringent and aromatic substances are far more efficient than the indigenous febrifuges administered alone. He also thinks it desirable to persevere for a week or ten days in the treatment after the removal of the paroxysms, and to prescribe a large dose every week for a month or longer, if any symptoms indicate the danger of a relapse. M. Cazin recommends the willow bark to be employed in a decoction (℥ss to ℥j in a pint of water) or in powder in the dose of ʒij to ℥j, in wine or beer, or in the form of a tincture or extract.—DR. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

ON THE THERAPEUTICAL APPLICATIONS OF THE SOLUTION OF THE PERMANGANATE OF POTASH AND OF OZONE.

Dr Jackson having ascertained that the disinfecting and deodorizing properties of the solution of permanganate of potash had been established, determined to test its therapeutical action and practical application. He found, by experiments on himself, that the solution had no proper taste, but gave a sensation of coolness in the mouth, leaving behind a slight styptic feeling and dryness, which continued for an hour or more. When taken in the dose of a teaspoonful, slightly diluted, two or three times a day, it caused no inconvenience, but it was somewhat diuretic, and increased the appetite. He prescribed the solution in a case of dyspepsia, attended with loss of appetite, disordered digestion, and extreme lassitude. The patient was directed to take a teaspoonful in half a wine-glassful of water four times a day, and in a few days he was quite well. Four cases of a similar character were treated in the same manner, with a rapid and successful result. Dr. Jackson relates other cases in whtch the solution of the permanganate was equally beneficial, one being a case of abnormally large secretion of urine. But the most remarkable and almost marvellous effects of this salt are observed in the treatment of gangrenous wounds, and for this purpose it has been employed in several of the hospitals in the United States. Having thus proved the decided therapeutic action possessed by this substance, Dr, Jackson endeavoured to ascertain its active principles, and with this view he tested it for oxone, which he found in great abundance. He regards the solution of permanganate of potash as containing, besides the salt itself, ozone (which is an allotropic form of oxygen) and the peroxide of hydrogen, which may be regarded as water in combination with *antozone*, another allotropic form of oxygen. These bodies possess the power of arresting the process of disorganisation in living tissues, and arousing the vital action in decaying structures. — Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

BY DR. G. DE GORREQUER GRIFFITH.

KING'S COLLEGE HOSPITAL.

CASE OF STONE IN THE BLADDER.

Wm. K., æt. sixty-two, unmarried, was admitted on Feb. 4th, 1864, under the care of Mr. Smith.

History.—Has always been a healthy man, except that he had an attack of erysipelas in the autumn of 1862: the parts affected were the head and face. He remarked that at the time of his illness the urine was very thick, but he took no notice of it. He has always been abstemious. About a month since he passed a good quantity of blood with his water, which lasted, in a greater or less degree, until the time of his admission. He applied to Mr. Smith, in the out-patient department, with the usual symptoms of stone. He was sounded and the stone detected, and a few days afterwards he was admitted.

Feb. 6th.—The patient being under the influence of chloroform, Mr. Smith made the usual lateral incision on the left of the mesial line, making a rather free incision. The staff which had been previously introduced was quickly cut down upon, and the point of the knife entering the groove was made to pass rapidly into the bladder. The prostate was found to be very large. Mr. Smith then passed in the forefinger of his left hand and detected the stone lying in a kind of pouch on the left of the prostate; a pair of moderate-sized forceps was then introduced, the stone seized, and quickly extracted. The patient was then returned to bed. The calculus was fully equal to the size of a large plum and was of that peculiar kind termed the mulberry.

In the evening of the day of operation hæmorrhage into the bladder was found to have occurred, and a clot having been formed the water was found not to pass through the incision: the House Surgeon, however, drew off the urine, and a tube was then placed in the opening to allow the water to drain off.

Feb. 7th.—The hæmorrhage still continues, and cold was applied. The water was again drawn off. He seems to be pretty well. Ordered

Ammon. sesquicarb., gr. v.;
Spts. ammon. aromat., ℥ xx.; N.B.
Mist. ether. chloric, ʒ i., omni horâ quarta.

8th.—The bowels were very much confined, so an enema of about a pint of gruel with an ounce of turpentine was administered. The hæmorrhage has ceased, but the water does not flow readily by the opening. The tube was removed.

10th.—The enema caused a free evacuation of the bowels: he seems very low and has some bronchitis. The water was again drawn off.

12th.—He appears better this morning, but suffered a good deal of pain in the bladder, the water not coming away at all freely by the wound. The House Surgeon again drew off the water, from which the patient experienced great relief; he is, however, troubled with flatu-

lence, and does not pass his motions with ease; his pulse is 95, and occasionally intermittent; he is, however, better than he was on the 10th.

15th.—There is a swelling over the right parotid region, as though an abscess were forming. The water comes chiefly through the urethra; he is very weak and low.

17th.—Pulse 112; tongue very dry: he is altogether very low, and there is a good deal of bronchitis and of difficulty in expectoration. The swelling near the ear is poulticed.

19th.—Pulse 96; tongue is dry, red, and cracked: the parotideal swelling has greatly increased in size, and now extends down as far as the angle of the jaw: there is also some œdema of the lower right eyelid. The water comes a little now by the wound.

22nd.—Ordered

Quinæ disulph., gr. xii.;
Acid sulph. dil., ℥iss.;
Aquæ, ℥viii., ℥i., ter in die.

Pulse is 112, but he seems much better; more water now passes by the wound: the parotideal swelling is still large, but the œdema of the eyelids has subsided.

24th.—To-day there is a small opening just over the angle of the jaw; very little discharge issued from it. The bowels have been relaxed for several days and yesterday they began to relieve themselves involuntarily: the log-wood mixture was given without avail, and to-day he is ordered

Tinct. krameriæ, ℥i.;
Acid sulph. dil., ♏x.;
Tinct. opii, ♏v.;
Decocti hematoxyli, ℥i., secundâ quâque horâ.

25th.—Last night the abscess opened into the external auditory meatus, and there has been a thick but scanty discharge of healthy pus ever since; he is better since this occurred. The diarrhœa still persists. Ordered to take

Tinct. kino, ℥ii.;
Confectionis aromat., ℈ii.;
Decocti hematoxyli, ℥i., tertiâ quâque horâ.

26th.—The diarrhœa is not quite so bad; pulse is 96; tongue is dry and red; there is more discharge from the ears.

March 1st.—Passes no water from the wound: there is a red blush around it: he is ordered to have poultices applied to it. The discharge from the ears is less.

16th.—Poultices discontinued: the discharge from the ears has very nearly ceased and is now dressed with the simple water application.

20th.—The discharge has quite ceased: he is now able to sit up.

April 1st.—He is nearly quite well in every way, and is gaining strength. There are no symptoms of stone.

5th.—He is discharged, cured.

Fistula in Ano.

J. D., æt. twenty-six, by trade a tailor, was admitted under the care of Mr. Smith, the date of his admission being March 11th.

History.—Six weeks since he noticed a swelling in the perinæum, which burst in a day or two from the time it was first observed: this swelling proved to be an abscess, and discharged freely. It is on the right side and rather in front than behind. A fistula has resulted from the abscess.

March 12th.—Mr. Smith divided the fistula and treated it in his usual manner.

16th.—No hæmorrhage since the operation, and he is to-day discharged, cured.

WESTMINSTER HOSPITAL.

We have lately noticed two very interesting cases of operation, under the care of Mr. Barnard Holt, in which he has employed fine wire as a substitute for thread in ligaturing the arteries that required to be secured. The first case was that of A. C., who was admitted under Mr. Holt's care, suffering from carcinoma of the left breast, of two years' duration. The tumour presented all the usual characters of scirrhus, was hard and heavy, and had latterly become adherent to the integument and slightly so to the pectoral muscle. The glands in the axilla were not affected, but she suffered continually from a lancinating pain in the breast, extending down the inner side of the arm.

Mr. Holt removed the whole breast, dissecting the mass cleanly off the pectoral muscle, the fibres of which were exposed and quite cleared from any cellular attachment: a small portion of the muscle was also removed where the tumour was adherent. Seven arteries were ligatured with fine wire, *and both ends were cut as short as possible;* the edges of the incision were accurately approximated and retained by wire sutures. *No strapping was employed,* but a pad and bandage were applied only sufficiently tight to retain the surfaces in apposition. On the second day after removing the pad the wound was found to be firmly agglutinated; the sutures were removed on the fifth day, the wound, a very small piece excepted, having united by the first intention.

The second case was that of J. Barratt, who, seven weeks previously, met with an accident resulting in a compound fracture of the leg. The patient was a large flabby man, and although every effort was made to preserve the limb the case did not proceed satisfactorily; and subsequent rigors, with great exhaustion and a very rapid pulse, necessitated immediate amputation. Mr. Holt removed the limb above the knee by the flap operation. The *femoral* as well as the other arteries, six in number, were ligatured *with thin wire and the ends were cut short,* and, as in the former case, the incised edges were retained in apposition by interrupted wire sutures. Strips of lint wetted in lukewarm water being used instead of strapping, the wound was kept approximated so long as the wires would hold; and when they cut themselves out a considerable amount of union had taken place. There was very little suppuration; the surface presented a healthy aspect, and was as vascular as could be expected in a man who had undergone exhausting suppuration previous to the amputation. Upon examining the limb, the tibia was found stripped of its periosteum as high as the knee, which joint contained a considerable quantity of pus, and the cartilages had commenced to ulcerate.

Mr. Holt remarked upon the interest attaching to these two cases—first, with regard to the importance of removing the whole mammary gland, together with its cellular connections, however small the malignant growth might be. He mentioned that, in four cases where he had fully carried this out, the patient as yet, now four years since, had not any return of the disease. The subject of occlusion of the bleeding vessels with thin wire, and cutting both ends short, appeared to possess some advantages. The edges of the wound could be accurately approximated, and, in ordinary healthy persons, tended to promote union by the first intention; the after dressing was much more simple, and the patient was saved the pain of removing threads, which frequently did not become disengaged for a considerable period of time, leaving tracts to be afterwards healed by granulation. Mr. Holt stated he had now employed this means of treatment in several cases with the best result, the patient merely complaining of slight pricking sensation for a few days after the wound had healed. He expressed his intention of substituting unmanufactured gut for wire in his next operation, and thus, in all probability, the slight pricking sensation might be avoided.

Projected Fever and Small-pox Hospitals in Paris.—There is some agitation going on among hospital physicians of Paris respecting the advisability of taking a leaf out of our book. It is customary, in that capital, to place fever and small-pox patients into the general wards, regardless of the risk thereby incurred by the other patients. The authorities now seek the advice of the medical officers touching this matter, and it is extremely likely that at least separate wards will be assigned to patients labouring under the affections above named. We are informed that the question is being elucidated mainly by the collection of facts obtained in London, Mr. Marson, of the Small-pox Hospital, having been specially applied to.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 6TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows of the Society: Dr. Ed. Williams, of Wrexham, and Dr. W. G. Houghton, of Mount street.

MR. HARPER exhibited an Ovarian (?) Tumour removed that day by Mr. Baker Brown. The nature of the tumour being a matter of doubt, the specimen was referred to Dr. Greenhalgh and Dr. Braxton Hicks, in conjunction with Mr. Harper, for special examination.

Dr. SNOW BECK exhibited a Uterus removed from the body of a woman who died on the ninth day after a natural labour, and who presented all the symptoms of a severe form of puerperal fever. The peritoneum was found inflamed after death, and about two pints of turbid fluid existed in the cavity of the abdomen. After a minute and careful examination of the organ, the sinuses, the pelvic veins, the lymphatics, as well as every other tissue, were found perfectly healthy, and the internal cavity everywhere covered by a soft membrane, containing the usual microscopic elements of the mucous membrane. A decided negative was thus given to many of the supposed causes of puerperal fever. But it was shown that the sinuses and pelvic veins permitted air to flow along their cavities, and that a ready means thus existed for the purulent infection of the general system. This open state of the sinuses was further traced to an imperfect contraction of the uterus after the birth of the child, which thus allowed fluid to pass along these canals.

Dr. MURRAY showed a specimen of Fibrous Tumour of the Uterus. It was interesting from the fact of its growing entirely in the posterior wall of the cervix uteri, without involving in the least degree the body or fundus of that organ. The internal os could be distinctly felt, and sharply separated the sound from the diseased tissue. The patient was in too weak a state to admit of any operation, or that of enucleation might possibly have removed the mass, which was larger than an orange.

Dr. MARION SIMS, who was present, in reply to a question, stated that he had practised in certain cases incision of the os uteri for the purpose of restraining the hæmorrhage often present in cases of fibroid tumour of the uterus. His results had been satisfactory; but he had not practised it sufficiently often to be in a position to speak decisively as to its absolute value. He disclaimed originality as to the operation itself.

Dr. GREENHALGH exhibited a Pelvimeter made by Mr. Ferguson during the year 1859, which so closely resembled the instrument lately described as a "New Pelvimeter," the invention of Drs. Earle and Murphy, that he felt it due to his colleague, Dr. Harris, to state that this instrument was devised by, and manufactured for, him nearly five years ago.

Dr. ROBERT GREENHALGH read a paper

ON PLACENTA PRÆVIA.

The author first alluded to the large mortality both to mothers and children (one in four and a quarter of the former, and about two-thirds of the latter), which he attributed mainly to the severe and repeated losses of blood, to the delay in effecting the delivery, and the method of turning usually had recourse to in these cases. He then gave the details of twenty-four cases which had occurred in his own private and consulting practice between the years 1842 and 1864. He placed before the Society several statistical tables, chiefly taken from Dr. Read's work, to show, in addition to other facts, that the expulsion of the child generally takes place before the full period of utero-gestation—premature labour being the rule and not the exception; that Nature, unaided, frequently terminates the delivery with safety both to mother and child; that complete and partial artificial separation of the placenta before the birth of the child has failed in numerous cases to arrest the hæmorrhage; and that these methods and turning had proved most unsatisfactory in their results. Having dwelt at some length upon these several points, he strongly advocated a close observance of the way in which Nature terminates these cases with safety to mother and child. Having specified the result of his observations on that head, he confidently recommended the following plan of treatment, which had proved, as far as the limited number of cases could prove, in his hands and in those of others, far more successful both to mothers and children than any other method hitherto devised. It was as follows:—1st. That in any case of hæmorrhage, whether profuse or otherwise, occurring after the commencement of the seventh month of utero-gestation, ascertained to be due to placenta prævia, artificial premature labour should be induced at once, or as soon as the condition of the patient will admit of it. 2ndly. That, in order to effect that end without a loss of blood, an air-ball, covered with spongio-piline, be passed, collapsed, into the vagina, and then inflated so as effectually to fill that canal, while a bandage is placed firmly round the abdomen; at the same time the ergot of rye and borax are to be administered in repeated doses. He further recommended as aids, stimulating enemata, with tincture of nux vomica, galvanism, and friction over the abdomen. The author concluded by condemning, in the strongest terms, the use of general hygienic means and hæmostatic remedies over days and weeks in these cases, which course he was firmly convinced, was the cause of many valuable lives being lost.

Dr. BARNES observed that, agreeing generally in the principle that labour should be brought on in cases of severe hæmorrhage from placenta prævia—a principle, he believed, commonly acted upon in London,—he could not assent to much of Dr. Greenhalgh's reasoning, or concur in approving his plug. His statistical reasoning was open to criticism. He assumed two postulates—first, that the mortality of placenta prævia was 1 to 4½; secondly, that the mortality from inducing premature labour was one in 53; and he drew the extraordinary conclusion, that by always inducing labour we might substitute the low mortality of premature labour induced under selected circumstances for the assumed heavy mortality of 1 to 4¼. Now both the postulates were false, and the conclusion was manifestly illogical. The mortality of 1 in 4¼ drawn from Dr. Read's tables was a most unfair representation of the results of modern obstetricy. He (Dr. Barnes) had analysed his own cases. Since the publication of his Lettsomian Lectures 59 cases had come under his own observation; and he drew 24 from other sources, most of these last being treated upon his (Dr. Barnes's) principles. The deaths were six only, or 1 in 14. And if he were to follow Dr. Greenhalgh in striking out the fatal cases on the ground that treatment was too late, he might show statistical results very far superior. He should have, not 10 successful cases, but 77. Two of his cases died of pyæmia, having been treated by by forced delivery—that is, in direct opposition to his principles; 2 were moribund when seen, and 3 were hopelessly anæmic. He had taken all cases as they occurred in his books without selection or arrangement, yet 26 cases fell as an uninterrupted series of recoveries, which he might fairly place against Dr. Greenhalgh's selected 10. Then as to the mortality in premature labour. Premature labour was induced under selected circumstances to avoid dangerous complications. Such cases were not to be compared with labours forced upon us by the flooding of placenta prævia. This Dr. Greenhalgh disregarded. But surely placenta prævia went for something. Then the children. Dr. Greenhalgh had been fortunate. In his small series of 10 cases he had eight living children. He (Dr. Barnes) ventured to say that a larger experience would modify this result. Many dangers surrounded the child in placenta prævia: cross-birth, funis presentations, immaturity, and asphyxia in utero; some were born putrid. His (Dr. Barnes's) plan was eminently adapted to secure the child. But his mortality was ·63. The very method of Dr. Greenhalgh of bringing on premature labour must of itself often destroy the child, for the floodings would come

on at six and seven months. And in some cases flooding did not occur until the end of gestation. These were often the most dangerous. Yet here Dr. Greenhalgh's plan was not available. And what was Dr. Greenhalgh's plan? The use of a *vaginal* plug, not differing essentially from the colpeurynter of Braun. It acted like all other vaginal plugs, by exciting uterine contraction, if the uterus was excitable. But unfortunately in the worst cases the uterus was paralysed. In these, where art was most necessary, the plug was useless. He was surprised to hear Dr. Greenhalgh undervalue rupturing the membranes. This simple method was in many cases quite sufficient, and no method was long serviceable without it. If in combination with rupturing the membranes, the placenta was detached from the cervical zone, so freeing the cervix, the cervix then artificially expanded by his *cervical* dilators, and the bimanual method of turning resorted to, he was confident, from large experience, that a greater measure of success would be obtained than by any other especial method. He took that opportunity of stating that the first published case of the use of the intra-uterine dilator in placenta prævia which attracted his attention belonged to Mr. Jardine Murray, of Brighton.

Dr. Hall Davis remarked that he had little faith in statistics of placenta prævia representing a mortality of one in three or four from that complication, knowing that former statistics to that effect had included cases originally published, not to show the average mortality, but as selected instances for the most part hopeless when first brought under medical observation, and intended to prove the fatal tendency of this complication of pregnancy if not timely seen to. He would also observe that we are not left without authority, laid down in lecture and works of reputation, to convince us of the dangers of delay in placenta prævia, and guide us to efficient treatment. He might refer, for example, to the lectures of the late Dr. D. D. Davis at University College from 1828 to 1841, and to his esteemed System of Obstetric Medicine, which taught no temporizing treatment, but, on the contrary, the necessity of early and active interference, while at the same time pointing out the hazards of a forced delivery through a rigid os uteri. As to his own experience, he might state that in the Royal Maternity Charity alone he had had, from 1842 to 1862, as physician of the western district, twenty-four cases of placenta prævia. In that number twenty-two mothers were saved, and the two deaths would have been averted had the injunctions given been observed. His treatment had varied with the case. Thus in *partial* placenta prævia he had found the simple discharge of the waters usually sufficient. When the flooding has not been thus arrested, and delivery has been impracticable by reason of the small size of the uterine orifice, he has plugged the vagina impactedly with sponge, or with a sufficient quantity of other suitable material at hand. He has then waited in security for the first opportunity of acting if necessary. In many cases, on withdrawing the plug, the head was found descending, and the birth was quickly completed without further aid. In cases of *entire* placenta prævia, when the os uteri would not admit of delivery, he also resorted to the plug, and of similar materials as before, believing such a plug, from its solidity, when efficiently applied, to be far superior to any elastic dilator. After from two to six hours he was generally enabled to remove the plug and deliver by turning. In this operation he preferred to pass his fingers in by the side of the placenta, where it might already be detached, to perforating its centre, as some have recommended, as this latter mode necessitates a more considerable injury of the placenta vessels and further hæmorrhage. In the operation of turning, it had been his usual practice to fix the uterus by the right hand applied externally on the abdomen while turning with his left hand. To Dr. Hicks, however ('Obstet. Trans.,' vol. v.), were we indebted for a definitely combined mode of *external and internal version* by acting on the opposite poles of the child, the breach above being depressed by the external hand, while at the same time the presenting head is pressed upwards and to its own side. Then the feet are lowered to the os uteri and one or both brought through; the risk, so especially great in flooding, of passing the hand into the cavity of the uterus, being in this way avoided. In conclusion, he might say that, while he differed from the author on the points to which he had referred, he fully concurred with him, as all judicious practitioners must do, that to delay efficient interference in this complication is most hazardous.

Dr. J. Braxton Hicks quite agreed with Dr. Greenhalgh as to the necessity of inducing labour in placenta prævia as soon as arrangements could be made, which he believed to be the plan adopted by all who saw much midwifery in this city; it was the practice he had always adopted. With regard to the statistics quoted from Dr. Reid's work, he quite agreed with Dr. Barnes as to their want of value. All large groups of statistics were utterly useless as a guide of any particular practice. It was absolutely essential that the details of the cases should be known. In the tables presented to the Society it was impossible to say what were the surroundings of the patients; whether, in fact, they had died from the operation, from the hæmorrhage, or from the subsequent calamities to which it was known cases of placenta prævia were exposed. How, therefore, could we tell the value of any particular plan of treatment without this information? He considered that when it was said the death-rate was 1 in $4\frac{1}{4}$, there must be some mistake as regards present practice. In the Guy's Hospital Charity it was for nine years at 1 in $7\frac{1}{2}$. He also was obliged to differ from the assertion that the life of the child was not influenced by placenta prævia. That it was so he had no doubt; for in half of the cases he had seen where it was made out clearly, the child was known to be dead before any operation was attempted. He hoped the author would have alluded to the plan which he (Dr. Hicks) had recommended in his recent paper "On Combined Version," because he felt sure that it was a very useful one, and not difficult to anyone who would take the trouble to learn it. He had known at least nineteen cases, many of them very severe, in which it had been used, with only one death, and that arising from extreme hæmorrhage before seen, and which could not be put down to version. In all his cases there had been immediate cessation of bleeding as soon as the breech was in the os, and he had found that almost in every case labour pains expelled the child within two or three hours from the commencement of the operation. This point it was important to know in order that we might make our arrangements accordingly. The child was a most efficient plug, and it could be brought down as soon as the os would admit a finger or two. With regard to the small size of the os preventing turning in the above-mentioned mode, he could say it must occur but seldom; when it did so, the detachment of placenta round by one finger generally liberated it considerably, enough at least to introduce two fingers; if not, the elastic bags could be used with much advantage. We must judge of treatment by its practical application: our hands we have always with us, whereas if called to a case at a distance from home, or in great hurry, it would be impossible sometimes to obtain the plug now shown. The effect of version upon the life of the child he could not compute. Doubtless cephalic was the best presentation; but he had not found in his cases any great mortality. The important point was not to hurry the case after the breech was in the os. The child was generally destroyed by drawing it down before the os uteri was open sufficiently. When the breech was in the os, the case in almost every instance might be left to nature, adopting the rule as in breech cases.

(To be continued.)

Brechin: Munificent Bequest.—A meeting has been held at Brechin for the purpose of taking steps to secure the gift of 1,000*l.* bequeathed by the late Dr. Don, of Bearehill, for establishing an hospital or infirmary and dispensary at Brechin, provided another 1,000*l.* should be raised. The Earl of Dalhousie presided, and promised 100*l.* towards this object; Sir James Campbell, of Stracathro, has also given 100*l.* The total amount subscribed is 275*l.* It is expected that 600*l.* belonging to the funds of the old dispensary will be available for the new institution.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 17, 1864.

THE 'TIMES' ON MEDICAL MATTERS.

The leading organ of the daily press has lately devoted considerable space and some attention to matters of a Medical nature; and from the great circulation which it possesses, all that appears in its columns is sure to gain a large number of readers, and to produce some impression, however transient, on the public mind. It is very much to be regretted that, when treating of Medical subjects, the editorial department does not take care to exercise some supervision upon the quality of the articles inserted, so that erroneous notions may not gain currency. Such care is especially necessary in the case of Medicine, in the practical details of which the old adage of "A little learning is a dangerous thing" finds frequent verification. Many years ago, not only much misapprehension, but also much positive mischief, was caused by the promulgation in the 'Times' of a supposed new remedy for malignant cholera, in the shape of castor-oil; and only last year the same Journal lent its pages to the glorification of a pretended cure for small-pox, in the form of an American indigenous plant, which is possessed of no efficacy at all. If the 'Times' were a scientific Journal, prepared to strengthen or recant its opinions according to the dictates of experience and the testimony of the learned, the appearance of mistaken views in its pages would not leave so much to be regretted; but as, whether wrong or right, its policy is never to avow that it has been in error, it is absolutely necessary for the Medical press to expose the erroneous views to which it too often gives currency, and thus to warn the unsuspecting and too credulous public against the reception of doctrines which may, if acted upon, lead to dangerous or fatal consequences.

These remarks have been suggested by the perusal of two letters, both purporting to be written by Medical men (although they are anonymous), and which appeared last week in the pages of our daily contemporary. The communications are of a very different character from one another, and on two totally different subjects; and while one is characterised by remarkable good sense, the other is marked by exactly the opposite quality. The one is "On the Supply of Medical Officers for the Public Service," and the other is "On Chloroform." The accidental juxta-position of these letters in the same journal on the same day must be our excuse for treating of them together.

The writer of the first letter, signing himself "F.R.C.S.," gives a very intelligible account of the reasons which dissuade young men from entering the service of the Army and Navy, namely, because they do not obtain so much social consideration and so much substantial remuneration in those services as they can gain elsewhere. He also combats the notion that the Profession is overstocked at the present moment, and he proves very clearly that it is not. We cannot forbear from quoting our own remarks, made in a leading article of this Journal so lately as Aug. 3, and of which the letter of "F.R.C.S." is little more than an illustration and an amplification:—

"The Army Medical Service remains in the same position as before. A large number of vacancies exist, and candidates are deficient; and of those who offer themselves for the competition, many fail to pass the examination, and those who do pass are mostly in the third class. That this result is in great measure to be attributed to the dissatisfaction existing against the Army authorities, is indubitable; but it is not true that the Profession is so overstocked as to render the Army Medical Service under any circumstances a very desirable boon to the Medical aspirant of the present day. The real fact is, that the junior ranks of the Profession are not at present overstocked, and the number of medical students is smaller than it was some years since, while the demand for young medical men is greater; but the necessity of a better education, especially in the preliminary branches, and the stringency of competitive examinations, have deterred many young men from entering upon a medical career, the emoluments of which are unlikely to remunerate them for the expenses they must incur and the time they must wait before profitable employment can be expected."

The writer, in fact, proceeds to show that, although the ranks of the Profession were crowded some twenty or thirty years ago, and young Medical men were then eager to obtain any appointment which was open to them, such is not now the case; and that while the population of the British Empire has largely increased, and our colonial possessions have augmented in number and importance, the pass lists of the different Medical Licensing Boards do not display a greater number of successful candidates than heretofore. Hence, it is evident that the demand is now greater than the supply; and it is a well-known fact that, independently of our own islands, our merchant vessels, our steam fleet, and our colonies and possessions in the distant seas, employ a large number of Medical men, many of whom are probably enjoying larger incomes and a greater amount of social respect than would be accorded to them either in civil practice at home or in the Army or Navy Medical Service. This is, in fact, a very healthy state of affairs for the members of our Profession, who, being in smaller proportional numbers and possessing a higher degree of education than formerly, will be able to obtain better terms for their professional services, and a higher rank than they formerly possessed.

The other letter in the 'Times' is "On Chloroform," and is in the worst possible taste; and unless promptly exposed, and its assumptions contradicted, may lead to irreparable mischief, by disseminating false notions upon a subject which is of paramount importance to suffering humanity. While our most learned physiologists, aided by practical physicians and surgeons, are endeavouring, cautiously and laboriously, although not yet with full success, to develop the causes of death from chloroform, and to devise means for averting such dangerous accidents in future,—at this period, on the principle that "fools rush in where angels fear to tread" (we make no personal allusion, for we know nothing of the writer of the letter), one who signs himself "*Chirurgus*" sets at nought the deductions of science and the results of general experience, and, resting his opinions

upon the results of his own practice, assumes to enlighten the English public upon what he considers to be the mismanagement of his fellow-practitioners.

He asserts that he has observed some 5,000 or 6,000 cases in which chloroform has been administered, and that he has never yet met with one that proved fatal. This may be perfectly true, and we believe it as fully as we do Dr. Humphry's statement, made in his lecture lately delivered to the British Medical Association, that no fatal case from chloroform had occurred at Cambridge. But yet this favourable result in the case of "Chirurgus's" practice may be the result of good luck rather than of good management, and we are the more inclined to think so when we read the remarks that follow. He proceeds to tell us that he takes no care in the discrimination of his cases, makes no inquiries into the patient's condition, is never deterred by the information that the heart is diseased, uses no apparatus for inhaling the chloroform, and takes no pains to have the assistance of a skilful administrator of the anæsthetic. He tells us that he uses no apparatus except a thick towel, held loosely over the patient's face, and always trusts the administration of the chloroform to the ordinary hospital students, "who, without any special training, simply follow the steps of those preceding them."

"Chirurgus" then informs his readers that the fatal effects of chloroform depend not upon peculiarities of individual constitution, but upon faults in the mode and management of administration; and that the Profession and the coroners' juries are entirely wrong in supposing that fatty degeneration of the heart has anything to do with the fatal result. He then suggests, in a tone of arrogance which cannot be too severely censured, that "a few convictions for culpable homicide would greatly promote the adoption of sound principles."

Having thus proved to his own satisfaction the superiority of his own practice, and the culpable negligence or ignorance of his professional brethren, he then propounds his own views as to the physiological reasons of death from chloroform; and here he displays such a want of knowledge on the subject as to deprive himself of all claim to the support or countenance of the Profession. He, in fact, alleges that death from chloroform arises from suffocation, and that the error at present committed is to watch the circulation instead of the respiration; and that, by a careful attention to the latter function, all danger would be averted. In a medical periodical it is almost needless to expose the fallacy involved in this view, and it is to be regretted that such erroneous statements should go forth to the general public in the columns of a newspaper. The truth is, that in many, if not most, of the cases of death from the administration of chloroform the heart has been the organ first and essentially involved, and that death appears to have resulted from syncope and not from suffocation. To adopt measures, therefore, to obviate the latter condition, while the patient is dying from the former, would be to cut off all chance of the patient's recovery; and he who would advocate such erroneous proceedings must be wofully uninformed even on the practical details of a subject on which he professes to enlighten the community.

SUMMARY OF THE WEEK.

THE MEDICAL PROVIDENT FUND.

The proposal to establish a Medical Provident Fund has met with almost unanimous approval at the late meeting of the British Medical Association at Cambridge. It is needless to expatiate on the value and importance of such a Fund to the Medical Profession, who, perhaps more than any other calling, are exposed to losses entailed by sickness and accident. A comprehensive scheme of affording succour to our unfortunate Medical brethren ought, of course, to include the provisions of a life assurance, and of the extension of assistance to Medical men when overtaken by sickness; but it has been practically found that, in order to insure the success of the proposed plan, the feature of life assurance must be abandoned, and that relief in sickness cannot be extended to persons above sixty years of age. Under these restrictions, the efficacy of the Provident Fund must necessarily be very much curtailed; but we cannot refrain from expressing our opinion that it would be unsafe to attempt more than is at present proposed. Some difference of opinion has been expressed upon the question whether the membership of the Fund should be restricted to members of the British Medical Association, or should be open to the whole Profession, but it appears to us that the latter would be the most proper course to pursue; for we must emphatically impress upon our readers, and upon the Profession generally, that the greater the number o those who join the Fund the greater will be its chance of prosperity. Two hundred members to start with will, we believe, be sufficient; but we apprehend that at least a thousand will be necessary to constitute the Fund upon a firm basis, and guard against the risk of failure.

THE HEALTH OF OUR WATERING-PLACES.

At the present season of the year, when all the population who can afford the time and the expense are rushing off to the sea-side, or to other supposed resorts of health, the public mind has been startled with some results obtained from the returns of the Registrar-General, and which seem to militate against some of our preconceived views as to the relative salubrity of certain watering-places. Thus it would appear that the places with a mild and relaxing climate are more healthy than those which possess a more bracing air, as may be seen from the fact that in the Isle of Wight the deaths average 17·1 in 1,000; the sub-district, including Ventnor, 15·4; Torquay, 17·1; Eastbourne, Seaford, 17·3; Hastings and St. Leonards, 18·3; Ramsgate and Broadstairs, 19; Brighton, 22, Whitby, 22·1; Margate, 22·3. But one of the clergy of Ramsgate, writing to the 'Times,' points out that there is an important fallacy underlying these returns, because the census is always taken in April, when all bracing places are empty of visitors, and all relaxing places are full. In Ramsgate, for instance, the

resident population is about 12,000, but at the present period of the year it expands to nearly 20,000 ; and it is argued that it is unfair to reckon the deaths of non-residents among the returns. The clergyman alluded to shows that, deducting the deaths of non-residents, the average of deaths in Ramsgate is only at the rate of 15·25 in 1,000, the lowest average in England for the preceding ten years ; that of Ventnor being 15·4. The returns of the Registrar-General will, however, be of great service in causing our sea-side towns to exercise increasing vigilance in removing sanitary defects, if any exist ; or, if they do not, in maintaining the standard of salubrity which they have already attained.

POISONING BY THE CALABAR BEAN.

The first instance, we believe, of poisoning by the Calabar bean in this country occurred last week in Liverpool, when no less than sixty children, who accidentally partook of these seeds, were seized with dangerous symptoms, and one died. Until we received the report of this case, we were not aware that the beans were imported into this country as an article of commerce ; and, indeed, when the researches upon the peculiar effects of the beans in Medical practice were being carried out, we understood that they were very scarce, and that specimens of them were procured with difficulty. In another part of our Journal we have related the particulars of the poisoning, and it appears that the toxical effects are those of a narcotico-acrid, and not of a pure narcotic as opium, although the Calabar bean resembles opium in causing contraction of the pupil. The treatment seems to consist in the administration of emetics to expel the poison from the stomach, and of stimulants to rouse the vital powers.

TELEGRAPHY AND THE CAMBRIDGE MEETING.

Our contemporary the 'Lancet' has beaten old Time himself completely hollow, for it has achieved the remarkable feat of reporting a lecture, printing it, and publishing it, before it was delivered ! Such is positively the fact, for Dr. Humphry's Lecture on Surgery, delivered by that gentleman on Friday afternoon, August 5, was actually printed in London on Thursday, August 4, and sent to Cambridge on Friday morning, when it was read by the audience assembled to hear the address. Various explanations have been offered as to the mechanism by which this feat was accomplished, and some have supposed that the difference in longitude between Cambridge and London, and the known fact that the electric telegraph travels more quickly than the earth revolves round its axis, may explain the mystery ; but this solution of the problem is not satisfactory to our own minds. We understand that it is probable the question, owing to its great intricacy, will be proposed to the candidates at the next examination for the Mathematical Tripos.

THE MURDEROUS ASSAULT ON DR. ROWE.—At the assizes held at Liverpool yesterday-week, James Potts Brice and James Scott were tried for the savage assault committed by them on Dr. Rowe. They were found guilty and sentenced to eighteen months' hard labour.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. I. B. BROWN continues his "Clinical Lectures on the Diseases of Women remediable by Operation." In the present discourse he treats of Retroversion, Retroflexion, and Anteflexion of the Uterus. The first is the most common, and the third the most rare, kind of displacement. Retroversion may generally be rectified by position, by manipulation, and by keeping the urine evacuated by the catheter ; but retroflexion, according to Mr. Brown, sometimes requires for its cure that incisions should be made in the os and cervix uteri.——Dr. MURCHISON continues his "Contributions to the Etiology, Pathology, and Treatment of Scarlet Fever," his present subject being the exciting causes of the disease. He shows, what is indeed generally acknowledged, that scarlatina is caused by a peculiar poison capable of being communicated by the sick to persons in health. Dr. Murchison also shows that the period of incubation of scarlet fever is very variable, and its limits are from a few minutes to five days, though it rarely, if ever, exceeds six days.——Mr. F. H. ALDERSON gives a report of a "Case of Diphtheria, followed by Idiopathic Tetanus," the mouth being closed for twenty-four days, but the patient ultimately recovering. The case presents several points of interest, among which may be mentioned the fact that the attack seemed to be traceable to the patient having nursed some children suffering from malignant scarlatina. The treatment consisted in the administration of brandy and nutritious aliment, of croton oil given by the mouth, and of blisters locally applied.—Dr. F. H. MORRIS, under the head of "Contributions to Practical Medicine and Surgery," contributes a short paper on "Iodide of Potassium as an Antilactescent." The case on which the paper is founded was that of a female who lost her child a few days after birth, and in whom the iodide arrested the secretion of milk.

PARISIAN MEDICAL NEWS.

SUTURE OF THE MEDIAN NERVE.

M. Laugier recently communicated to the French Academy of Sciences some interesting particulars he had noticed at the Hôtel-Dieu, in a case of serious injury of the fore-arm.

The radial and ulnar arteries, the palmaris brevis and longus, a portion of the flexor digitorum sublimis, and the median nerve, had been completely cut across. The hæmorrhage being considerable, M. Ledentu, the interne of the ward, immediately secured both arteries, but failed in discovering the superior division of the nerve in the wound, and closed the latter with three separate sutures ; the hand was then laid on a cushion in semi-flexion. The hæmorrhage was thus checked, but next morning M. Laugier had no difficulty in detecting the effects of the entire division of the median, and of the partial section of the radial nerves. The Professor's attention was especially arrested by the loss of the movements of opposition of the thumb, and of sensation in the parts to which the median is distributed ; and he conceived that, in order not to throw away the chance of restoring both to the patient, it was desirable to connect without delay both ends of the nerve by means of a suture. The wound was accordingly re-opened, and the hand was placed in extension ; the inferior segment of the nerve was

immediately visible, protruding about one inch above the annular ligament, but the superior extremity had been drawn upwards with the fibres of the flexor sublimis. After short but unavailing attempts to recover it, M. Laugier found it impossible to expose the nerve without an excision. Chloroform was therefore at once exhibited, and the flap was divided vertically in its middle, on the anterior aspect of the fore-arm, in an extent of rather more than two inches. The flexor sublimis was incised, and the trunk of the nerve became apparent, and a silk thread was inserted through it with a nearly straight needle. The thread was then run through the upper extremity of the lower segment of the median nerve, and the ligature was tightened so as to bring into contact without violence the nervous surfaces; one of the ends of the thread was cut away, and the other was allowed to lie in the inner angle of the external wound.

The results of the operation were perfectly satisfactory. It was formerly believed that sutures applied to divided nerves occasioned excessive pain, and gave rise to formidable complications, such as tetanus. Nothing of the kind was observed in the present case. With regard to the restoration of the movements and of sensation, we may briefly state that on the very evening after the operation the patient was enabled to feel—indistinctly, it is true—the contact of objects applied over the previously paralysed surfaces. The next day the return of sensation was more evident, and the thumb was readily brought into opposition with the other fingers. The case has since progressed rapidly, and presents several points of much interest to the physiologist.

Already, on a former occasion, alluded to by M. Laugier, M. Nélaton performed the same operation with success, in a case of neuroma of the median nerve. After the excision of the tumour, and the removal of about ten lines of the nervous trunk, the surgeon united both ends with a metallic ligature, and in the course of forty-three hours sensation and motion began to return, and no accident supervened to retard the recovery.

These practical facts supply us, therefore, with full confirmation of M. Flourens' valuable experiment on the possibility of restoring motion and sensation, by uniting the divided extremities of a severed nerve. They further teach, as M. Velpeau remarked, that the return of the functions is very rapid—a circumstance which demonstrates, in opposition to the views entertained by some authors, that the restoration of sensation and motion is due to the direct apposition of the divided nervous tubes, and not to any indirect transmission of nervous power through other channels.—'Journal of Practical Medicine and Surgery.'

THORACENTESIS.

The Medical Society of the Hospitals of Paris lately engaged in a long and somewhat confused debate on the subject of thoracentesis; at its conclusion, M. Béhier summarised the various opinions expressed in an analytical review, of which the following is a brief abstract:—

"The surgeon is justified in proposing and performing thoracentesis," said M. Béhier, "whenever a very considerable effusion within the chest proves refractory to the usual remedies, and *à fortiori* if it increases;

"Whenever the patient appears too weak to bear the protracted effort of Nature to procure the absorption of an effusion occupying the whole or nearly the whole of one side of the chest;

"Whenever, in cases of a moderately abundant effusion, the lung presents on the opposite side a morbid condition calculated to add to the difficulty of breathing—such, for instance, as bronchitis, a certain amount of œdema, &c.;

"Whenever the subject seems predisposed to tuberculosis, no physical signs of such predisposition being discoverable, or even when positive proof of tubercular disease is afforded by auscultation on either side of the chest. If clear evidence of the presence of tubercles is detected in that side of the chest which is not the seat of the pleuritic effusion, the chances of success of the operation are, however, much less numerous.—'Journal of Practical Medicine and Surgery.'

ARMY MEDICAL DEPARTMENT.

The Director-General of the Army Medical Department presents his compliments to the Editor of the Medical Circular, and begs to enclose a list of the candidates who were successful at the Competitive Examinations in February and March last, and who have passed through a course at the Army Medical School, showing the combined results of the examination.

6 Whitehall yard, London,
12th August, 1864.

Names.	Studied at	No. of Marks.
Wallace, M.D., Jno.	Edinburgh.	5,064
Jobson, M.D., Wm.	Edinburgh.	4,755
Fleming, M.D., Josh.	Glasgow.	4,584
Atkinson, Warner.	New College, London.	4,547
Phillips, M.B., H. R.	Dublin.	4,486
Orwin, Thos. Wm.	London.	4,447
Hickson, R. C. C.	Dublin.	4,157
Bolster, M.D., Thos. G.	Dublin and Cork.	4,121
Melladew, M.D., H. F. L.	Lond. and Edin.	3,981
Middleton, M.D., Jno.	Edinburgh.	3,956
Finegan, B. J.	Dublin.	3,880
Leslie, M.D., D. A.	Aberdeen.	3,789
Muir, M.D., H. S.	Glasgow.	3,765
Maxham, M.D., Jno. Wm.	Edinburgh.	3,642
Hyde, Robert.	Dublin.	3,628
Barrow, M.D., Thos. S.	London.	3,611
Cogan, Michael.	Dublin.	3,594
Turner, M.D., Richd.	Lond. and Edin.	3,578
Churchill, M.B., C. F.	Dublin.	3,493
Babington, T.	Dublin.	3,486
Ambrose, M.D., Jno.	Cork.	3,479
Atkinson, Jas.	Dublin.	3,455
Anderson, Jno.	Manchester.	3,402
Johnson, M.B., Francis.	Dublin.	3,385
Minty, M.B., Alexr.	Aberdeen.	3,306
Atkinson, M.B., Geo.	Dublin.	3,292
Burke, Jas.	Dublin.	3,257
Gray, M.D., Jas.	Aberdeen.	3,226
Malcolm, M.D., J. V. T.	Edinburgh.	3,226
Kirkwood, T. M.	Dublin.	3,157
Watts, A. N.	London.	3,119
Davies, R. W.	London.	3,091
Dooley, Geo. F.	Dublin.	3,073
Dunlop, Robert.	London.	3,036
Stock, Jno. N.	Dublin.	3,035
Ball, M.D., John Josh.	Dublin.	3,030
King, Jas. Geo.	London.	2,975
Lithgow, M.D., A. M. S.	Edin., Glasg., & Paris.	2,964
Ross, M.D., D. P.	Edinburgh.	2,960

EXAMINATION AT THE CLOSE OF THE EIGHTH SESSION OF THE ARMY MEDICAL SCHOOL, ROYAL VICTORIA HOSPITAL, NETLEY, BETWEEN JULY 26TH AND AUGUST 3RD, 1864.

A. Written Questions.

(1.) *Military Surgery.* (Professor T. Longmore, Deputy Inspector-General.)

1. Mention the several purposes for which the convex and concave spectacles are supplied in the regimental optical and ophthalmoscopic case of instruments, and describe the method of using them, in conjunction with the test types for distinguishing emmetropia, myopia, hypermetropia, whether simple or complicated with presbyopia or amblyopia. Explain the theory on which the diagnosis in each instance is established.

2. Describe the nature, effects, and proper treatment of osteo myelitis after gunshot injuries of long bones, or of amputations consequent upon them.

3. Describe accurately, step by step, the operations of excising the shoulder and elbow-joints, each by a single linear excision, as practised in the post-mortem room.

(2.) *Military Medicine.* (Professor W. C. Maclean, M.D., Deputy Inspector-General.)

1. From what date may cholera be said to have engrafted itself on the epidemics of the soil of India? What are the conditions which appear to act most powerfully as predis-

posing causes of the disease? What influence do high or low situations respectively exert—

(*a*) On the proportionate mortality of those attacked?

(*b*) On the proportionate number of those seized?

Explain in what way excessively long marches appear to increase the virulence of an epidemic of this disease in soldiers, native or European, in India. Give an accurate description of the premonitory and actual symptoms

(*a*) In the slight,

(*b*) In the severe forms of the disease,

and describe the effects of its presence on the blood and secretions. What are the chief points to keep in view in our endeavour to exclude this disease from garrisons, camps, and cantonments, and to mitigate the severity of an epidemic when it appears? Give a description of the most rational treatment

(*a*) In the premonitory,

(*b*) In the confirmed,

(*c*) In the state of febrile reaction,

particularly stating in what stage and to what extent opium is safe.

2. What is the average weight of the liver, in health, in a man between the ages of eighteen and forty? Describe accurately its normal position and limits; explain the most common causes of abnormal position of the gland; give the precautions necessary to accuracy in the use of percussion and palpation in investigating hepatic diseases.

3. Give as complete an account as you can of the therapeutic uses and value of ipecacuanha in tropical medicine.

(3.) *Military Hygiene.* (Professor E. A. Parkes, M.D., F.R.S.)

1. What are the chief causes and effects of impurity of air in the habitations of men?

2. How would you determine the amount of carbonic acid, watery vapour, and suspended matters in the air?

3. Enumerate the principal adulterations of wheat flour, and state how you would determine—

(*a*) The quality of the flour;

(*b*) The presence of pea flour, oats, and maize.

4. What has been the Medical history of the West Indies as far as Europeans are concerned? State explicitly what you would do in a West Indian Station, if there occurred—

(*a*) A considerable number of diarrhœal and dysenteric cases;

(*b*) A considerable number of admissions from typhoid fever;

(*c*) A number of admissions from paroxysmal fever;

(*d*) Occasional outbreaks of yellow fever.

(3.) *Pathology.* (Professor W. Aitken, M.D.)

1. Give a classified account of the lesions in the kidney which were demonstrated during the past session in the practical room.

2. Describe the nature and probable origin of the parasitic cyst in the liver which proved fatal in the case of Private ——, as shown at the post-mortem examination of June 28th, 1864.

3. Mention the period of incubation, and describe the course and progress of an infecting venereal sore; and contrast your account with similar details relative to venereal sores which do not infect the system.

B. PRACTICAL EXAMINATION.

(1.) *Military Surgery* and

(2.) *Military Medicine.*

Make an examination of the case of ——. Write concisely a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease, or injury, on the man's fitness for service as a soldier.

(Twenty minutes allowed for the examination; half an hour for the description.)

(3.) *Hygiene.*

Examination of two specimens of water;

Examination of adulterated milk and adulterated beer;

Microscopic examination of adulterated wheat flour.

(4.) *Pathology.*

Description of various preparations and microscopic specimens, and examination of secretions.

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT CAMBRIDGE.

DR. ORMEROD ON FATTY DEGENERATION OF THE HEART.

The following are the remarks on "Fatty Degeneration of the Heart," made by Dr. Ormerod in his Address on Medicine, and which we were compelled to postpone last week from want of space:—

"It has been said that the decomposition of muscular tissue may be so regulated that the ultimate result shall be fatty matter; and it has been suggested that the transformation which takes place in the living body is the same as that which we can induce artificially by these means: in fact, that fatty degeneration is a physical, and not a physiological or pathological process.

"The experiments conducted for me by Mr. J. Peel, with all conceivable exactness, have not justified this view. I subjoin an account of these experiments in detail; for the present I will merely recapitulate the results at which we have arrived, and which seem incompatible with any purely chemical theory of fatty degeneration.

"We found the excess of fatty matter in a fatty heart to consist of oleine, not of margarine, which is the normal fatty constituent of the human heart. Adipocere was proved to be by no means chemically identical with animal substance which had undergone fatty degeneration. It was merely a soap of lime combined with the fatty acids pre-existing in the tissue. There was no new fatty acid made—as is the case in fatty degeneration—during the change into adipocere, no substitution of oleates for margarates; and, indeed, it seemed that we could prevent the formation of adipocere altogether by carefully excluding lime during the process. We submitted weighed portions of muscle, in which the quantity of fatty matter had been previously determined, to more than one process for making adipocere, and carefully analysed the results. In no instance was the fatty matter found to have been increased during the operation. On these grounds I cannot doubt that adipocerous transformation is a saponification, not a degeneration, and that fatty degeneration of the heart is a pathological result not attainable by any of these chemical processes.

"Commencing decomposition simulates very closely that change in the heart's muscular structure which is known as the first or granular stage of fatty degeneration. I have been deceived by it myself; and such a mistake is all the more likely to occur, because granular degeneration, like decomposition, may involve the heart uniformly over a very wide extent; much more widely than distinct fatty degeneration ever does, probably because the destruction of the muscular fibres is less complete. This same uniform appearance of granular degeneration is also highly characteristic of the effects of maceration in dilute spirit, on the muscular structure of the heart; but it is not really fatty degeneration. Ether only clears these fibres of some of the granular dottings, it does not entirely remove this appearance; still less does it empty the sarcolemma. Further, chemical analysis of a portion of heart which has undergone this granular degeneration during life shows but a slight increase in the normal quantity of fatty matter. This change is the first step, both in the chemical transformation into adipocere, and in the pathological replacement of the muscular fibre by oily matter; but it is not itself fatty degeneration. These dots are not oil globules, but the signs either of an integral change, on which fatty degeneration is subsequently engrafted; or, if so it should be, of commencing decomposition.

"The general conditions with which fatty degeneration of the heart is found to coincide are, for the most part, those with which we connect muscular atrophy and fatty degeneration of other organs. Such are phthisis, hæmorrhage, debility, from long mental or bodily suffering, and the effects of indolence or intemperance. The cases, however, with which we are here chiefly concerned are those when

the heart does not so much share in the general decay, as the decay begins at the heart, where the wheel is broken at the very cistern, as it were. Sometimes, while all the functions are regularly performed, the heart alone of all the organs is undergoing this fatal change; and the first intimation than anything has been going wrong is the sudden death of a seemingly healthy man. A gradually accumulating experience has, indeed, given us some general grounds for conjecturing the existence of fatty degeneration of the heart during life; and sudden death from this cause rarely comes altogether without warning. Still the fact remains, that in this decay the heart will often outstrip all the other organs, and will fail from a form of disease against which one would have thought that its own functions, its own constant activity, were the best preservatives.

"We are not in a position to say precisely what is the cause of this peculiar change originating in the heart's structure. We know, indeed, that the heart is liable to undergo fatty degeneration in consequence of inflammation extending inwards from the pericardium; but such an occurrence is rare. Indeed, the habitual absence of all traces of inflammation of the lining membrane of the heart, in cases of fatty degeneration—recollecting that this disease, as a rule, extends from within outwards—negatives the idea of inflammation, in the common acceptation of the word, being its habitual cause.

"Yet we cannot entirely dismiss the idea of inflammation as a cause of fatty degeneration of the heart, though the process which leads to this result has little in common with that which we familiarly know as tending to the exudation of coagulable lymph or pus. The aneurismal pouches which we find in the ventricles seem to originate in such a process. We see only the ultimate results over the prominent part of the sac; but at the edges, where it adjoins the healthy muscular tissue, we gain some insight into the nature of the process by which these results are reached. And here the zone of intense congestion points to excessive vascular action, to give it no more exact name, as the cause of this change of structure. One such case occurred in a girl, fifteen years of age, who had been ill only one month, and had suffered from heart symptoms during only a fortnight. And here the congestion was most intense at the line of union of the diseased and healthy tissues. Whatever share, however, this excessive vascular action may have in the process, the real analogies of acute fatty degeneration of the heart are to be found, not in inflammation of any organ, but in yellow atrophy of the brain and yellow atrophy of the liver,—both essentially acute fatty degenerations.

"Perhaps few pathological principles have met with more prompt and general acceptance than fatty degeneration of the heart in all its bearings; for, while it offered a sufficient explanation of much that had before seemed perplexing, it contradicted no known and established doctrines. Subsequent clinical experience has confirmed and extended the earlier deductions, and extends them still; and if yet there is a feeling of disappointment because angina pectoris has not received a full explanation from our present knowledge of fatty degeneration of the heart, is not this partly because cases of angina pectoris have seemingly become more rare, from the greater precision which the knowledge of this anatomical change has introduced into the nomenclature of cardiac disease?"

REPORT OF THE PROVIDENT FUND COMMITTEE.

We last week briefly reported the proceedings at Cambridge on the subject of the proposed Provident Fund, and we now print the Report of the Committee appointed last year at Bristol.

Dr. Richardson, as Chairman of the Committee, read the report, of which the following is a copy:—

"The Provident or Relief Fund Committee was appointed last year at the Bristol meeting, to consider and report on the question whether it be possible to establish, under the direction of the Association, a relief fund, which shall enable the widows of members, or the orphans of members, or members themselves, during sickness to receive pecuniary aid by annuity or otherwise, on the principle of mutual protection and right.

"The Committee have to report that their first meeting was held at Birmingham, the second in London, and the third at Cambridge. A sub-committee was also appointed by the first meeting, and has been actively engaged.

"The Committee has aimed at the attainment of two objects—first, to procure trustworthy information on the whole subject; and secondly, to frame such suggestions as appear, after due inquiry, to arise out of the facts that have been collected.

"Before entering into particulars, the Committee would briefly observe that in the course of their labours they were for a moment interrupted by the suggestion that an enlarged annuity scheme in extension of that which became law during the last session of Parliament would probably be introduced at an early period by the Chancellor of the Exchequer. The Chairman of the Committee was, therefore, directed to ascertain, if possible, whether this statement was well founded; and he has been informed by Mr. Gladstone that 'the Government have not formed any such intention as that referred to.' This supposed obstacle is, therefore, removed.

"The Committee would next report that, owing to the difficulties of arriving at a correct decision by their own efforts, it was agreed at their first meeting, on the suggestion of Sir Charles Hastings, that the sub-committee, consisting of the Chairman and Dr. A. P. Stewart, should consult Mr. Tidd Pratt, and take his opinion on every essential point of the project. This has been effectively done; and upon the information thus obtained the following statements are based:—

FACTS.

"1. The Committee are satisfied that, in considering a scheme for the formation of a relief fund, it is essential that two of the elements suggested at the Bristol meeting—namely, the granting of annuities and the making provisions for widows and orphans—must be entirely abandoned, and that the fund must be devoted exclusively to payments to sick members. Deferred annuities are now so easily purchaseable from Government, and insurances are so readily effected with good offices, that this decision of the Committee calls for no regret.

"2. By directing the attention of the Association solely to one object, there is no doubt whatever that a provision against sickness could be easily and economically secured; and the Association, through its branches, affords an organisation admirably adapted for obtaining these benefits.

"3. The number of members necessary to give stability to such a fund must not be less, according to Mr. Pratt, than 200. He states that '200 would be sufficient to enable the fund to start with a sufficient average.' This is the lowest estimate. But the Committee do not doubt that, the scheme being once established, a sufficient number of members would be obtained to ensure its permanence. It is, of course, understood that the fund would only be joined by persons actually in good health.

"4. The payments must necessarily vary with the age at which the subscriber commences his membership; but the Committee have taken the age of thirty-five for the purpose of illustration. They have also taken a payment of 2*l.* a week for the same purpose. They find that, at the age of thirty-five, the two pounds a week can be secured by the payment of 17s. 1d. per quarter, or 3*l.* 8s. 4d. per year. To this must be added a small sum of from 3s. to 5s. per year, for the working expenses of the institution. The payment would be continued, in case of need, for one year without diminution, and for a second year at a reduction of one-half. It would, in any case, terminate at the age of sixty. These statements are based upon the experience of fifteen successful institutions; and may be considered as absolutely reliable. If larger payments are wished for, they may be made by multiplying the above figures. It would be necessary that members should contribute for one year before they became entitled to relief.

"5. In forming a provident fund in connection with the

Association, three modes of action present themselves, namely—

"α. By enrolment under the Friendly Societies' Act.

"β. By independent association without special legal sanction.

"γ. By obtaining a royal charter of incorporation.

"The first of these is objectionable, because it would necessitate the enrolment of each separate Branch as a distinct society without any federal centre.

"The second plan, or independent association without legal sanction, is perfectly feasible; but the proceedings would rest entirely on the good faith of the members and the management. The Committee feel, however, that the organisation might safely commence on this basis.

"The third plan, that of obtaining a royal charter of incorporation, is, in the opinion of the Committee, by far the best. It would place the association in a position that it has never before attained; it would give legal authority to all its statutes; it would render the relief fund permanent; and would powerfully contribute to the stability of the Association. Mr. Pratt is of opinion that, on the basis of the Provident Scheme, the charter would be easily obtained; and he has sketched out for the Committee the method of applying for it. The Committee find that such a charter would cost from 250*l.* to 300*l.*

SUGGESTIONS.

"1. The Committee would suggest that the Relief Fund might be commenced forthwith, from the nominal date of July 1st last past, and that the subscribers should be eligible to receive benefit from July 1, 1865, after payment of their second annual subscription.

"2. That, in order to carry out the project, a board of directors should be nominated in the following manner, to wit:—

"One director to be appointed by the members or Council of every branch; or, in the case of very large branches, two, or even three, directors in proportion to the numerical strength.

"Three, or five, directors to be appointed by the Committee of Council on account of members not represented by branches.

"A chairman to be elected by the annual meeting from the body of the Association.

"The directorate thus formed have power to appoint their own officers, and to determine their remuneration. They would furnish, also, the annual report at the time of the annual meeting.

"3. A question which has given anxiety to the Committee is, whether the Relief Fund should be open to the Profession generally, or should be limited to the members of the Association. A large majority of the Committee are in favour of the latter scheme, against which it is only urged that membership of the Association being of the nature of a luxury ought not to be a condition precedent to an act of foresight and self-denial."

At this stage of the report the Chairman read the following protest from one of the members of the Committee:—

"Stroud, August 3, 1864.

"The undersigned is desirous to call the attention of the Association to the question, Whether the proposed Provident Fund would be open to the Profession generally or to members of the Association only?

"Upon reflection, the undersigned feels more and more strongly that its limitation to members of the Association would be a great and unjustifiable hardship to many struggling men. Such a limitation might, as is justly urged by the majority of the Committee, bring new members into the Association; but would it not certainly keep others, and those the most necessitous (for whom their more fortunate brethren are surely bound to take thought), from sharing in the benefits of the provident scheme?

"The undersigned begs leave to suggest that the Association might include two forms of membership—membership of the provident fund and membership of the general fund, and that it should not be compulsory to belong to both or neither. He is strongly of opinion that men who joined the provident fund would be certain to join the general fund when their means permitted them to do so; and he would venture to hope that the great majority of members of the general fund would support the provident fund also. But he would much regret that the tax of an extra guinea should stand in the way of any practitioner of small means who yet wished to secure himself against want in the time of sickness.

"ROBERT B. CARTER, F.R.C.S."

"4. Another question of importance is whether the sick members during convalescence should be absolutely debarred from any act of professional work. On this point, Mr. Pratt is of opinion that 'no member should receive relief in sickness from the fund if he is capable of attending to any professional labour;' but the Committee think that this question may be safely left to the patients, and to those who sign certificates for them, and that such certificates should declare *unfitness* for work, rather than positive disability. This, as a matter of detail, the Committee would leave with the directorate.

"5. The Committee have reason to believe that, if the fund were established, donations and legacies would be added to it; but all the calculations have been made irrespectively of such a source of income.

"6. To meet preliminary expenses, should the Association adopt the report of the Committee, a moderate grant from the funds would be required. The Committee would suggest a sum of 50*l.* to be paid by the Treasurer as it was demanded.

"6. It would devolve upon the board of directors to prepare detailed rules and bye-laws as soon as possible, and to circulate them extensively in the Profession.

"8. In conclusion, the Committee cannot too strongly urge the importance of the suggested Royal Charter of Incorporation; the obtaining of which by the Association would greatly strengthen the cause they have at heart.

"Signed on behalf of the Committee,

"B. W. RICHARDSON, M.A., M.D.,

"Cambridge, August 3, 1864. Chairman."

As we formerly stated, the report was adopted after some discussion, the particulars of which will be found in our pages of last week.

GENERAL CORRESPONDENCE.

MEDICAL EDUCATION.

To the Editor of the Medical Circular.

SIR,—The hints on Medical Education thrown out by the Archbishop of York at the late distribution of prizes at St. Mary's Hospital Medical School are so replete with sound judgment, and strike so truly at many of the defects in our Medical education, that I cannot forbear offering a few remarks on the subject, in confirmation of the opinions propounded by his Grace.

As a general rule, it is but seldom that those who hold the high position of teachers in any branch of education can see the defects that exist in it.

When abuses are to be remedied in the Church, Army, or Navy, do we find that the impulse for the removal of those abuses takes its rise from those engaged in those professions?

The education of the embryo practitioner, to whom will be committed the life of his fellow-man, is not to be lightly dealt with. It is a subject to be solemnly approached, and not to be tossed about by "every wind of doctrine."

It is a subject on which the success of a Medical man's future career may depend. It is also one by which a Medical man may be able to sustain a position once acquired, and it appears to me that the Archbishop has done much for inculcating the proper mode of impressing on the minds of students the sentiments emanating from lecturers.

Now, Sir, in what respect does Medical education differ from education in other branches of knowledge? How few Medical students are there who are impressed more than students in other branches of knowledge with the necessity of

deeply meditating on every word spoken by the lecturer? How few are there whose capabilities enable them to keep up an uninterrupted attention for one hour without a pause? And, Sir, it is not for one hour, it may be for six or seven hours, I was going to say, almost consecutively.

Let me for a few moments survey the daily routine of a Medical student's career at the age of eighteen or twenty years, and tell me if it is such that his mental faculties can be improved by such wear and tear of his physical system. He is sent, it may be from the bosom of his family, or it may be from school, where he has had, at least, good air, into a city surrounded by, and exposed to, all the temptations of youth. His mornings are passed in an hospital, the air of which must be impregnated with the exhalations of disease, be it surgical or medical. His visit to the patients over, he is transported to the dead-room, there to witness the examination of disease to which the anxious student may have been devoting his attention. From thence he goes to breakfast, which finished, he may speed with all the energy of an anxious mind, to be found for an hour or more, it may be, at the dissecting-table, previous to the commencement of lectures. Come with me now into the lecture-room. The benches are gradually filling as the hour for the lecture approaches. The lecturer enters the arena. The hum of salutations ceases. Note books, it may be, are produced. Pencils are cut, and all the precursory steps for taking notes are finished. The lecturer begins. His watch lies on the table. "Gentlemen, the subject of our lecture yesterday brought us down to 'so and so.'" The lecture may be highly intellectual, truthful, and correct; he reads from notes, or it may be a written lecture of former years. The subject may be an abstruse one, and one requiring repeated explanation and commentary. It may be one in which the latest and most obscure discoveries of Medical science may be promulgated, for the elucidation of which the learned professor may have passed many anxious hours and even wakeful nights, or it may be that he has strung many sentences together, without regard to their import or connexion. The willing student writes a few lines; the lecturer has, however, got in advance of him, and when the student has finished his sentence, he finds that the lecturer's next bears but little connexion with the one which he has written; and so, with frequent interruptions, the anxious student at the end of the lecture can make but little out of what he has heard, having lost more than half of what the learned professor has been expounding. But let us turn for one moment to another class of student, who sits, it may be, with demure aspect, alternated by an occasional smile which creeps over his face. He has been thinking, perhaps, of home—it may be of the amusements which he has so much enjoyed there, it may be of the revellings of the past night, it may be of some peculiarity in the speaker, or perhaps of anything rather than the lecture, trusting to books to gain the information which thus is being thrown away. So hour after hour is passed, unprofitably to the student, and a burlesque to lectures.

Let us take an example of another class of students, probably the smaller, who prefer trusting to memory for the information gleaned from lectures, rather than noting the same in his book. Of this class let us take one; see his blood contaminated by noxious effluvias, his strength tried by night watches, and "whose candle goes not out by night" in endeavours to keep himself acquainted with what he has heard by day. Observe his anxious and tired look when he endeavours to absorb into an already overwrought brain the varied studies of a Medical career. Can it be wondered at that the "passive attention" so aptly described by the Archbishop of York is in the majority of cases not attention at all.

I have for many years taken an interest in this subject, and in private letters to my Medical friends have often brought before them the mode of instruction which I have witnessed in Italy. To take, for example, the Medical school at Pisa, which has had for many years a great reputation. The professor enters the lecture-room, the roll of students is called. He then questions the student on the subject of the previous day's lecture; the diffident he encourages, the student of moderate ability he assists. The well-read he stimulates by the remarks he makes on his well digested and accurate answers, the idle he reproves, and urges on all to put any questions that they wish to do on the subject of the previous day's lecture. This examination lasts generally ten or fifteen minutes. He then proceeds to the subject of the lecture for the day, of which he is master, and in well-considered language explains the matter of his discourse in a form comprehensible to the lowest order of minds before him, stopping at the end of every fifteen minutes to put various questions to the students on what he has been saying. In this manner, the flagging attention is kept alive, the student perceives that the intellect of the lecturer is keeping pace with his words, and a warm interest is encouraged in the subject of the lecture.

To carry out fully the ideas of the Archbishop, that the lecturer should see to the progress of the students at other times than during lecture hour, would doubtless be attended with difficulty on account of professional occupation, but during the time of the lecture no exertion should be omitted on the part of the lecturer to keep alive the attention of the student by diversifying the mode of imparting instruction.

In some Medical schools, the practice of examining the students once a week on the subject of the lectures has been attended by the very best results.

Doubtless the hints thrown out by the Archbishop will have their effect, and may be made the means of engraving many names in the memory of the public, rather than on the wooden benches, which is too much the practice among Medical students, who are frequently engaged cutting their names with their penknives on them, wholly inattentive to what is being said.—I am, &c.,

12 Via della Mercede, Rome, July 9, 1864. JOHN GASON, A.B. Fell. Coll. Phys., Irel., &c.

SUBSCRIPTIONS FOR THE WIDOW AND CHILDREN OF THE LATE EDGAR BULL, ESQ.

The Rev. H. Bromfield gratefully acknowledges the receipt of the following donations for the widow and children of the late Edgar Bull, Esq., Surgeon, of Blockley, and earnestly solicits further assistance:—

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Ed. Hier Evans, Esq., Monmouth	0	2	6
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Blockley Vicarage, Moreton-in-Marsh, August 8, 1864.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members, having been elected Fellows of the College at previous meetings of the Council, were admitted as such on the 8th inst.:—Octavius Adolphus Field, Sussex gardens, Hyde park—diploma of Membership dated Aug. 12, 1836; Gerald Yeo, Royal Navy—diploma of Membership dated Dec. 24, 1841.

In the list published last week of gentlemen admitted as Members of the College on the 30th ult., the name "Bluvitt" should have been "Blewitt."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—Alex. Hampton Brewer, Victoria, Monmouthshire; George Alex. Augustus Coats, Sirhoury, Monmouthshire; John Hankinson Gornall, Royal Infirmary, Liverpool; Thomas Wimpenny Green, University of Glasgow; Arthur Hill, Cumberland street, Pimlico; Ernest Arthur Hudson, St. Mary's Hospital; Richard Hughes, Rectory, Llanddenioler, Carnarvon; William Parsons Knott, Blisworth, Northamptonshire; Joseph Langhorn, Brompton road; Frederick Lawton, Chiddingford, Surrey; Nynian Holman Lower, Lewes, Sussex; Edward Reynolds Ray, Dulwich, Surrey; Albert James Wallis, Cambridge; Charles White, Guy's Hospital; John Williams, Anglesea.

The following gentlemen also on the same day passed their first examination:—Charles Arthur Brigstocke, St. Bartholomew's; George Fowler, Guy's; Herbert Lucas, Guy's; Edward Alfred Trimnell, Guy's.

UNIVERSITY OF LONDON.—The following is a list of gentlemen who have passed the first M.B. examination:—*First Division.*—Francis Bateman, St. Bartholomew's; Stephen Wootton Bushell, Guy's; Thomas Cole, St. Bartholomew's; Henry Greenway Howse, Guy's; James Pearson Irvine, B.A., University College; Frederic Barham Nunneley, University College; Charles William Philpot, King's College; Thomas Claye Shaw, B.A., King's College; George Christopher Tayler, St. Bartholomew's; John Burges Welch, King's College.—*Second Division.*—Arthur Bayley Adams, London; John Augustus Ball, Guy's; Marcus Beck, University College; Charles Berrell, King's College; Other Windsor Berry, Charing cross; Francis John Buckell, University College; Henry Clothier, University College; George Eastes, Guy's; Charles Kelly, King's College; John Lloyd, Queen's College, Birmingham; Charles James Hardy Smith, University College; George Owthwaite Spencer, University College; Arthur Taylor, Guy's; Thos. Pickard Warren, Guy's; John Williams, University Coll.

EXCLUDING PHYSIOLOGY.—*First Division.*—John Pearson Hughes, University College. *Second Division.*—Henry Hargreaves Birtwell, St. Thomas's; Julian Augustus Michael Evans, University College; John Spencer Ferris, King's College; Ralph Gooding, B.A., King's College; John Grimes, King's College; John Wickham Legg, University College; George Hunt Orton, St. Bartholomew's.

THE ARMY MEDICAL SERVICE.—A memorial has been presented to Lord Palmerston by the Royal College of Surgeons of Edinburgh on the subject of the Army Medical Service. The memorial sets forth—"That it is obvious that that department is not in a satisfactory condition, there being, as the College have reason to believe, widespread discontent among the Army Medical Officers—the Medical Service of the Army having become so unpopular that medical men are repelled from it, instead of being attracted to it; and that there is found to be great difficulty in filling up vacancies as they occur, and that to an extent which seriously mars the efficiency of the service, and imperils the health of the army." After adverting to the expedients to which the War-office has had to resort, the memorial proceeds:—"That various reasons have been stated why the service should be at the present time so unpopular—such, for example, as that the excellent Warrant of 1858, which gave so much satisfaction when it was originally issued, has not been carried out as it ought to have been; that its operation has not been extended to India, as was due to Indian medical officers; that medical officers, in consequence of the deficiency in their numbers, have a difficulty in getting leave of absence have, an undue share of foreign service, and are very slowly promoted. That, moreover, they are slighted as regards rank, have degrading duties unnecessarily imposed upon them, and as regards pay and arrangements as to retiring pension, are not remunerated as is due to men belonging to a liberal and scientific profession, qualifications in which can be attained only after long years of study and at a great cost. That the College refrain from giving an opinion as to the relevancy of these alleged causes, believing as they do that the only satisfactory means of ascertaining the real causes and amount of the evil, and of applying the proper remedies, is the appointment of a Royal Commission to inquire into and report regarding the whole matter." The memorialists accordingly petition Lord Palmerston to advise Her Majesty to issue a commission, "constituted of men of weight and impartiality, in whose judgment confidence may be reposed by all concerned."

THE GUARDSMAN SHOT AT WIMBLEDON.—Private H. Cooper, of the Coldstream Guards, who was accidentally shot on the 21st ult. at Wimbledon, died there on Tuesday at six o'clock. He was making a favourable recovery as regards the wounded side until Friday night last, when symptoms of congestion of the lung on the sound side became evident. These gradually increased in intensity, and he sank without pain at the hour stated. At the inquest held on the body, Henry Cramer Guinness deposed,—I am Staff Assistant-Surgeon, and I had charge of the detachment of Guards stationed at Wimbledon during the late meeting. I was on duty on the afternoon of the 21st of July, and I was summoned to Thomas Cooper in the Volunteer surgeons' tent. There were several Volunteer surgeons present. I took charge of him then in conjunction with Dr. Westmacott, of the London Scottish. I found that the man was suffering from a gunshot wound in the chest, and was in a complete state of collapse. The ball had entered behind between the ninth and tenth ribs, and glanced upwards to the third and fourth. It had entered at the back, at about two inches from the spine. There was a bruised mark at about an inch and a half above the nipple. The bullet was in his body. From that day the man was under my charge, in conjunction with Surgeon-Major Wyatt, and he progressed favourably until last Friday night, when congestion of the right lung set in. From that time to the time of his death, which happened on Tuesday morning, he was in an alarming condition. I made a *post-mortem*, in conjunction with Surgeon-Major Wyatt, and I found the ball produced. [The ball was shown. It was the common Enfield, and was flattened at the point.] It was lying loose against the diaphragm where the diaphragm is attached to the spine. I traced the wound from the external orifice into the lung. The ball had passed through the muscles and through the lower lobe of the left lung, and had lodged between the third and fourth ribs on the left. The man died from congestion of the right lung, and his death decidedly arose from the injury he received. The ball is a rifle ball, and it is flattened by going through three inches of board backing.

POISONING BY CALABAR BEANS.—About one o'clock on Thursday last the greatest excitement prevailed in the neighbourhood of Parliament street and Greenland street, Liverpool, in consequence of a rumour being prevalent that upwards of sixty children had been poisoned by eating some obnoxious beans. Unfortunately, the rumour proved to be too well founded. It appears that between one and two o'clock a little girl named Mary Ann Foster was taken to the Southern Hospital by some women. The child was in great suffering, and the surgeons of the hospital were informed that she had been eating some beans which she had gathered from a heap of rubbish thrown from a cart on some vacant land in Greenland street. Dr. Cameron, and Drs. Wollaston and Evans, the resident house surgeons, immediately attended the child; but before they had time to administer the remedies considered necessary for her about twenty other persons arrived with children in their arms suffering in a similar way. The medical gentlemen, seeing that

the case was an urgent one, and that the children were evidently suffering from a narcotic irritant poison, brought into requisition the whole resources of the institution, and antidotes were applied to counteract the effects of the deleterious stuff which the children had taken. The operating-room at this time presented a heartrending appearance. The poor children seemed to be suffering acutely from pain, and many of them were retching violently, while their mothers or friends were crying most piteously. From one to half-past three o'clock about forty children were taken to the hospital. One of them, who resided with his parents in New Bird street, died about ten minutes after he was admitted, although all means were taken to save him. This is the only case, up to the present, where fatal results have occurred, but several of the children are not, by any means, out of danger. The consequences would, no doubt, have been much more serious had it not been for the prompt medical assistance that the children obtained. The remedies applied were the stomach pump, emetics, stimulants, &c. The symptoms which the children exhibited were somewhat peculiar, although they clearly showed the sufferers had taken some poison of a deadly nature. The children were pale, very sick, and exhausted, and when they attempted to walk they staggered about as if they were drunk, although they had the use of all their senses, the poison which they had taken evidently not producing that stupefying effect which results from the taking of opium. Their pulsation was at first very low; some of them became feverish and drowsy, and their eyes were bright and protruding from the sockets, and in some of the worst cases the pupil of the eye was contracted. The quantity of the beans which the children stated they had eaten produced somewhat different effects. In one case, where a girl had eaten twelve, her recovery was easily accomplished; whereas in the case of another child, who stated that she had only eaten two beans, it was for some time feared that fatal results would follow. The child who died ate, it is stated, only six of the beans. From inquiries made by the police as to how the children got the beans, it appears that about eleven o'clock in the forenoon a cart, belonging to some person at present unknown, deposited a lot of rubbish on some vacant ground belonging to the Corporation, adjoining the schools connected with Great George street Chapel, in Greenland street. Some of the children began to scrape among the rubbish, and found a quantity of large oily-looking beans. The little things, in their ignorance, ate some of the beans, as they had not an unpleasant taste. The news of the discovery quickly spread among the children in the locality, whose parents generally belonged to the poorest class, and a number joined in the search and partook of the beans, with the results already stated. The police-inspectors, hearing of the occurrence, ordered the rubbish on the ground to be taken charge of by a number of policemen. Subsequently they caused it to be riddled, when upwards of a bushel of the beans was obtained. The master of St. Barnabas School, which is close by, also took a large quantity of beans from some of the children attending the school. The bean found is known by the name of *physostygma venenosum*, or "Calabar bean," is said to be used for dyeing and tanning purposes, and is a deadly poison. The rubbish from which it was obtained in so large a quantity by the unfortunate children is said by some to be ship sweepings and ballast taken from a vessel just arrived from the West Coast of Africa, while by others it is alleged to be the sweepings of a warehouse floor; but, from the nature and appearance of the rubbish, the former seems to be the most likely supposition.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 17.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, August 18.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, August 19.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 20.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, August 22.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 23.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Board of Works, Holborn District, Fifth Annual Report of the Medical Officer of Health.

Journal de Médecine Mentale, No. 7. July, 1864.

The Social Science Review, No. VIII., New Series.

The Canada Lancet, No. 17.

Photographs (coloured from Life) of the Diseases of the Skin. By A. B. Squire, M.B. Lond., &c. No. 1. London: John Churchill and Sons, New Burlington street.

The Chemical News, 242 and 243.

The Pharmaceutical Journal, Vol. VI., No. II.

The Dublin Quarterly Journal, No. LXXV.

The Canada Medical Journal, No. 2.

Metamorphoses of Man and the Lower Animals. By A. De Quatrefages, Paris; translated by Henry Lawson, M.D., &c. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

The Rev. H. Bromfield's letter is inserted.

Castleton, *Yorkshire*.—The L.F.P.S. Glasgow is equivalent to the diploma of a College of Surgeons, and we believe that the L.R.C.P. Edin. is equivalent to a licence in Medicine, although it gives no right to the possessor to practise pharmacy in England and Wales.

The Griffin Testimonial Fund.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Messrs. Clark and Elliott, Lynton	0	10	0
Ed. Hall, Ulverstone	0	10	0
Geo. Bulmer, Esq., Leeds	0	10	0
W. A. Burr, Esq., Slough	0	10	6
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Joseph Toynbee, Esq., Saville row	1	1	0
Francis Davies, Esq., Pershore	1	1	0
Amount previously announced	48	3	0
Received at 'Lancet' Office	3	11	0

Yours obediently,

Robert Fowler, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

August 10, 1864.

The Army Medical Department.—The list is published.

The University of Cambridge.—The paper from a member of this University shall appear next week.

A Surgeon of Volunteers.—Considerable want of Medical etiquette was exhibited in the case of the soldier Cooper who was unfortunately shot at Wimbledon. The case properly belonged to Mr. Wyatt, but Dr. Westmacott happened to be the first surgeon applied to, and very properly rendered his services until those of Mr. Wyatt could be obtained. The presence of Mr. Prescott Hewitt, although unnecessary, was caused by the zeal of some of the military authorities. We are decidedly of opinion that Dr. Westmacott ought to have been invited to the post-mortem examination.

A. B.—We have heard that the disease was delirium tremens, but we do not vouch for the fact.

Dr. Gason.—The subscription has been received.

A Subscriber.—The question is surrounded with considerable difficulty, but our impression is that the appointment was for a year, and that the Medical Officer, therefore, could not be dismissed before the expiration of that term.

Quæso.—The permanganate of potash is a powerful antiseptic, and may be used in the form of a gargle or lotion. It has, we believe, been used internally in the treatment of diabetes, but we do not know with what success.

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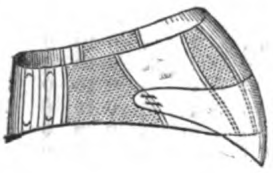
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By Richard Samuel Sisson, M.D.

(Continued from page 104.)

It appears to me that if, as we are told, hard and soft chancre are totally different diseases, it would be impossible for us to convert one into the other by any means we possess, and our experience in other diseases is opposed to such a theory; and consequently I believe the statements of Lee and De Meric go to prove that the hard and soft chancre are the same disease, but in a different state of activity.

Let us see if the results of syphilization bear out Professor Aitken's statement—viz., that it has been shown that the infecting sore is not inoculable upon the patient himself, nor upon a person who has been contaminated by syphilis.

Dr. Aitken thus describes the process :—

1. Matter is taken from a sore, *an indurated one by preference.*

2. *A patient suffering with secondary syphilis, is inoculated.*

3. From the pustule, which forms in about three days, fresh inoculations are made.

4. Every third or fourth day continue so to inoculate, always taking matter from the last pustule, so long as it continues to give any result.

5. When it ceases to give any result, new matter is to be sought for from another *primary indurated ulcer*, and continuous inoculations to be made as before on the sides of the person's body, and so on until no further inoculations will succeed.

It appears, then, if these rules are available and collected from reliable experiments, that not only is the infecting sore inoculable upon another syphilitic patient, but is also capable of auto-inoculation; for Ricord, Marston, and others have shown, that although inoculation from a hard chancre upon a syphilitic patient may produce a chancre with a soft base, yet the result of inoculation with matter from this sore upon a previously healthy individual will be an indurated chancre, which may be followed by constitutional symptoms; proving thereby that this soft sore is a truly infecting chancre.

Syphilis, says Professor Aitken, in course of time tends to wear itself out of the constitution. Hence the *modus operandi* of so called syphilization may be explained conjointly by—1. Lapse of time. 2. By continuous suppurations affording a drain or source of depuration to the system.

Now, this explanation appears to me unsatisfactory; for if the syphilitic poison was eliminated from the system, surely we should expect, not that the inoculations should at last fail, but that we should have the indurated chancre reproduced in all its pristine vigour.

Boeck holds syphilization not to be merely a local process, acting by derivation or by reparative suppuration, but to be analogous to vaccination ('New Syd. Soc. Year-Book,' 1860). And Marston, Seaton, and Simon have shown a constant relation to exist between the number of the sufficient cicatrices and the degree of protection afforded by vaccination. (Aitken's 'Pract. Med.')

By analogy, then, we must conclude that one attack of syphilis does not necessarily confer perfect immunity against another; and since it is stated, on the best authority, that the result of syphilization is the same from whatever kind of chancre the inoculations are made, we are, I think, driven to the conclusion that there is but one chancrous poison; and that the character of the sore is determined either by locality, or constitutional peculiarities. The first I infer from the statement of Ricord, that "he has never seen soft chancre on the face or cranium, though he has met with indurated chancres in hundreds in those situations; and the last, from the well-known fact that indurated chancre is rarely seen in women.

There is nothing remarkable in the fact that chancre contracted by a previously infected individual should put on an appearance different from what would occur in a healthy person. When one only partially protected by a previous attack of small-pox, or by vaccination, is subjected to infection, how is he affected? Not by a regular attack of variola, but by a modified form, in which the eruption stops at the papular or vesicular stage; nevertheless, in this state, he would communicate the genuine disease to another unprotected.

Moreover, as Professor Aitken has stated, nothing can be more different than the distinct, the confluent, and the horn small-pox from each other; and yet all these different varieties may exist in different persons inoculated with the same poison.

In treating of skin diseases, the same author remarks: "There are numerous facts which justify the belief that there exists but one essential fungus whose sporules find a soil for development and growth upon the surface, or even within more secluded portions of the human body; and that varieties in the growth of that fungus are due *to differencces in the constitution of the individual*, to the moisture, exudation, soil, and temperature under which the development of the fungus takes place." And again: "An amount of fungus which will simply produce death of hair in one person, or part of the body, may, in another, produce irritation, eruption, or violent inflammation."

Sir George Ballingall held that "the contagious principle does not always produce the same symptoms."

Dr. Hennen observed: "Soldiers are gregarious in their amours, and we have frequently several men in hospital at the same time, infected by the same woman, some of whom have had one kind of sore, some another, and some both."

Mr. Acton has known instances of a male with indurated ulcer communicating to a female a simple unindurated sore, and *vice versâ*.

"The inoculation," writes Mr. Paget, "of several persons with the matter from one primary syphilitic sore may produce different forms of the primary disease and different consecutive phenomena." And again: "I believe we must assume that the specific material of each disease may be, in some measure, modified by its combination with one or more of those normal materials of the blood, which have in each person a peculiar or personal character. By such combination we may best explain those characters of specific disease, which appear in its changes in transmission from one person to another; such as the varieties of syphilitic sore, and the varieties of their consequences, in different persons inoculated from the same source." ('Surgical Pathology.')

In Reg.-Gen. Report on Cholera, 1848-9, Dr. Farr observes: "Syphilis, erysipelas, and other zymotic diseases put on different forms, which may be referred to the state of the exciter, the mode of its application, the matter on which the exciter acts, or the vitality of the patient."

Boeck says: "There is but one syphilitic virus. The soft is produced by the same virus as the indurated chancre; the two forms arise from the intensity of this virus being different. Soft chancres are the product of the most energetic virus, which, by its intensity, developes in its circumference an inflammation which puts an obstacle in the way of absorption: indurated chancres are the product of a virus of less intensity, which does not develop an inflammation sufficiently strong to hinder absorption. With matter of an intensity different from these, we obtain intermediate forms of chancre, in which, with all our experience, we are uncertain whether or not the primary affection will be succeeded by constitutional syphilis."

Sperino holds that there is only one syphilitic virus, the immediate and mediate effects of which are different,

according to whether it has or has not undergone a modification through the lymphatic ganglions. ('Lancet,' 1864.)

Robert, a distinguished surgeon at Marseilles, and formerly a pupil of Ricord's, says the different varieties of the primitive affection are simply to be considered as manifestations of a single principle, the various effects of which depend upon conditions extraneous to the virus. (Maunder's 'Trans. Ricord.')

Are the several manifestations of syphilis evolved in any definite order; and is the character of chancre any index to such manifestations?

The compiler of Ricord's lectures gives this quotation from Ambrose Paré: "If there is an ulcer on the penis, and if the part is hardened, it will be an infallible sign that the patient is affected with syphilis." (Maunder's 'Trans. Ricord.'

Ricord says: "The first sign of constitutional infection is induration of the chancre, which is invariably followed by constitutional symptoms." By which I understand Ricord to mean that induration of a chancre is a secondary manifestation, never existing alone, but always followed by *other* secondary symptoms. I agree that it is quite possible—nay, even probable—that the chancre, as the weakest point of the economy, may first suffer. I, at the same time, see no reason why the syphilitic poison may not be exhausted here, as the poisons of other diseases sometimes are in a single pustule.

The following opinion of Ricord's has been subscribed to by most syphilographers:—"Of the two varieties of chancre, the form most commonly met with is the non-infecting. It is, then, correct to state that, in the great majority of cases, the chancre does not induce syphilis." Were this literally true, it might, indeed, account for the fact that comparatively few chancres are followed by constitutional symptoms. I believe, however, that this dogma is founded upon error; and in support of this belief let us analyse the statistics collected by Fournier for Ricord at different periods amongst the patients of the Midi, and which I extract from Maunder's 'Translation of Ricord':—

During three months, number of *chancres* seen	341
Chancres indurated	126
Ditto simple	215

Now Ricord states: "The simple chancre is generally multiple; the indurated chancre, solitary." Consequently more than *one-half the patients*, according to his dogma, should have had constitutional symptoms.

At page 28 it is stated that *patients* affected with simple chancres during the year were 254. Now, as we cannot suppose that this number represented one tithe of the patients admitted during that period, all the rest should have had secondary symptoms.

In page 182 it is stated that, of 814 *patients*, 471 had hard chancre; 343 soft. Here again, then, many more than half the patients should have had secondary symptoms.

From these statistics, then, it appears that a greater number of patients suffer from the hard than from the soft chancre. We do not, however, find in practice that half our patients become affected with constitutional symptoms, and consequently we are driven to the conclusion, admitting induration of a chancre to be a secondary manifestation, that the syphilitic virus may exhaust itself at the point of inoculation alone.

Induration of the chancre is, however, by no means the first sign of constitutional infection. This may be delayed, or even never occur, as Mr. Marston's cases show. ('Lancet,' 1862.)

Cullerier says: "The whole diagnosis of chancre does not consist in the local state; and when induration is absent, it must be sought for elsewhere. When induration is absent in a doubtful chancre, it is in the corresponding glands that I seek for the diagnostic element; I will not say complimentary, but indispensable: and I do not see why the infecting reaction, not making itself apparent in the ulceration itself, should not convey its action on the glands, which in this case substitute themselves for the chancre." (Note, Ricord's Lectures.)

Ricord also believes that there can be no infecting chancre without an indurated multiple symptomatic bubo; which bubo, he states, possesses no tendency to inflammation or to undergo specific inflammation. In opposition to this, Mr. Marston states: "Sores occupying the sheath of the penis (almost invariably infecting as I have seen them) do not always give rise to indurated inguinal glands, but an indurated or even suppurating bubo at the root of the penis, and yet be infecting sores; and suppurating buboes are often followed by secondaries, as seen in the army." ('Lancet,' 1862.)

Mr. Langston Parker says: "Ricord has laid down a positive law that a bubo which suppurates specifically—that is to say, which furnishes an inoculable pus—is never followed by secondary symptoms. All I can say is, that buboes which suppurate freely, and to all appearances specifically, are followed in some cases by secondary symptoms."

In 'Lancet,' 1860, Mr. Girdwood, of the Grenadier Guards, has reported several cases of chancre followed by constitutional infection, without the intervention of bubo; and of 100 cases treated by Mr. Green, of Bristol, bubo supervened in 16 only.

The fact is that the presence or character of bubo depends in great measure upon constitutional peculiarities. Every practitioner must have seen patients in whom bubo had been produced by the slightest abrasion or mildest gonorrhœa, whilst no amount of irritation would produce them in others. Both, however, might equally be susceptible of secondary infection.

That the character of the chancre is some index to the secondary manifestations likely to follow, seems probable from the following opinions:—

Mr. Acton states: "I have never myself yet met with any single instance in which, after uncomplicated indurated sore, the secondary disease has extended deeper than the skin or mucous membrane. The bones and deeper structures remain perfectly free from disease. There is no loss of nose, no affection of the bones, of the palate, or those other catastrophes which used to show how powerless the old remedies were. The few cases that we now see in private practice of the worst forms of secondary and tertiary symptoms follow only those phagedænic indurated primary sores that we have described."

To be continued.)

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ROYAL GENERAL DISPENSARY, ST. BARTHOLOMEW'S CLOSE.

On Wednesday, the 10th of August, a man presented himself at the above Dispensary and sought relief from a most severe attack of Urticaria. The entire body, with the exception of the face, was thickly covered with the rash peculiar to this affection; the forearms and the lower extremities, especially the inside of the thighs, had the eruption particularly well marked. The appearance presented by the patient was as though he had been beaten with nettles, and as though the formic acid contained in them, acting as a violent irritant upon the integument, had created inflammation of it, besides causing it to be elevated into distinct white wheals, while it had occasioned that portion of integument, not so elevated, to be engaged in a diffused redness, or an erythematous-like blush. The wheals were of an ovoid rather than a circular shape, and were of a whiter hue than the healthy skin; but were altogether free from vesiculæ.

Concomitant with the above symptoms were intense itchiness and a most disagreeable sense of tingling, irritability of the stomach, and a feeling of general discomfort, proceeding not alone from the gastric disturbance, but also from the sympathy of the head. Giddiness, anxiety, and groundless alarm, lassitude and faintness, were likewise among the symptoms. The rash had been ushered in by febrile symptoms which had, however, subsided on

the appearance of the former, and continued to abate till the eruption had fully declared itself, when little, if any, feverishness remained. So great was the irritation of the integument that the patient could not refrain from scratching and rubbing, and, so, had very much aggravated the blush of redness, increased the eruption where it had already made its appearance, and brought it out in places where it had not yet declared itself.

The hands were enormously swollen, and the fingers, though separated to their fullest extent, were yet in contact with each other, so great was the size which they had attained.

The patient was thirty-five or forty years of age; was of a thin, spare habit; of not very robust health, but yet of very fair condition: he was also temperate in his mode of living, not being over-indulgent in either eating or drinking.

The cause of the affection was supposed to be the ingestion of some skate, of which the man had eaten somewhat heartily previous to the appearance of the rash.

Dr. Sisson, under whose care the patient had placed himself, considered it possible for this nettle-rash to have been produced by the preparation of squill which the man had been taking for the relief of an attack of bronchitis, and mentioned, in the course of some remarks that he made upon the complaint, that although, in this country, it was generally the result of eating shell-fish, there were several species of edible fish in tropical seas which, when eaten, produced effects exactly similar, and that he had seen half a ship's crew affected with this rash after they had partaken of the bonite of the Indian seas.

The treatment adopted was that by emetics and purgatives, and their administration was attended with a happy issue.

By Willan this ailment has been divided into six classes; they are as follows:—Urticaria febrilis; U. conferta; U. evanida; U. tuberosa; U. persistans; U. subcutanea: but for all practical purposes the division into acute and chronic is quite sufficient.

The case which we have reported is a good illustration of the acute form of the malady; although, in some instances, the malady wears a yet more severe character than that we have portrayed.

The rash is usually to be found most thickly spread upon the inner surfaces of the limbs—both upper and lower—and also upon the thighs, the loins, and the shoulders. In the present case the face was free from the rash, but in other instances it will be thickly covered; and the redness will extend to the red margin of the lips, or even, beyond this line, into the interior of the mouth. When the patient gets heated in bed the colour of the eruption becomes a deeper hue. The rash will often fade during certain hours of the day, and towards evening return either to its original tint or to a deeper: this will be specially observable if the patient be exposed to sudden alternations of temperature, or to any great degree of warmth: cold, on the other hand, will be found to exercise repressive action, and to cause the rash to fade. Very often, indeed, from causes which we cannot explain, the eruption disappears in one situation and breaks out in another; or grows fainter in one place while it brightens in another; or, again, it may run its entire course in a few hours, leaving few or, perhaps, no traces of its occurrence. In the majority of instances it lasts a week, or even more, but during all the time of its continuance it is subject to exacerbations.

That form of the affection in which the entire surface of the body is covered with the eruption is called urticaria conferta; and when there is little or no fever, a want of persistency on the part of the eruption, with an irregularity in appearing or disappearing, the term evanida is applied. The urticaria tuberosa is a very severe form; in it the wheals rise up rapidly, and rapidly increase to a very large size: they may be either white, and then in marked contrast with the surrounding red integument, or else of the same colour as the level integument, from which they are to be distinguished by their elevation and by their peculiar hardness. These wheals may be arranged in parallel stripes, or may be placed crosswise as regards each other, or be scattered irregularly over the entire surface; sometimes these tumours attain a size equal to that of the palm of the hand, and are excessively tender and painful: they do not usually continue in this state for more than a few hours, and when they disappear they leave a painful sense of discomfort, and a certain degree of weariness and lassitude. When, instead of disappearing, the wheals continue, and that, too, after the erythematous blush has faded or entirely passed away from the skin, the name, urticaria persistans, is applied to the affection. In some instances we have known these welts or tumours to continue for three or four weeks.

The urticaria subcutanea of Willan is that form in which there is no redness, but only an eruption of wheals, which lasts perhaps a few hours, and then disappears, to be again, after a short time, succeeded by another eruption of the same nature. The wheals may remain for some days and then disappear, but without affording the patient any relief from his general discomfort.

In those instances where the affection arises from the ingestion of an irritant, it is not usual to have any febrile disturbance premonitory to the eruption; there may be, however, instead, pain in the region of the stomach, nausea, vomiting, vertigo, a sensation of sinking, and a most distressing feeling of anxiety. When the eruption appears, the body may be swollen to a very large size, owing to the irritated or inflamed state of the integument; and this swelling will, in a number of instances, be attended with difficulty of breathing. All these symptoms will very frequently be relieved, or entirely removed, either by the vomiting incidental to the affection or that occasioned by the administration of emetics; that is, if the malady has been produced by something taken into the stomach.

It is well known that all kinds of shellfish, when taken into the stomach, are the most frequent cause of this nettle-rash; but the ingestion of, perhaps, no other kind of shellfish causes it so frequently as does that of mussels. Shellfish alone cannot be charged with the origination of the urticaria, inasmuch as all other kind of fish will have in some people the same effects; moreover, particular parts of fish, or fish eaten in certain states of health of the person eating, or at a time when the fish is not in season, will cause the appearance of the urticarious condition. The part of the fish which is most likely to occasion this rash is the fat, in which it is supposed that the noxious irritating property resides.

Other edible articles than fish will produce these distressing symptoms which we have been describing, nor is the eating of flesh food alone attended with them: vegetables, especially those eaten in their raw or uncooked state; fruits, no matter how ripe or how easily digestible by the stomach of ordinary persons; that is, persons free from the idiosyncrasy which predisposes to this ailment; medicines, such as the turpentines and the balsams—are all of them known to give origin to the eruption.

Nor is its production confined to these agencies. There are certain conditions of the system—physical, mental, or otherwise—which not only predispose to it, but are likewise direct or exciting powers. Among these we may enumerate excessive exercise, more particularly if great perspiration be induced; intense anxiety; great excitement of spirits, or sometimes great depression; the imbibition of ardent spirits, or of any substance which, when passing off in the perspiration, creates irritation of the sudoriferous ducts and of the integument; the ingestion of indigestible, or of very highly seasoned, or of very rich food. The exposure of the surface of the body to heat after cold, or, as takes place in some instances, the mere reaction which sets in after cold has been applied for some time, are often of themselves sufficient to induce the appearance of the rash.

It may be an epidemic. Persons with thin and delicate skin are especially liable to become the subjects of the complaint; and more particularly so if there should be in their constitution any tendency to the gouty or rheumatic diathesis. In such instances as these the eruption will show itself, and very speedily, after very trivial causes;

and though it will yield readily to treatment, and be made rapidly to disappear, yet will it again quickly return.

We have laid it down as a truism that those persons having thin, delicate skin are most liable to be affected; inasmuch, therefore, as females and children come under the head of such a class, we naturally look for its prevalence amongst them: nor are we disappointed in our expectations. The younger the person, and the more delicately constituted, the greater is the predisposition; and should the temperament be the sanguine, this predisposition is heightened.

We shall now direct attention to the diagnosis of the eruption, since such is necessary, inasmuch as the disease may be present at the same time with lichen, impetigo, roseola, or with the common erythema, or the erythema nodosum. From this last it is distinguished by the want of durability of continuance on the part of the tumours incidental to the erythema; in the erythema, likewise, there is not that tingling and itching which form so distressing a feature in the urticaria. Lichen urticatus very closely resembles the affection of which we are treating; so closely, indeed, that some care is needed in making our diagnosis before we can pronounce a determinate opinion. The lichen has, however, the wheals of a smaller size, more firm in their consistence, not so much elevated above the surrounding surface, but of a deeper tint and more lasting; another difference, which is pathognomonic, is that the wheals of the lichen are studded with distinct papulæ.

In general, the peculiar sensations of true urticaria, the harassing itching and tingling, the size and condition of the wheals, the redness of that portion of integument which is not raised, the swelling and puffiness of the entire skin, are all of them very demonstrative of the exact nature of the affection, which we may be called upon to treat; and if carefully put together, collated, and considered, will assuredly enable us to arrive at a true conclusion.

We shall now advert to the treatment necessary for the alleviation or cure of this malady.

In this case of Dr. Sisson's, we have seen that recovery was obtained by the administration of emetics and purgatives; indeed, in the majority of cases, little else is necessary; and in a large number of instances medical treatment is not at all required; abstinence from those articles, or the removal of those causes—predisposing or exciting—which occasion the affection being alone sufficient.

Emetics should be administered at an early stage of the complaint if ingested substances be at fault; but they should be of such mild nature as not to cause any depressant action, or, at least, as little as possible. It is always advisable to clear out the bowels with aperient medicine, whether we choose to give it by the mouth or by the anus; in making a selection of the method of introducing the medicine, we are often guided, not by any wish on our own part, but by the contingencies of the case.

In those patients who are of a rheumatic or gouty diathesis, the remedies suitable to such temperaments must be used; when there is very great cutaneous irritation, it may be allayed or removed by means of some sedative medicines; and when nervous depression exists, the indication for the use of camphor, ether, or other nervous stimulants is present.

The best emetic we can select is the ipecacuanha, because, in its effects, it is both certain and efficacious, and unattended with the distress attendant upon severer emetics.

In the form of the ailment known as urticaria subcutanea, tepid and warm baths will be found to afford, in many cases, considerable relief; in other instances of the affection, where there is a plethoric habit of body, more severe measures are required, perhaps even so severe as the taking away of blood. But we need scarcely say that this is a mode of treatment not to be lightly undertaken.

Inasmuch as there is always, or at least very frequently, acidity of the secretions of the stomach and bowels, it is always best to select medicines—purgatives, for instance—or alteratives, possessing antacid properties; in cases where there is decided acridity, and where it prevails to a marked degree, we shall find it beneficial to treat the sufferer with magnesia or the liquor potassæ: but though this holds good as a general rule, yet there are instances in which the very opposite method of treatment—namely, by the use of acids—will be found to be effectual in restoring the patient to health. When there is a tendency to intermissions in the eruption and in the other symptoms of the affection, the sulphate of quinine is said to be not valueless; arsenic has been administered, and with good effect; and by some a gentle course of mercury has been recommended, with the object of removing from the blood any deteriorating or offending agent, and at the same time restoring it to its natural healthy standard.

We have already adverted to local treatment when we advised the use of warm baths, but here we would point more particularly to that treatment. If we use the warm bath, the temperature of it should be sufficient to promote good diaphoretic action of the skin; and in order to correct the excessive acidity of the sudorific excretion, it will be of use to render the water of the bath alkaline by means of the carbonate of potass or soda. The vapour bath also acts efficaciously. We must be very cautious in applying cold to the surface, lest we occasion a retrocession of the rash and a fatal metastasis; and when there is any symptom indicative of a tendency to retrocession, we should at once begin the use of the warm or of the vapour bath, so as effectually to recall the eruption.

PARISIAN MEDICAL NEWS.

HOSPITAL OF THE SCHOOL OF MEDICINE. PROFESSOR NELATON'S WARDS.

Sub-ungual Exostosis.

Twelve months ago, a young working man, aged eighteen, observed that the nail of the great toe of his right foot was gradually assuming an improper direction. The extremity of the nail was growing upwards like the point of a mediæval shoe, and occasioned inconvenience and even pain in walking. The incision of the exuberant portion of the nail gave but little relief, the outer edge of the toe was swelled and tender, and the patient applied to M. Nélaton for the cure of an affection which often obliged him to discontinue his habitual occupations. The Professor easily detected in the painful part a small round tumour protruding beyond the point of the toe, and extending beneath the nail which it raised; the tumour was red, covered with minute pellicles, and presented an orifice from which pressure forced a droplet of puriform matter. The firm consistency of the swelling pointed to the diagnosis; an osseous growth alone could possibly cause the symptoms observed; and as the Professor surmised, the case proved to be an instance of the disease described by Dupuytren under the denomination of exostosis of the upper surface of the great toe, or sub-ungual exostosis.

The great toe alone is almost invariably the seat of the affection, which is very seldom indeed observed on any of the other toes; once only M. Nélaton met with it in one of the fingers of the hand. It must further be remarked that in nine cases out of ten the exostosis occupies the wider part of the dorsal aspect of the bone, near its external edge, and at the juncture of the lower with the middle third of the phalanx. The aspect of the tumour is characteristic; its shape is conical, and the nucleus is an areolar texture exactly similar to that of the bone, the osseous substance lying in strata, beneath a layer of cartilage, covered by an epidermic, horny cuticle.

In such a case, the incurvation of the nail upwards, and the consequent distress in walking, first attract the patient's attention. Paring of the nail is, of course, resorted to, and this measure is sometimes sufficient to remove the pain; and as in many instances a protecting horny excrescence, of moderate thickness, forms on the surface, the inconvenience is bearable. But it occasionally happens, as in the case which suggests the present remarks, that the external covering of the growth inflames from the friction of the shoe, and walking becomes difficult or impossible.

The treatment is then plainly indicated, and the exostosis must be removed. M. Nélaton proceeds as follows to the performance of this rather painful operation :—A muslin bag filled with salt and pounded ice is applied for two or three minutes over the toe, in order to deaden sensation, and with a short and strong bladed knife, the tumour is isolated and removed ; sometimes the gouge and mallet must be used. The dressing should be of the simplest character, and in the course of twelve days or a fortnight, healthy granulations form and a solid cicatrix follows. This procedure was instituted by M. Nélaton in the case above adverted to, and the result was in every respect satisfactory.—'Journal of Practical Medicine and Surgery.

SYPHILITIC TUMOUR OF THE GLUTEAL REGION.

Although syphilitic tumours of the soft parts are now better known than formerly, they often, especially in women, give rise to errors of diagnosis. We may, in illustration of this remark, allude to the case of a woman recently admitted into M. Nélaton's wards for a swelling in the gluteal region, which, before the patient's entrance into the hospital, had occasioned much difference of opinion. The tumour was flat, as broad as the hand, and formed a hard and movable mass, separated from the rectum by a band of healthy tissue. The skin had assumed the roseate purple hue characteristic of chronic inflammation; it had partially lost its elasticity, and some amount of œdema was present—a circumstance demonstrated by slight pitting after pressure with the finger. In addition, although it was not impossible to discover the limits of the tumour, its margin was vague and ill defined, a pathognomonic character of syphilitic nodes. The patient was perfectly sincere in her earnest declaration that she had never been affected with syphilis ; but, despite her denial, M. Nélaton's first impression remained unaltered. By close and searching interrogation as to her former health, he elicited the fact that eighteen years before she had suffered from obstinate sore-throat; that since then she had been liable to what she called cramps, which had obviously been genuine osteocopes, a surmise borne out by the undulating thickness of the ridge of the tibia. These indications amply justified the suspicions entertained as to the nature of the case, and pointed to the most appropriate treatment.

Antisyphilitic remedies supply, moreover, a delicate test of the accuracy of the diagnosis ; and as they are harmless, if prescribed with discretion, it is perfectly legitimate to resort to them even on the strength of mere presumptive evidence.

The most efficient remedy in tertiary disease is iodide of potassium (gr. xv. daily). If the tumour be a syphilitic manifestation, improvement promptly sets in under the influence of this medicine, and in a few days the mass disperses ; in the present instance the effects of the drug were extremely remarkable. In some cases it is necessary to exhibit mercury at the same time with the iodide of potassium. But occasionally, in spite of all treatment, an abscess forms, and the subcutaneous cellular tissue mortifies and falls away like the core of an anthrax, leaving an ulcer which follows the same progress as other sores of syphilitic origin. *Ibid.*

REDUCTION OF VOLUMINOUS HERNIA BY ELASTIC PRESSURE.

A man was admitted into hospital for alleged hydrocele. The scrotum was the seat of a chronic enlargement of such considerable magnitude that a superficial depression alone indicated the situation of the meatus. Sexual intercourse was utterly impracticable, and the patient complained of great inconvenience in walking ; in addition, the contact of the urine with the skin gave rise to painful excoriation, colic was present, and the infirmity was altogether of a most distressing character.

The patient had been informed that he was affected with hydrocele ; but this was a mistake. Both testicles were easily felt perfectly distinct from the mass—a circumstance incompatible with the existence of dropsy of the tunica vaginalis ; on percussion a degree of resonance was, moreover, perceptible, which could not be produced by hydrocele of the cord. This tympanitic sound demonstrated the true nature of the disease, which consisted in enormous inguinal hernia, with a voluminous pedicle, presenting all the characteristics of entero-epiplocele.

This kind of ancient and voluminous hernia distends the scrotum, is not liable to incarceration, and gave rise in the last century to active controversy, which led to such tumours being pronounced to be irreducible. Surgeons dreaded the restoration into the abdomen of organs which had long been displaced, and had lost what Jean Louis Petit called their "*droit de domicile*" within that cavity. M. Nélaton acknowledges that he once entertained a similar view, but on further reflection he has since altered his opinion, and now professes that the reduction of these herniæ may legitimately be attempted, and that it is possible to effect this desirable result without injury to the patient. This, however, cannot be accomplished at once ; and the perils adverted to by Jean Louis Petit doubtless arose from the fact that the tumours he alludes to were reduced in an incautiously precipitate manner. Ravaton adopted a safer practice, and endeavoured slowly to attain the same object by compelling the patients to lie for a long time on their back. Several of the individuals under his care thus remained for six weeks in bed, with much ultimate benefit. M. Nélaton remarked that, in a case of fracture of the femur in a man who for months had borne a large unreduced hernia, M. Sanson had taken advantage of the compulsory attitude enforced on his patient, and gradually returned the intestine into the abdomen ; no untoward accidents followed, and M. Nélaton has since very frequently resorted, with advantage, to the same method. The time necessary to attain the desired result may be shortened, if to the indispensable position be added pressure with M. Maisonneuve's elastic bands. These measures were adopted in the case here alluded to, and the hernia is now entirely reduced. A well-made truss has been applied, and no functional disturbance has supervened to justify the apprehensions formerly suggested by the method resorted to in this instance, which, it is true, would not, in Jean Louis Petit's time, have been instituted in the same manner. *Ibid.*

THE BRITISH MEDICAL ASSOCIATION.

JOHN BRIDGER, Esq., of Cottenham, made the following observations

ON DIPHTHERIA.

Since April, 1862, upwards of 3,000 cases of diphtheria have fallen under my care. At the onset of the epidemic the disease was of a more acute character than at the present time, cases then presenting the characteristic appearances so well-known to the Profession, and so ably described in a lecture by Dr. W. H. Ranking, delivered at the Norwich Hospital—*vide* 'Lancet,' January 8, 1859.

Latterly most of the cases have been of a milder character, very many of them relapses. The sequelæ are often very serious, such as pleurisy, pleuropneumonia, endocarditis, peritonitis, croup, paralysis, &c., &c. ; in one case there was abscess of the liver, in one gangrene of the lung ; some have passed membrane from the bowel, one from the bladder. Erysipelas has very frequently followed, sometimes commencing at the nostrils, and spreading over the face and head, sometimes from one or both ears, and spreading over the head and face, in a few cases from the anus, umbilicus, penis, or vagina, and extending slowly over the whole body and lower extremities ; in the three last-mentioned points of commencement it has occurred in infants that took the disease from their mothers, and showed it either at birth or within a few days. Women who have the disease previous to or during pregnancy have their condition modified by it ; in some it produces abortion, in some premature confinement, in others hæmorrhage or lingering labour; whilst in all puerperal women, for a period of from three to six weeks after delivery, and

occurring every few days, there is a discharge of shreddy membranous or glairy matter, like uncoagulated white of egg; this has occurred in fifty-two cases, my attention being generally called to it by the patient or nurse as something unusual.

The children born of these affected parents invariably show signs of the disease soon after birth; if you look into their throats you see the tonsils, uvula, and soft palate swollen and red, perhaps slightly œdematous, producing a slight hoarseness and cough; this may go on for some days, or even weeks, the child, seeming neither well nor ill, all at once is taken worse, screams out with pain, and dies in a few minutes. Whenever I have been able to examine the body I find death caused by effusion into the pericardium. Altogether, out of this number of cases, there have been seventy-five deaths. Twelve were complicated with scarlet fever, nine were complicated with measles, one with confinement and scarlet fever, one with confinement alone. A primipara, a young woman aged twenty-one years, gave birth to an acephalous child, and was doing well up to the twelfth day, when she complained of her throat, the tonsils, soft palate, and uvula looking red only. In about twenty-four hours she complained of a kicking sensation in the throat, screamed out, and died. No post-mortem was allowed.

I have made twenty-four post-mortem examinations, and wish particularly to bring before the notice of the members of this Association a certain condition of the auriculo-ventricular valves of the heart seen in every case where a post-mortem was allowed, whether complicated with any other disease or not, and to the best of my belief not previously made known to the Profession. It is a roughened, reddened, and thickened appearance of the valve, as if by interstitial deposit, situated midway between its insertion around the ventricular opening and the attachment of the chordeæ tendineæ, one or both valves being affected more or less, according to the severity of the case and the time elapsing between the symptoms of heart affection and death. The symptoms denoting it may come on early or late, generally late, several cases having occurred where to all appearances the patient has been well, and may be diagnosed by the following symptoms:—An anxious countenance, hurried respiration, a rapid pulse (from 120 to 170), tenderness over the precordial region, scarcely any pain excepting on pressure. In four cases I noticed a slight murmur, systolic; in two it subsided in a week; one remained permanent for some months; one case is now under treatment, and at this present time there is a distinct bruit heard at the base over the valves, and along the course of the aorta. The duration of the urgent symptoms varies from three to seven days, the shortest being three, the longest seven days.

I have not noted the exact number of cases in which the heart has been so affected, but can safely say it occurred in at least a hundred; in some it came on most severely, and was like a state of collapse, with cold clammy perspirations.

In this endocardial affection I give the steel mixture with nitrate of potass every two, three, or four hours, a small dose of grey powder, with compound ipecacuhana every night, and apply a sinapism twice daily until the pain and tenderness on pressure subside. In the cases with a bruit, and also accompanied by pain, gr. iij. of the extract of conium is given every four or six hours as long as required.

In all cases where membrane extended down into the trachea and lesser bronchi death followed rapidly. In those cases simulating spasmodic croup, with patches of membrane on the tonsils only, five have died, three recovered. One patient, a lad, aged fourteen years, died suddenly in getting from the bed to the night-stool, apparently from paralysis of the heart, as he was previously doing well and getting about the house; his mother had given him a dose of castor-oil contrary to my wishes.

In respect to the treatment generally pursued, I rely principally on the tincture of sesquichloride of iron, but combine with it the acetate of ammonia and spirits of nitrous ether in order to keep the skin and kidneys active. When there are glandular enlargements, I add to these the iodide of potassium; and should there be also an œdematous condition together with glandular enlargements, both the iodide of potassium and the chlorate of potass. If the tongue be much loaded, and the patient feel at all sick, I generally give a stimulating emetic of equal parts of sulphate of zinc and ipecacuhana; throughout the active stage of the disease an alterative dose of calomel or grey powder combined with the compound ipecacuhana is given every night at bed time. I apply emollients or stimulating fomentations to the throat externally, and direct the patient to gargle with warm water or weak vinegar-and-water frequently, unless there be very much fœtor. I then substitute a weak solution of chlorinated soda. The forcible removal of membrane and the application of acids or caustics I think quite useless; in fact, I believe they are injurious, producing shock and afterwards greater depression. Perfect rest and quiet are necessary; beef tea and stimulants, either brandy or wine, as best suited to the case. When indications of approaching paralysis show themselves, I add to the steel mixture small doses of strychnine, thus, I believe, in very many cases obtaining a more rapid convalescence than can be obtained by any other tonic, such as quinine, bark, and the mineral acids, all of which I have tried. Acids I find are not generally tolerated. In some special cases where you have a large amount of semi-fluid fœtid discharge from the mouth and nostrils, the solution of chlorine (made by adding a dilute hydrochloric acid to chlorate of potass) combined with the steel, and given every two or three hours, I have found to act almost magically in checking this discharge and producing rapid convalescence. In fact, I find generally that the chlorate of potass with steel to young children is not only the pleasantest, but the best remedy, bringing back the colour to the lips and cheeks sooner than anything else. In cases of croup I give calomel gr.j., ipecac. gr.ij., as a mild emetic every two, three, or four hours, and during the intervals the steel mixture with nitrate of potass and small doses of chloroform, applying externally to the throat and chest fomentations of hot mustard-and-water, discontinuing the calomel and ipecac. as soon as the urgent symptoms pass off, but continuing the steel mixture. Dr. Paget saw several cases, and amongst them one of these croupal cases. After death I sent the larynx and heart for his inspection.

Change of air I have found absolutely necessary in some cases; it is beneficial in all. Being situated on the border of the Fens, our atmosphere is of a very depressing character, and those persons who come from a higher elevation and more bracing atmosphere to reside in this neighbourhood generally take the disease.

On several occasions when there has been a batch of fresh cases those already ill have been taken worse on a particular day and hour and in a particular direction, as if the disease were caused by a wave passing over in this direction from village to village.

I do not pretend to know or assign the causes or origin of this disease, but I believe with many others that it is a disease affecting the whole system through the medium of the circulation, and always producing affections of an asthenic character; and that when it attacks persons of a tubercular diathesis, if not immediately fatal, it lights up the tubercular disease and hurries rapidly on to a fatal termination cases that probably might otherwise have lived for years.

C. B. RADCLIFFE, M.D.Lond., spoke

A FEW WORDS CONCERNING BANTINGISM.

As every one knows, Mr. Banting was a stout man who became reduced to more seemly dimensions by the adoption of a particular code of diet. As every one also knows, "Bantingism," or the struggle to become thin by following Mr. Banting's example, is, at present, the fashion in many quarters. Is, then, this fashion to be encouraged, or is it to be discouraged? Dr. Radcliffe is of opinion that it ought to be discouraged, and the present "few words" are intended to show in brief what it ought to be.

Mr. Banting's rule is to take abundance of lean meat, claret,

sherry, Madeira, and tea, and to abstain, as much as possible, from bread, butter, milk, tea, sugar, beer, and potatoes —articles containing starch and saccharine matter—to abstain as much as possible from the articles upon which Mr Banting had lived almost exclusively in the days when he was a victim to obesity. The diet in Bantingism, indeed, is essentially the same as that prescribed in training for the ring or for the boat race. The chief peculiarity in each case is to allow a large amount of lean meat, and if there be any differance it is that the Bantingist deals more liberally with himself in this respect than the athlete. What Mr. Banting allows himself is rather more than is eaten by the average-sized man in training. It may be expected, therefore, that the known results of the process of training may throw some light upon some of the consequences of Bantingism. It may be expected that Bantingism cannot be carried beyond a certain point with advantage. In training this is certainly the case, for after a certain time, longer or shorter as the case may be, after within four months at the longest, the person in training rapidly gets "out of condition." Nor is it otherwise with Bantingism; at any rate, Dr. Radcliffe says that he has met with several persons who, after trying Bantingism for a while with no disadvantage, having thus got "out of condition" in an unmistakable manner, some of them becoming very gouty, and all of them experiencing a decided failure in strength and spirits.

Dr. Radcliffe is disposed to look upon this loss of "condition" in these two cases of training and Bantingism as depending partly upon excess of nitrogenised food and partly upon deficiency of fatty matter. The nitrogen of the food escapes in the main by the kidney as urea or uric acid, and if the kidney be not up to its work the system is apt to become gouty from the accumulation of these products in the blood. Hence it is not difficult to see how excess of nitrogenised food may, sooner or later, lead to ill-health, and that especially in the case in which a proper amount of exercise is neglected. Nor is it difficult to see how deficiency of fatty matter may tend to bring about the same result, if, as Dr. Radcliffe supposes, a certain quantity of fatty matter be necessary to the proper nourishment of nerve-tissue. It is not difficult to see that nerve-tissue, which contains a large quantity of fat, may be starved if the food do not contain a sufficient quantity of fat, and that this starving of the tissue may involve a corresponding want of nervous energy. At any rate, Dr. Radcliffe is disposed to look upon the diet in training and in Bantingism as calculated to nourish the muscles rather than the nerves, and he believes that this may be one reason why prize-fighters, like Heenan, have often been so seriously wanting in the power of sustained action, and why the followers of Mr. Banting have, after a while, begun to flag in the spirit which animated them at first.

In a word, Dr. Radcliffe considers that it is not safe to ignore the whole standards of food so completely as is done in Bantingism. He thinks that milk and bread are still typical articles of food. He gave reasons for believing that the farinaceous, and saccharine, and oily articles of food are, in proper proportion, not to be dispensed with without risk, inasmuch as they are the most suitable fuel for keeping up the heat of the human body at the proper point; and he gave reasons, also, for doubting whether saccharine and farinaceous matters in excess have the same tendency to favour the formation of fat as oily matters in excess. He is of opinion that certain persons may incline to the type of vegetable feeders rather than to the type of animal feeders, and that these persons may find the nitrogenised part of their food better in the albumen, fibrine, and caseine of vegetables than in the albumen, fibrine, and caseine of animals.

Royal Medical College, Epsom.—The Right Hon. Earl Granville, K.G., Chancellor of the University of London, has accepted the office of President of the Medical College at Epsom.

MEDICAL ETIQUETTE. — THE WIMBLEDON ACCIDENT.

The death of poor Cooper from the effects of the accident at Wimbledon during the rifle contest will be seen with regret by most of our readers as casting a shade over that otherwise successful demonstration. The reports had induced a hope that he might recover—a hope which was not shared in by those who had seen from the first the real nature of the injuries received. A good deal of interest has been excited as to the alleged maltreatment of the case. It appears that immediately on the occurrence of the accident Dr. Westmacott, who is Senior Assistant-Surgeon to the London Scottish, and also to the National Rifle Association, was called to attend upon the wounded man. After holding a consultation with other volunteer surgeons, and the Assistant-Surgeon in charge of the Guards, it was agreed that the wound was of a very serious nature, and that to extract the ball would be almost certain death: an opinion which was concurred in by Mr. Prescott Hewitt, who was telegraphed down from London, and expressed himself perfectly satisfied with the course pursued. This treatment was animadverted upon by Surgeon-Major Wyatt, in a letter to the 'Times,' as being inconsistent with military usage, which requires that a ball should be extracted at once, let the consequences be what they may. Now we are not at all inclined to enter into the question of the desirability or non-desirability of this rule. Of course on the field of battle, where there are none of the appliances and comforts of home treatment, action must be prompt almost without regard of consequences. But we can hardly draw a parallel between an accident, such as that at Wimbledon, and a wound received in battle. Surely when it was possible to give the sufferer a chance of recovery, any rule, even the most stringent, may be put on one side, and everything done to add to his comfort, and if possible restoration. We would not, however, dwell upon this question. We rather wish to say a word or two about the rights of the Volunteer, as despised, it would seem, by the regular Army Surgeons. Surely if medical officers are appointed to the corps they must have full powers without being subject to be overhauled in the public prints by those who, whilst holding a higher rank, are yet, from the fact of absence from the spot, necessarily unacquainted with the circumstances of the case. Consultations are always desirable, and no one would for a moment object to hear the opinions of others who have had experience in similar cases. Dr. Westmacott, indeed, in his letter to the 'Lancet,' expresses his gratitude for the assistance furnished by those who tendered their advice to him in the first instance, but this is very different to being informed for the first time through the columns of the 'Times' that another, just arrived on the spot, disapproved of the treatment he had pursued, being perhaps ignorant of the fact that Dr. Westmacott was not altogether unacquainted with gunshot wounds, having had considerable experience abroad, and was only deterred from operating at once by the result of the consultation. Meanwhile, we trust that the medical officers of both services will work together in real and perfect harmony. They are on an equality as regards their professional rank. In many cases the volunteers have had as much or more experience. Surely, if they are declared to be fit for the treatment of disease and to exercise the art of surgery in one instance they are in another, and the death of poor Cooper is no ground for supposing the volunteers unequal to the care of gunshot wounds. The 'Lancet,' in an article quoted by the 'Times,' describes the conduct of Mr. Wyatt as "unprofessional, and totally uncalled for;" adding that, "whilst entitled to have an opinion of his own, he is only degrading himself in the estimation of his professional brethren when he obtrudes that opinion upon the public in an offensive letter." Language like this will show what the feeling of the Profession is in the matter. It remains for the intelligent public to uphold the rights of the volunteers against the insinuations of such men as Surgeon-Major Wyatt, believing that the medical, as well as the other officers and privates, are—in fact as well as in name—thoroughly effective.—'John Bull.'

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 24, 1864.

THE UNIVERSITY OF CAMBRIDGE AND THE PROFESSION OF MEDICINE.

Few indeed are the inducements that Medicine has to offer to the youth of our land, who, seeking to travel along the pathway to fame, at the same time seek the means to pay the various toll-bars on the road; for Medicine, like an elder daughter who is not a favourite, receives but a small share of Fortune's partial love, while her younger sisters are pet children.

Many, almost innumerable, are the helping hands extended to the sons of the Church and the Bar, who may run quickly forward and, by success, may do honour to their helpers; but from Medicine the helping hands are withdrawn, and, when her sons appear, they are barely permitted to gather up the crumbs that are left perchance on the path. It is true that Medicine has an Astley Cooper prize; Tancred studentships and gold medals also may be added; but these rewards are few, and the aspirants are numerous. What votary of science has not at some time in his career felt his arm paralysed, or even his brain fettered, because his pocket needed replenishment? How many names that would have graced the annals of Medicine, as many bright luminaries have graced the annals of the Church and the Bar, have been lost, because they had neither means nor friends to tear away the curtain of their obscurity and bring their works to light; and how many are there now whose names might adorn their Profession if only the barriers were removed, and the golden bridge afforded to other professions were but supplied to Medicine to carry its votaries over that precipitous gulf—Necessity.

But while we have fresh in our minds the cordial welcome given to the British Medical Association lately assembled at Cambridge, we cannot omit to notice that this great mother of learning has but few crumbs for her scientific children. While our Profession was feasting at a sumptuous board at Caius College, we were told we were dining in the nursery of many of our most eminent brethren; but while we give due honour to the memory of Dr. Caius and the other benefactors of the College he founded, we must not forget that we were also entertained by a College founded solely by Sir George Downing, who devised by his will, dated 1717, that a college should be founded, the objects, as stated in the charter, being the cultivation of law and physic. Nor was this all; for he left a provision for the Master and two Professors, one in each of the above studies, as well as for at least eight fellows and at least ten scholars on the foundation, besides minor scholarships. Two only of the fellowships are of open choice of profession, the holders being required to act as tutors of the College, and one of these is required to be in orders; while all the others are intended for starting in life as members of the professions of Medicine and Law. The scholarships are not definitely stated to be given to students of Physic and the Bar exclusively, but the intention evidently is that they should have priority.

We are sorry to find that a feeling still exists among those in power that mathematical and classical knowledge should have almost exclusive claim to emolument, and that they think the scholars have no right to expect fellowships unless they have first taken high honours in either of those branches of education. We do not argue for an instant that the physician should be one whit less educated than the clergyman, but we would urge, that whereas the rigid discipline of mathematics and classics well fits the mind for the professions of the Church or the Bar, so also the studies of inductive or natural science equally fit a man for the profession of Medicine and refine the feelings in a more exquisite degree. The standard of Tripos examination is equal, or may be made equal, in both cases, and it is cruel that the rewards are not equal also. The idea which seems to impress the minds of those who hold the reins is this, that the doctor is not equal to a barrister or a minister unless he has taken the same degree in mathematical or classical honours; but if he possesses this equality they will bestow a fellowship on the condition that Medicine be pursued, forgetful that the best time has been expended in obtaining the first honour. It is unreasonable to believe that, as a rule, a man whose brain is worn over his labours to enable him to shine in his first honours can excel in a second against one who commences the study with him, but with a youthful and unfettered mind; thus, practically, the ablest men do not reap the emolument, and their due must fall to the lot of those below them. Again, why should two or three years be added to a university course, which is necessary if a B.A. in mathematical or classical honours must be obtained before Medicine is studied in the university?

It is true the statutes will bear this interpretation put upon them, but we look for a day when Cambridge will exult over her men of natural science and bestow on them equal honour and emolument with her world-famed wranglers. She enforces a previous examination—an excellent and sufficient test of general education,—and we should rejoice to see some of her fosterlings, after they have satisfied her in this test, permitted to study natural science and Medicine exclusively, and the most worthy crowned with the same laurels as those who have achieved success in her older studies.

The advantages of Downing College to the student of Medicine are very great. Any youth in the kingdom is eligible for a minor scholarship; the examination takes place in or about June, and the subjects are natural or moral science, or mathematics or classics. The candidate must at the same time give evidence that he can pass the University previous examination. This year four candidates were elected—two for natural science, one for law and natural science, and one for classics,—the values of each 40*l.* per annum for two years. The minor scholars are eligible in their first year to compete with the other pupils of the College for foundation scholarships. The value of these

is 50*l.* per annum for three years, with the addition usually of rooms rent free, and an allowance of 10s. 6d. a week during term time for commons. Proficiency in any one of the four subjects will secure these advantages on the same conditions of ability to pass the previous examination. We feel bound to lay stress on this latter point, because we know of one instance where a scholarship was refused to a pupil who had satisfied the Scholarship examiners because he had failed to pass the previous examination. Even, however, in this case, the College made a pecuniary recognition of his standing, and we have little doubt will award him a scholarship when the little-go is accomplished.

At present only two foundation scholarships have been given for natural science, and only one for moral science; nevertheless, most of the mathematical and classical ones have been bestowed on intending barristers.

We believe that, in October next, the new chemical laboratory of Downing College will be in full operation for the use of the students, and lectures and special instruction will be given on the various subjects of examination in the Natural Science Tripos, which, through the able tutorship and endeavours of Dr. Latham, will be even more advantageous to the student than private tuition. An important benefit to a student of Medicine at Downing is its close proximity to the Museum, the new Medical School, Addenbrooke's Hospital, and the Botanic Garden; and the pupil of Downing can be at any one of them within a few minutes of leaving his college rooms. Downing has a very fair Medical library, to which additions are constantly made of such books that a student needs or feels in want of as a reference. The rooms of Downing rival in luxury and convenience those of any other college in Cambridge; the College stands in the centre of its own grounds, and the freedom from noise is particularly pleasing to a reading man; while the quiet, gentlemanly bearing of Downing men not only renders their society to be courted in the university, but also renders unnecessary the rigid discipline which is required to be carried out with much strictness in large colleges.

There are some minor grievances at Downing which, no doubt, the authorities will soon rectify; but the advantages of the College outbalance the petty annoyances. Not only are the resident tutors kind friends to all the pupils, but they use every endeavour to help them in their studies; and the marked kindness that the Natural Science men have received in preparing for the previous examination deserves the most flattering and complimentary notice: nor should the kindness of the Downing Professors to pupils of the College pass unacknowledged.

In conclusion, we would remind those who are about to study Medicine in Cambridge, that if they are fortunate enough to hold a Downing scholarship, and succeed in taking first-class honours in any Tripos, they retain all the advantages of a scholar till either they are of standing to take the M.A. degree or are elected to a fellowship.

We cannot at present hold out much hope of a Fellowship in Medicine or Natural Science unless the door of mathematical or classical honours shall give the admission; but we believe the letter of the statutes intends the emolument for Law and Physic only. We not only feel sure that the present governing society will uphold their statutes to the letter, but hope they will ere long set an example to prove to other colleges that England's science is England's refinement and civilization and learning; that England's Doctors are an honour of her country; and that they will recognise the value of the labourers of Physical and Natural Science, by crowning with equal rewards those who achieve success equally with the mathematicians, the more favoured children of the great university, whose training fits them to wear their laurels most fittingly in the honoured professions of the Church and the Bar.

SUMMARY OF THE WEEK.

A LATE CASE OF ALLEGED MALPRAXIS.

Although rather late in the day, considering the rapidity with which current events are forgotten, we cannot refrain from offering a few observations on the case of Smithyman *v.* Wilson, which was tried at the last Shrewsbury Assizes. The plaintiff was a mechanic, who had had a severe fall and injured his shoulder, and for the injury he consulted the defendant, who detected a dislocation, and, with the assistance of a person who was present, reduced it in the usual manner. The head of the humerus went into the glenoid cavity with an audible snap. By placing the elbow close to the side and raising it over the head, Mr. Wilson satisfied himself that the dislocation was reduced. The shoulder and arm were enormously swollen, insomuch that there was a difficulty in the first instance of determining whether any fracture had taken place, and the defendant when examining the shoulder and moving the arm asked the man if he felt any grating. This was afterwards made use of by the plaintiff's counsel to throw a doubt on Mr. Wilson's diagnosis. The arm was put in a sling, and bran poultices were ordered to reduce the swelling and inflammation. The defendant saw the man the next day and examined his arm. He found that the head of the humerus had slipped out a little, and replaced it. He continued to call on the man frequently for about a fortnight—the shoulder all the time being in its place (as proved by the man's admitted ability to bring his elbow close to his side), and the swelling of the parts gradually subsiding. After this the man attended at Mr. Wilson's surgery up to March 31, on which day he alleges that he called and requested Mr. Wilson to examine the shoulder stripped. Mr. Wilson satisfied himself, by moving the arm about, that the head of the bone was in position, and told the plaintiff that there was no occasion for him to take off his coat. He merely ordered him to continue the poultices and fomentations. Mr. Wilson did not again see the plaintiff. The latter called at his surgery on April 8, but Mr. Wilson was then ill in bed. His housekeeper was desired to tell the man that he could see Mr. Wilson in his bedroom, but the plaintiff declined, telling

her that 'his arm was going on all right,' and that he only wanted some liniment, which was supplied under Mr. Wilson's direction. He did not call again, but on April 12 (twelve days after Mr. Wilson had seen the arm), he went to a Mr. Harding, a surgeon of Stourbridge, who found the arm dislocated. Mr. Harding tried to reduce the dislocation, but did not succeed, although he obtained the assistance of two Messrs. Freer, surgeons of the town. Mr. Harding, it is to be observed, did not communicate with Mr. Wilson. The following day the plaintiff went to the Birmingham Hospital, where Mr. Baker put him under the influence of chloroform and reduced the dislocation. Mr. Baker said that when the arm was put into the cavity he heard a grating sound, and from his examination of the shoulder he had come to the conclusion that a portion of the glenoid cavity had been chipped off at the time of the accident. After the arm had been set by Mr. Baker, it again dropped out, and was again replaced. The man remained in the Hospital thirty days, and it was stated that he would not again be able to use his arm for working with the hammer. These being the facts of the case, the man brought an action against Mr. Wilson, and obtained a verdict with 50*l.* damages, involving, of course, the costs of the suit. Now, the point of interest in this case seems to be the question whether there was or was not a fracture of a portion of the glenoid cavity in addition to the dislocation; and the only evidence in favour of this view was the statement of Mr. Baker, that he heard a grating sound when the arm was restored to the socket of the scapula. But Mr. John Adams, of the London Hospital, who has certainly had sufficient experience in fractures and dislocations, and who gave evidence on the trial, stated "that such a symptom was not uncommon, and he attributed it to the tendons having been ruptured at the time of the accident." But whether the case were a simple dislocation, or a dislocation attended with fracture of a portion of the glenoid cavity, it does not appear to us that the treatment was otherwise than proper; and the unfortunate result was obviously owing to the nature of the accident, and not to the want of skill in the surgeon. We are the more disposed to notice this case, because one of our contemporaries, who ought to defend professional interests, has taken a most ungenerous, if not erroneous view of Mr. Wilson's position, and without having any evidence befre him of any mistake in diagnosis, beyond that which may have been furnished by newspaper accounts, and which unfortunately was ratified by the jury, proceeds to lecture that gentleman on the necessity of detecting a fracture when it accompanies a dislocation into the axilla, and of treating it accordingly. We repeat that there is no distinct evidence of fracture; and whether there was or not, Mr. Wilson's treatment was perfectly correct, and his being condemned in damages and costs was only one of those unfortunate calamities to which our Profession, from the very nature of our calling, is unhappily liable. It is perfectly awful to contemplate the general ruin to which our brethren will be exposed if every case of Surgery which terminates unfavourably is to be submitted to the arbitrament of a jury, however much we may honour that palladium of British liberty. In every case, for instance, of cataract or iridectomy which terminates unfavourably, the operator may be called upon to defend himself in a court of justice, and of course will be liable to damages and costs; so in any unfortunate case of excision of the shoulder, or the hip, or the knee, the same result might ensue; and *a fortiori*, if any unhappy patient were to die (as they often do) after operations for gastrotomy, or ovariatomy, or hernia, the operator might, and probably will (unless the present system be promptly checked), be sent to take his trial at a criminal court for manslaughter.

THE MEDICAL OFFICER OF HEALTH FOR MARYLEBONE.

In consequence of the lamented death of Dr. R. Dundas Thomson, the appointment of Medical Officer of Health to the Marylebone district has become vacant; and from the great extent of the parish, its populousness, and its wealth, there is considerable interest felt as to the person who is likely to be elected in the place of the late distinguished chemist and sanitarian. It appears that, before Dr. Thomson's death, a very numerous body in the vestry had promoted a memorial in favour of Dr. Whitmore, who was a candidate for the office on the occasion when Dr. Thomson was appointed, and who appears, from some reason or other, to be very popular with the local authorities. This proceeding, on the part of certain members of the vestry, gave occasion to much virtuous indignation on the part of one of our contemporaries; but it is now retorted that the step in question was not taken until it was found that an active canvass was going on on behalf of another gentleman, who was favoured by the 'Lancet.' If such has been the case (and we give the rumour only as it has reached us in the newspapers), the indignation is all a sham. But a very respectable memorial, signed by some two hundred practitioners, has been signed and published, expressing, in general terms, the desirability of pledges in favour of any particular candidate being withheld until the claims of all the candidates should be thoroughly and calmly examined. The high character of the gentlemen who have signed this memorial is a sufficient guarantee that they have been actuated only by the most honourable motives, but yet a certain party among the ratepayers do not hesitate to characterise the manifesto as an attempt to dictate to the representative body; and they even allege (what we do not believe) that it has been drawn up in the interest of a particular candidate. That some of the signatures are those of parties who have certain objects in view, we can readily believe; but in case of most of the others, we feel sure that they desire only to see the position of Health Officer of Marylebone filled by a gentleman of distinguished scientific and professional reputation.

MEDICAL MEMBER OF THE METROPOLITAN BOARD OF WORKS.—On Wednesday last the Vestry of St. Mary, Newington, appointed Benjamin Evans, F.R.C.S., their representative in place of E. C. Dermer, Esq., J.P., resigned.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. J. Russell Reynolds opens the number with a clinical lecture "On Paraplegia," and relates two cases of that affection which recently occurred in University College Hospital. The first case was that of a married woman, aged twenty-eight, who had long suffered from headache, and who also suffered from dull pain and tenderness in the lower dorsal region, and afterwards from vomiting, numbness in the feet and legs, inability to stand, and impairment of the intellect. She died suddenly, before her case had been thoroughly investigated; but after death there was found to be thickening of the cranial bones, injected and calcified meninges, serum in the ventricles, softening of the spinal cord, narrowing of the mitral orifice of the heart, and disease of the mitral and tricuspid valves. The second case was that of a single woman, aged fifty-seven, who was suddenly seized with paralysis of the lower extremities, and, after exhibiting a variety of symptoms indicating spinal disease, died in a few days. On a post-mortem examination a large quantity of healthy-looking pus was found in the spinal dura mater, and this pus was in direct communication with an old abscess in the neck. The suddenness of the attack was, in all probability, due to the passage of pus from the abscess into the spinal column.——Sir J. Ranald Martin communicates a paper "On the Suppurative Stage of Acute Hepatitis," and discusses, at some length, the question of surgical interference in cases where the suppuration tends towards the abdominal parietes. He insists very strongly upon the necessity of an accurate diagnosis being made in the cases which are to become the subjects of operative proceedings, and he states that, whenever the indications are clear as to the existence of suppuration, and as to the site of the abscess, the constitution suffering in the meantime, the sooner the abscess is discharged the better it is for the safety of the patient. Dr. Cameron has shown that both exploration and puncture may be safely and efficaciously employed; and even when no abscess exists, the puncture is not attended with any ill result. When there is an abscess, the discharge of the matter may save the life of the patient.——Mr. Barnard Holt contributes a paper "On the Treatment of Strictures of the Urethra," describing further cases illustrating the benefits arising from the employment of his stricture dilator. The cases are eight in number, and in all of them the results were successful. Mr. Holt considers that his operation may be performed with perfect safety, if surgeons will only insure the dilator being passed fairly through the strictures, and not through the side of the urethra, as has been done, into the bladder. ——Dr. G. F. Bone gives a "Report of a Case of Aneurism of the Abdominal Aorta and of the left Femoral Artery." The patient was a soldier in the Royal Artillery, in which corps Dr. Bone is a surgeon; and the treatment adopted was to prescribe rest in bed, a nutritious, but not stimulating diet, the administration of wine and sedatives, and the local application of a tourniquet over the diseased femoral artery. It appears that these measures were attended with success, for although the man was discharged invalided from the service, he seemed improved in all respects.

'Medical Times and Gazette.'

In the present number there are papers by Mr. J. Zachariah Laurence, "On the Optical Defects of the Eye;" by Dr. Gairdner, "On Auricular-Systolic Murmur; or, the Murmur of Mitral Obstruction;" by Dr. James M'Craith, "On the Use of a Double-edged Knife, with its cutting part bent at right angles, in Operations on the Eye." The paper contributed by Mr. Laurence is the second of the series, and opens by giving the measurements of the eyeball, from before backwards, as being about nineteen-twentieths of an English inch, and by a reference to the soft lenses (the aqueous, the crystalline, and the vitreous), in which it is mentioned that they are altered in various ways by the muscles connected with them. In the distant range of vision these muscles are relaxed, or in a state of tonic contraction, and then the eye is at rest, the lenses being fixed in a certain definite curvature. In this state of the eye, the image of whatever object we behold is thrown exactly on the retina; but if a near object be viewed while the eye is at "rest," there is a confusion of the circles of reflected light, and the object-image falls not *on* the retina, but at the back of that membrane, unless there be an increase in the curvature of the lenses. This alteration of curvature does actually take place in the human eyes, before they can distinctly recognise a near object after they have been viewing a more distant, and was demonstrated to be the case by Young, and by Kramer, through the instrumentality of his phakocidoscope. This "accommodation" of the eye (virtually of the crystalline lens) is quantitive, or, in other words, is one of magnitude. The power of adaptation of the eye is imitated by opticians, who, in the defective visions (near and far sight), correct the imperfections by means of suitable glasses. The power of accommodation varies very much in different persons, in different periods of life in the same person, and in the eyes of the same individual. "Paralysis of accommodation" has been noticed to occur in the course of diphtheria and after an attack of scarlatina, and can be induced by the use of atropine. A young, healthy eye has an accommodation of a quarter of an inch for the two eyes together, and of one-third for one eye used alone. The mechanism of accommodation was considered by Young to be regulated by the crystalline lens, which he supposed to be composed of fibres that, being muscular, were able to contract and relax as ordinary muscles, and so regulate the adaptation of vision. This has been disproved by Kramer and Helmholtz, the former of whom considers the iris as the regulator of the accommodation power. This opinion has given place to that now entertained—namely, that the adaptive power rests in the ciliary muscle, which, according to Müller, Van Reeken, and Rouget, is composed of two sets of fibres, one being circular, the other radiating. The circular have the power of increasing the convexity of the crystalline lens, while the radiating possess antagonistic action. It is the opinion of the author of the paper that the iris has no share in the accommodation process, more than as an auxiliary organ for the improvement of defective vision, and that the action of the pupil—contraction and dilatation—is supplemental to the accommodation. Some suppose the extrinsic muscles of the eye to be the accommodating agents; but this hypothesis is untenable since the power of

adaptation remains even when there is paralysis of all the ocular muscles. All accommodation after the eye has been operated on for cataract is not quite lost; and that which remains is dependent upon a diminution in the aperture of vision whereby the circles of confusion of reflected light are lessened, rather than upon any true power of accommodation. Dr. Gairdner's "Note on the Auricular-systolic Murmur" is called forth by some remarks made by Dr. Ormerod in his "Address in Medicine." Dr. Gairdner is at issue with the opinions expressed by Dr. Ormerod. 1st. The auricular-systolic murmur precedes—not accompanies—the first heart sound and the impulse, and is symptomatic of mitral obstruction. 2nd. This kind of murmur is never "a murmur of palpitation," but is always occasioned by actual organic change; that change consisting in contraction of the orifice leading from the auricular into the ventricular chamber. 3rd. Nearly all alleged mitral murmurs with the second sound are really auricular-systolic preceding the first sound, or prolonged into the first from the second sound and engaging the period of rest. 4th. Dr. Gairdner states that the auricular-systolic and the ventricular-systolic murmurs are very frequently combined in the same case, and that Dr. Ormerod's explanation of the cause of the murmur in question cannot be accepted as correct. Dr. James M'Craith, of the British Seamen's Hospital at Smyrna, shows the "Use of a peculiar-shaped Knife in Eye Operations." The instrument was (Dr. M'Craith conjectures) originally intended to be used in extraction when that operation is practised at the superior part of the cornea, in cases where the ordinary cataract-knife could not be used on account of the entire eye being deeply sunk. An interesting case is brought forward, in which Dr. M'Craith opened with the peculiar knife he describes the cornea at its upper part, where alone it was clear, drew out the iris by means of a toothed Assilini's forceps, cut off a portion of that curtain, and formed an artificial pupil: subsequently cataract was found to exist, and the lens was, therefore, broken up by means of cataract needles passed through the cornea. The best possible success was attendant upon the operation.

OBITUARY.

R. D. THOMSON, M.D., F.R.S.L. & E., F.R.C.P.

We regret to have to announce the demise of this gentleman on the 17th inst., at the residence of his brother, Dunstable House, Richmond. Dr. Thomson was born in the year 1811, in the parish of Eccles, in Berwickshire, of which his father was minister. He was educated for the Medical Profession in Edinburgh and Glasgow. In Glasgow he studied chemistry under his uncle, Dr. Thomas Thomson, then Professor there; and in 1840 he was at Giessen under Liebig. After making one voyage to India and China in the service of the East India Company about 1835, he settled as a Physician in London, and took an active part in the establishment of the Blenheim street School of Medicine.

At an early period of his career he applied his chemical knowledge to the investigation of a variety of physiological questions—the composition of the blood, especially in cholera, amongst others; and he soon made himself a reputation as a correct and philosophical observer. He was employed by Government to make a series of experiments on the food of cattle, and to analyse the water supplied by the different London companies. His researches on the constituents of food in relation to the systems of animals have long been a standard source of reference for physiologists pursuing similar inquiries, and have served as a basis for much of the progress of modern dietetical science. They had extended circulation amongst the scientific world here, and passed through two American editions. In 1841 he went to Glasgow as an assistant to his illustrious uncle, the Professor of Chemistry, whose failing health required assistance, and who died in 1852. Dr. Thomson was unsuccessful as candidate for the chair and returned to London, where he was appointed Lecturer on Chemistry to St. Thomas's Hospital; and when Medical officers of health were appointed under the Metropolitan Local Management Act, he was the successful candidate for St. Marylebone. This appointment was admirably fitted to bring out his abilities. He devoted himself with great zeal and industry to the organization of a system of inspection in that extensive parish. In this difficult undertaking he was so successful that his colleagues were glad to follow in his steps; and when they formed themselves into an Association of Health Officers they ultimately appointed him their president. Dr. Dundas Thomson took always a leading part in the discussion of sanitary questions, as he was qualified to do; and the position which he held among his compeers in the metropolis was worthy of the great borough which he represented. From his position as a health officer he became widely known as an authority on sanitary matters. He was employed by the Registrar-General to make a monthly report of the amount of impurity in the waters of the different London companies.

For the last two years his health (long robust) had begun to fail, but it is only within the last few months that his friends have felt seriously uneasy. For more than a month he was unable to leave his room, and he expired on Wednesday morning at eleven a.m.

Dr. Thomson was loved and admired by his friends; and his conduct as the health officer of the largest parish in the metropolis commanded the respect of the public, who are indebted to him for services which are not yet fully appreciated.—'Lancet.'

LEGAL INTELLIGENCE.

RECEPTION OF AN ALLEGED LUNATIC INTO AN UNLICENSED HOUSE.

BOW STREET.—AUGUST 18TH.

Mr. Henry Wilkins, of Ealing, surgeon, was summoned before Mr. Henry, at the instance of the Commissioners in Lunacy, to answer the charge of having received a lunatic into his house without a licence, contrary to the provisions of the Act, 8th and 9th Victoria, cap. 100, sec. 90.

Mr. Law, solicitor to the Commissioners, conducted the prosecution; and Mr. Brown, solicitor, of Ealing, appeared for the defendant.

John Haylor, police-constable S 509, stated that he was on duty in the Edgware road at half-past one o'clock on Saturday morning, the 6th inst., when he saw a young woman and a man talking together. The man walked away on seeing the witness. About twenty minutes afterwards, after going round his beat, he saw the woman again at the same spot, and asked her what she was doing there at so late an hour. She replied, "I often take a walk in the evening." The witness asked her other questions, but her answers were so strange and incoherent that he could not comprehend her, and he felt it his duty to take her to the Portland town police-station. She muttered something to the inspector, and at his request wrote down her name and address as "Eliza Mitten, Dr. Wilkins, Ealing green." As both witness and the inspector considered her to be of unsound mind, she was taken to the Marylebone Workhouse, and placed under the care of Dr. Fuller. It was then about twenty minutes past three in the morning.

Mr. F. Fuller, resident surgeon of the Marylebone Workhouse, deposed that he placed the young woman under the charge of the nurse in one of the lunacy wards, directing that she should be put to bed and closely watched. He considered her insane. At about eleven o'clock the same morning he directed Dr. Randall's attention to the case.

Cross-examined.—I directed no medical treatment. I considered her insane from her general manner. She muttered to herself, wanted to go away, talked incoherently, and looked into an empty fireplace to see if there was a fire.

Dr. John Randall, 14 Portman street, Portman square,

physician, stated that he occasionally attended at the Marylebone Workhouse. He saw Eliza Mitten there. She appeared about twenty-five or thirty years of age, but he could not ascertain the fact from herself. Mr. Commissioner Wilkes happened to be present, and they both examined her in reference to her state of mind, and were so satisfied as to her insanity that he told the Commissioner he would apply for an order, and send her to an asylum the next day. While he was at the workhouse with Mr. Wilkes, the defendant arrived there. He came to witness's room and said, "You have got one of my patients here." He gave his name and address, and said that he was a medical man, adding that the girl had escaped from his house. Mr. Wilkes asked him what kind of lunatic he considered her, and he replied that she was a nervous patient, and had escaped before from his house.

Defendant.—I assure you I did not say that. You quite misunderstood me.

Witness.—I understood him to say that she was in the habit of escaping. I think his actual words were that she was an "old card" or "old hand" at it. Mr. Wilkes asked him if his house was licensed to receive lunacy patients, and he replied in the negative. He said that the girl had been placed under his charge by her father.

The defendant repeated his denial of the witness's statement, and said he distinctly affirmed that the young woman was not a lunatic, but only a nervous patient.

George Edward Douglas, master of the workhouse, proved that the defendant applied for the young woman as one of his patients, and indorsed the entry in the porter's book recording her admission into the house with an acknowledgment that she had been delivered up to him. He then, with the sanction of the medical officer, took her away with him. The witness understood him to say that Miss Mitten escaped from his house at about one o'clock, and was traced as far as Kilburn gate.

Mr. W. Mitten, of Stamford, said he was the father of the young lady in question. Owing to her general ill-health he had placed her under the care of Dr. Wilkins about two years ago, stipulating that she should be treated as one of his family. The doctor who had attended his family had advised him to send her away for change of air, and he agreed to pay Dr. Wilkins 180*l.* a year for her maintenance and medical attendance. She was still residing with the defendant.

By Mr. Brown.—My daughter has corresponded with her sisters and myself since her residence with Dr. Wilkins. I have never known her to be under personal restraint. She is not a lunatic, and I have been much surprised to hear her so described to-day. She is of a nervous and excitable temperament. The receipts given by defendant for the money paid to him are made out "for board and attendance."

Mr. Henry.—Is your daughter here to-day?

Witness.—I believe she is not.

Mr. Henry.—Is there any reason why she should not attend?—No answer.

Mr. Brown said he had considered that it would be very undesirable to bring the lady into court to hear herself called a lunatic. The excitement of an examination might do her much injury.

It was admitted by the defendant that he had no licence to receive lunatic patients.

Mr. Brown then addressed the Court in reply to the charge, which he denounced as a monstrous perversion of the Act. It was a very common and a very wise practice to intrust persons of sickly health entirely to the charge of a medical man, and, looking to the position and respectability of the defendant, he considered the charges made for the board and medical care of this young lady extremely moderate. Even if she had suffered from temporary aberration of mind on the night in question, aggravated as it must have been by her removal to a lunacy ward, and her examination by lunacy doctors, there was not a tittle of proof that her mind was in the slightest degree affected when she was first received as a patient into the defendant's house. Unless a fact of this kind were established, the magistrate would have no jurisdiction.

Mr. Henry said he must send the case for trial, and then if the defendant thought it expedient to produce the young lady herself, the jury would be the better able to pronounce a judgment as to the state of her mind.

The defendant was admitted to bail—himself in 60*l.* and two sureties in 30*l.* each.

CENTRAL CRIMINAL COURT.—AUGUST 18TH.

OLD COURT.

(Before Mr. Justice BYLES.)

Edward Pope, twenty-two, described as a labourer, was arraigned on an indictment charging him with feloniously and maliciously sending a threatening letter to Mr. William Chapman Begley, threatening to kill Sir George Grey, the Home Secretary, the said William Chapman Begley, and "a certain other person therein named."

Mr. Giffard and Mr. Beasley appeared as counsel for the prosecution, which was instituted on the part of the Crown; the prisoner was undefended by counsel.

On being called to plead, the prisoner replied in an emphatic manner, "I wrote that letter."

Mr. Giffard submitted that the prisoner was not in a fit state of mind to plead.

A jury was thereupon impanelled to try the question of his sanity and his capacity to plead.

Mr. John Rowland Gibson, the surgeon of the gaol of Newgate, deposed that the prisoner had been under his supervision since the 22nd of July; that witness had conversed with him daily; and that, in his opinion, he was of unsound mind, and not in a fit condition to plead or to do any other important act in life.

Dr. Begley, physician of the Hanwell Lunatic Asylum, said the letter in question was addressed to him and sent by post. He had seen the prisoner that morning, and also on Monday morning, and he agreed with the previous witness that he was of unsound mind. The prisoner was admitted to the asylum in July, 1863, and was discharged as recovered in May last. The offence was committed on the 14th of July. He laboured under the delusion that he was the Prince of Wales, and was in the habit of writing threatening letters to his Royal Highness denying that he was the Prince of Wales. He had, however, recovered from that delusion for at least five months before he was discharged.

Mr. Justice Byles, addressing the jury, explained that this was an interlocutory proceeding, and that by the common law of the land, independently of any statute, a man who was of unsound mind, and not able, for example, to challenge the jury or to plead, or to judge of the evidence, could not be put upon his trial. Even if he had a counsel and appeared to be of unsound mind when called to plead he ought not to be tried; and by the common law the judge was empowered to impanel a jury on the spot to decide upon the state of his mind. That had been the common law for centuries, and had been recognised by a statute passed sixty or seventy years ago. Further, if a man became a lunatic between verdict and judgment judgment could not be passed upon him, for the English law, in its tenderness towards persons charged with offences, presumed that he might have something to allege why sentence should not be given, and even if the lunacy arose between judgment and execution execution could not follow. But as it was easy to feign madness the question was always submitted to a jury. The prisoner, it appeared, was under the delusion that he was the Prince of Wales, and was a dangerous lunatic, but all the jury had then to say was whether he was fit to take his trial. Their verdict would not decide that he might not be brought to trial a year after. On the contrary, he might be called to account for what he had done whenever it might please God to restore his intellectual faculties.

The jury returned a verdict that the prisoner was of unsound mind and incapable of pleading.

Mr. Justice Byles thereupon directed that he be kept in custody during Her Majesty's pleasure.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Library is closed from Monday, the 15th inst., to Saturday, September 10th, both days inclusive.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 6TH, 1864.

DR. OLDHAM, PRESIDENT.

(Continued from page 107.)

Dr. GRAILY HEWITT considered the principle enunciated in the paper now read, of the necessity of interference in cases of placenta prævia, to be one of great value. This principle had never been sufficiently insisted on, and although admitted by men of experience, it had not been laid down as a principle in the obstetric text-books. He might mention that two years ago a gentleman in practice in Yorkshire had, in conversation with him, alluded to this very subject, having lost a patient from a suddenly recurring hæmorrhage, due to placenta prævia. The gentleman in question had hesitated, on the occurrence of the first hæmorrhage, to induce premature labour, not finding such practice sanctioned by the text-books, and the patient, living at some distance, had perished when the hæmorrhage recurred two or three weeks later, before assistance could reach her. Doubtless there were cases of this kind occurring from time to time, and which would have been saved by interference. He considered, therefore, that the expression of the opinion of the Society on this subject would have a most beneficial influence, and that the patients known to have placenta prævia would not be left liable to perish at any moment from hæmorrhage. With reference to the particular plan of treatment advocated by Dr. Greenhalgh, which was a modification of the "plugging" system, he had some remarks to make. It was to be recollected that in cases of placenta prævia we have two lives to consider—that of the mother and that of the child. What is best for the one is not always the best—nay, it is frequently the worst—for the child. The safety of the child lay in speedy delivery; the safety of the mother in preventing hæmorrhage. Plugging the vagina, artificial or partial separation of the placenta, were measures calculated to stop hæmorrhage; but such treatment, unless accompanied with speedy delivery, was prejudicial to the child, whose vitality was necessarily destroyed by separation of the placenta to any considerable extent, with or without concurrent external loss of blood. On referring to Dr. Greenhalgh's statistics, it would be seen that although the mortality to the mother was, on his system of treatment, low, yet that the percentage of still-births was high, and the plan in question was, therefore, open to this serious objection. He (Dr. Hewitt) was quite aware that it was impossible to legislate equally well for all cases, the circumstances of each case being, to a great extent, peculiar; but any generally accepted system of treatment must have in view the preservation of the lives of both mother and child. Rapid natural delivery best fulfilled all the indications, and this should be the object sought to be attained in the treatment of these dangerous cases. In a certain number of the instances rapid natural delivery was not possible, and under these circumstances the operation of turning offered the best alternative. The extraction of the child should not be performed too soon after the version, unless the bleeding still continued; for until the os was tolerably dilated, the neck of the child was likely to be so tightly caught by the os as to prevent extraction. When the fœtal heart was beating very slowly, rapid extraction of course afforded the only chance of preserving its life. In conclusion, he considered the Society under obligation to Dr. Greenhalgh for his very practical and able paper.

Dr. BEATTY (of Dublin), in reply to an invitation from the President to address the Society on the subject, said that he addressed the Society under very serious difficulty; for not having had the advantage of hearing the paper now under discussion read at the former meeting, he did not well understand its bearings; but as well as he could collect from the speakers who had preceded him, he inferred that there were two points particularly dwelt upon by the author. The first was the *time* at which we should interfere in cases of placenta prævia; and the second, the *kind* of assistance most proper to be given. It appeared to him (Dr. Beatty) that the author of the paper recommends delivery as soon as possible after the case was fully made out. In this respect there was not much difference between his and the practice very usual in Dublin. We wish to finish the case as soon as possible; but it must be recollected that in many cases speedy delivery was impossible, for occurring as the hæmorrhage most usually does for the first time in the eighth month, or even earlier, when the os uteri was little disposed to relax, it not unfrequently happened that the os uteri was so rigid that delivery could not be attempted. We must then temporize, and by means of position, plug, cold, &c., endeavour to gain time, and save the patient from loss of blood as much as possible. He had spoken now of cases in which there was complete covering of the os uteri by the placenta; but in cases of partial covering, where we could feel any portion of the transparent membranes, the practice was to rupture them at once, and discharge the liquor amnii. When this could be accomplished, we feel pretty easy about the case. The head of the child comes down, and, by pressure on the placenta, prevents any further loss of blood. If the uterus was not disposed to act vigorously, its action was quickened by the ergot of rye. He always depended upon the infusion of the powder made on the spot. It was a medicine that required great care for its safe preservation. He never went out without a drachm of the powder in his pocket-case. It was put up in metallic paper, so as to prevent the absorption of the oil by ordinary paper. It should not be kept more than two months in the case. If not used before then it should be replaced by another drachm. When used it was infused in four ounces of boiling water, and half of it, powder and all, given at once, and the other half in a quarter of an hour. When treated in this way the medicine had never failed him. If the case was one of complete covering of the os uteri, we watch the earliest moment at which the os uteri was dilatable, and then proceed to deliver the patient by turning the child. From these few hurried observations, it appeared that the practice in Dublin does not much differ from that laid down by the speakers who had preceded him (Dr. Beatty) in this debate.

Dr. WOODMAN mentioned some cases in which he had observed the good effects of the treatment recommended by Dr. Barnes.

Dr. GERVIS remarked that the observations of Dr. Beatty relative to the frequent necessity of "temporizing" in cases of hæmorrhage from placenta prævia, where there existed a rigid condition of the os and cervix, illustrated the main point at issue between Dr. Greenhalgh and Dr. Barnes. Dr. Greenhalgh in such cases advised the use of the vaginal plug, an abdominal bandage with which to maintain pressure on the uterus externally, and the administration of ergot; while Dr. Barnes maintained that his cervical dilators by themselves efficiently superseded the use of the plug, the bandage, and the ergot, inasmuch as while they were dilating the os and cervix, they simultaneously prevented hæmorrhage and excited uterine action. In this estimate of their utility Dr. Gervis entirely concurred. Instead of temporizing in any manner, or trusting for the accession of labour to the use of ergot, by these bags you obtained full control of the case from beginning to end; and after adequate dilatation of the os, you could either separate the placenta from the orificial zone, rupture the membranes, and then, if that sufficed to check the hæmorrhage, leave the case to nature, or by the bimanual method of version complete it at will. It was not, of course, meant that the dilators were always needed; but their particular value appeared in those cases where but for their use mere temporary measures had to be adopted until the os had sufficiently dilated to permit of operative procedure, and so possibly lead to a delay that might prove fatal.

Dr. OLDHAM also agreed that it was important to take steps at once in any case of placenta prævia to accomplish delivery—a plan, he thought, admitted by most practitioners in London, and one upon which he had always acted. However to effect this object, he believed that nothing was more easy or satisfactory than to turn by the plan recommended by Dr. Braxton Hicks, and to bring

down the child into the os. He (Dr. Oldham) had only the night before a case where its application was most satisfactory. He considered the plug, which had been recommended for many years, might be used where the cervix was very rigid, and preventing the introduction of the finger; but its chief advantage was as a provocative of labour, and he doubted if it would be equal to stop hæmorrhage.

Dr. GREENHALGH stated, in reply, that he was very pleased to learn from the several speakers that in these cases they had, one and all, adopted the plan of early delivery advocated in his paper, and mostly with satisfactory results to the mothers, which he maintained was not the course recommended in the standard treatises on midwifery or pursued by practitioners in general. He believed that the great success to the children in his cases was mainly due to not separating either a part or the whole of the placenta from the uterus, to retaining the membranes intact until dilatation of the parts had been effected by the pains and plug, and by avoiding version in cases of head presentation, which entailed more or less risk upon mother and child. He was quite convinced that with these precautions a premature child, whose head was small and easily compressible, stood as good, if not a better, chance of being born alive than a child at term. In allusion to the plug, he stated that some years ago, as mentioned in his paper, he had used an inflated india-rubber bag, but had found it ineffectual in arresting the flow of blood from the vagina, which he had never failed to control, no matter how severe, with the spongio-piline plug. He considered the effects of the plug to be as follows:—1st, to prevent the escape of blood from the vagina; 2ndly, to favour its coagulation in the upper part of that canal; 3rdly, to excite uterine action; and, 4thly, to dilate the passages. The author approved and adopted the practice of rupturing the membranes in slight cases of partial placental presentation, and of turning in certain malpositions of the child; but he said that he had not alluded to this class of cases in his paper. Dr. Barnes having stated that the statistics of Dr. Read were not trustworthy, and that the author of the paper had estimated the mortality to the mothers too high, Dr. Greenhalgh urged in confirmation the results of the practice of the Dublin Lying-in Hospital, and of his own early experience in cases of placenta prævia. In conclusion, he trusted that after the expression of opinion of so many eminent accoucheurs, there could be no doubt whatever as to the propriety of early delivery in these cases, upon which the ultimate safety of the mother mainly depends.

MARRIAGE.

GRIFFITH—KING.—On the 2nd inst., at Donnybrook Church, Ireland, by the Rev. J. Carson, M.A., Dr. G. de Gorrequer Griffith, of Lupus street, St. George's square, London, son of the Rev. James Griffith, M.A., Rathgar, to Frances Harriette, daughter of the late Henry King, Esq., M.D., formerly Surgeon of H.M. 33rd Regt., of Elderslie, Co. Dublin.

DEATHS.

ANDREWS.—On the 6th inst., at St. George's terrace, Canterbury, Thos. Andrews, M.R.C.S., aged 59.

COMELY.—On the 1st inst., at Winchester, G. Comely, M.R.C.S.E., of Headley, near Liphook, aged 35.

GILCHRIST.—On the 4th inst., at Kirkton-bank, Carluke, A. Gilchrist, M.D., Surgeon R.N., on the retired list.

PRATT.—On the 23rd ult., at Bude House, Appledore, Devon, C. E. Pratt, M.D., aged 70.

SIMS.—On the 30th ult., at Winster, near Matlock, Derbyshire, W. H. Sims, L.S.A., aged 52.

HARVEST HOME AT THE STAFFORD COUNTY LUNATIC ASYLUM.—The patients of this institution have enjoyed their annual holiday. Between 200 and 300 of the inmates, of both sexes, sat down to an excellent dinner of old English fare, and the day was spent in various amusements. The whole proceedings were under the direction of Dr. Bower, the medical superintendent, and passed over without a single incident to mar the pleasure of the occasion.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—James Walbridge Snook, St. Bartholomew's; Joseph William Barrett, Eton, Bucks; James Matthew Lowndes, New Kent road.

The following gentlemen also on the same day passed their first examination:—John Roberts Dunn, Middlesex Hospital; Frederick Marshall, King's College.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Thomas Beamish, Cork; David A. Burt, Fifeshire; John Burton, Staffordshire; W. Alister Catherwood, Donaghadee; William Charteris, Dumfriesshire; James Clapperton, Queen's County; John Davies, Dublin; Samuel Hague, Ashton-under-Lyne; David J. Jones, Carmarthenshire; John Mitchell, Forfarshire; George B. Murray, Dumfriesshire; Richard O'Brien, Ennis; Henry Patchett, Blackburn; Joseph H. Rockett, Yorkshire.

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—Wm. Hixon Arrowsmith, Co. Durham; Thomas Mein Austin, Edinburgh; Andrew Brown, Biggar; Cornelius Buckley, Skibbereen; George Lion Carrick, Cronstadt; Alexander Clarke, Campsie; Charles Howard Clarkson, E. Indies; Frank Kennedy Dickson, Edinburgh; William Jackson Elmslie, Aberdeen; William Joseph Hepburn, Dublin; David Erskine Hughes, Edinburgh; Joseph Jackson, Cumberland; Henry Northage Land James, Derbyshire; Thomas Radford King, Sussex; Patrick Kynock, Roxburgh; Edward M'Craith, Co. Cork; Joseph M'Donnell, Roscommon; Donald Macgregor, Perthshire; Austin Huitson Nicholls, Dublin; Thomas James Haines O'Connor, Co. Cork; Henry Black Purves, Kelsoe; William Laidlaw Purves, Edinburgh; Schœdde Robertson, Athlone; Valentine Stone, Brechin; William Ballin Thompson, Kerry; David John Walsh, Co. Cork; Edwin Wheeler, Belfast; Francis Buchanan White White, Perth.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—John George, Carrickfergus; Robert Gilmer, Co. Antrim; James M'Ilroy, Bushmills, Ireland; John Clark M'Nicol, Argyllshire; R. Gilbert Williams, Kinsale; Alexander Young, Portglennie.

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College:—James Montgomerie Alston, Glasgow, Alexander M. Anderson, Perthshire; Robert Anderson, Haddingtonshire; Christopher Patrick Bodkin, Co. Galway; James Brims, Caithness; William Campbell, Fort-William; James Smith Crichton, Arbroath; Robert Oliver Cunningham, Prestonpans; Frederick Daly, Co. Cork; James Charles Foley, Co. Cork; Humphrey Carden Gillespie, Cork; Robert Gunn, Caithness; William Skipton Irvine, Londonderry; Andrew Watson M'Andrew, Orkney; Joseph Richard M'Closkey, Londonderry; John M'Gregor, Caithness; Kenneth M'Leod, North Uist; William M'Neil, Wigtonshire; John Moffat, Isle of Man; Patrick O'Keeffe, Co. Cork; John Orr, Glasgow; Angus M'Kay Porter, Belfast; Cuthbert Henry Robinson, Yorkshire; David William Telford, Co. Antrim; Robert Bremner Thomson, Fochabers; David Arno Smet Thorburn, Florence; George Hogarth Turnbull, Roxburghshire; Robert Wright, Edinburgh.

VIVISECTIONS WITH ANÆSTHETICS.—It has been often said of late that vivisections have not added a single fact to practical physiology or medicine, and that vivisections under chloroform is a trivial matter of not the least moment or consequence. A large and important meeting of the Royal Society was held one evening this month, at which the functions of the parts at the base of the brain were the subject of debate, and were most ably discussed. About a

dozen theories, to wit, of the special function of the cerebellum, were cited and examined in detail, including the supposed combining or co-ordination force of Carpenter and the special function in connexion with the sexual organs of Gall, not one of which functions Dr. Brown-Séquard said was true or had a particle of probability to support it. —The debate in the present instance was a masterpiece of such physiological logic as would please John Stuart Mill. Deductions from Leuret's facts and pathology in the human subject admirably urged by Dr. Sharpey, the eliminative logic of Mr. Lockhart Clark, as to what all the other organs do, *leaving out* the cerebellum—we had Dr. Carpenter also in person defending his theory of the combining influence or co-ordinating power of the cerebellum, and denying that what is "volitional" is the same as what is voluntary—we had Mr. Bowman, Mr. Savory (who so recently adopted the popular idea of the co-ordinating power, &c., and proved the cerebellum to be active in somnambulism)—Mr. Huxley breaking a lance with every one, and several others of equal name; but the upshot of the whole thing that we really know nothing of the function of the cerebellum, and will know nothing till a careful series of vivisections under chloroform be instituted. The experiments must be done with microscopic care while the animal is totally still.—In Italy a similar series of experiments are now going on as to the function of the spleen, and already some unexpected results have been arrived at; but quite an excitement has been got up there by English tourists to put down *all* experiments on animals, this opposition arising from want of information, and persons being led by old prejudices of literature now happily abolished.—Dr. Kidd, in 'Medical Press.'

NEGLECT OF VACCINATION.—At a late sitting of the bench of magistrates at Merthyr, James Robinson was charged by the relieving officer with refusing to have a child vaccinated after due notice had been given him to do so. A mitigated penalty of one shilling, with costs, was imposed. A similar case is reported to have occurred at Kidderminster. In this instance two children in the family were already suffering from the effects of small-pox. A nominal fine was adjudged in this case also, the magistrates hoping it would act as a salutary warning to others.

GAS IN BELGRAVIA.—Dr. Aldis, the Medical Officer of Health for this district, has made a series of experiments during the last quarter on the six gases supplied to this locality. The following table gives the average light in sperm candles:—

	Chartered.	London.	Equitable.
Cannel coal	24·38 ...	23·88 ...	26·07
Common coal... ...	14·31 ...	14·31 ...	14·58

All the gases were free from sulphuretted hydrogen, and were so free from ammonia that on only two occasions was any trace of it perceptible.

DR. BROWN-SEQUARD.—The visit to America of this celebrated physiologist is likely to be converted into a permanent residence there, after having abandoned the positions he had successively acquired in Paris and London. He has just received an appointment to the Chair of Physiology and Pathology of the Nervous System (specialised, we presume, expressly for him) at the Harvard University, Boston.

THE SOCIAL SCIENCE CONGRESS AT AMSTERDAM.—The International Association for the Social Sciences (the headquarters of which is in Brussels, and which held one of its meetings in London contemporaneously with our own Social Science Association in 1862) has fixed its next place of meeting at Amsterdam. The Congress will continue its sittings from September 26 to October 1, and has published a long list of subjects to be discussed in the five sections of Comparative Education, Instruction and Education, Art and Literature, Public Charity and Hygiene, and Political Economy. Letters to be addressed to the Secretary, 20 Rue de l'Enclume, Quartier Leopold, Brussels.

THE FOOD OF CONVICTS.—The following is an extract from the circular letter on Penal Servitude, addressed to the judges by Sir George Grey:—"A notion had prevailed in some quarters that the diet was excessive in quantity and unnecessarily good in quality, and the subject was brought under the notice of the Royal Commissioners, who, upon the evidence before them, did not feel justified in recommending any change, though they advised that experiments should be tried, in order to ascertain whether any reduction could safely be made. In consequence of this suggestion, the matter has since been more fully investigated by a committee of experienced Medical men, appointed for that purpose only, and the result has been a moderate reduction in the quantity of food allowed, both in the stage of separate confinement and in that of hard labour upon public works. This alteration has only just been introduced in practice, but there is no reason at present to doubt that it will be attended with success."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUGUST 25.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUGUST 25.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUGUST 26.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, AUGUST 27.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 29.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 30.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. CALLENDER.—The list has been inserted.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Dr. A. T. Brett, Watford	0	10	6
G. Harday, Esq., Rugby	0	5	0
Amount previously announced . . .	52	8	0
Received at 'Lancet' Office . . .	3	11	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
August 10, 1864.

STUDENS.—Thrombosis signifies a swelling caused by a clot in an artery: embolia is the disintegration of a clot and its conveyance into some vessels at a distance. These significations of the words have been adopted only recently, in consequence of the investigations of modern pathologists.

X. Y. Z.—It is only fair that the results of all the cases should be published, as it is only by such means that a true opinion can be formed as to the expediency and value of the operation.

Mr. M., *Belfast.*—Consult some respectable practitioner in your neighbourhood, but do not pay any attention to the mendacious advertisements in the newspapers. These announcements emanate generally from a gang of swindlers.

Dr. J.—We cannot form any accurate opinion of the merits of the case, until all the facts are laid before us. The extracts alluded to may perhaps throw light on the subject.

THE letter of our Dublin Correspondent shall appear next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.,

Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 102.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Disruption of the Placenta.—In removing the placenta either by traction on the cord or by separation with the hand, a portion sometimes is left behind attached to the uterus. It results, in most cases, from mismanagement, either from premature traction on the cord before the placenta has become totally detached, or from an unskilful and hastily effected separation by the hand. In a few instances, however, a portion of the placenta may be left *in utero* without any fault of the medical attendant. Sometimes a small part of the placenta remains attached to the uterus, while the rest hangs loose in the vagina ; and if the cord happens to be implanted low down, its insertion will be felt with more than usual facility. Most medical men would, in such a case, effect the removal of the placenta by traction on the cord ; and if the attached portion were very adherent, it would be left behind. It shows the importance of making ourselves quite certain of the total detachment of the placenta before proceeding to deliver it by traction, and also of examining it carefully after its removal as a general rule. Then, again, he may meet with a very rare form of placenta, which consists of two separate pieces merely connected to each other by the membranes. Traction on the cord would be very likely to tear through the connecting membranes, and then the largest piece, to which the cord is attached, would come away, leaving the smaller still *in utero*. I have met with only one instance of the placenta being divided into two pieces ; and fortunately the membranes between the two did not break, and both were expelled together. In other cases, almost as rare, a small piece of the placenta may be so adherent to the uterus, that it cannot be separated, and has to be left behind. The hæmorrhage in disruption of the placenta is generally most violent for the first day or two ; then gradually assumes the form of draining ; and about the fourth day the discharge becomes offensive. Sometimes, the flooding does not come on until the third day or later ; usually, however, the discharge from the first is too free. The amount of loss depends a great deal upon the size of the piece retained, and the degree of uterine contraction.

Diagnosis.—If the case has been attended by an experienced practitioner himself, the diagnosis will be pretty easy. There will probably have been some difficulty in the delivery of the placenta, and on examining it a portion will be found to be absent. The uterus externally is more or less *tender* on pressure, and the patient complains frequently of afterpains. A tender condition of the uterus, with flooding soon after delivery, is a most valuable symptom. It indicates that there is a foreign body in the uterus —either a piece of placenta, clots, or membranes. In cases where there have been clots in the cavity of the uterus, I have found that organ sometimes even more tender and irritable to the touch than it is in hysteritis, but, on the removal of the clots, the tenderness has all disappeared, and the uterus could be freely handled. The diagnosis may be more difficult if the case has not been seen for some hours after the accident has happened, especially if the nurse has got rid of the expelled portion of the afterbirth, and the midwife or attendant of the patient, from ignorance of the fact, or from a desire to conceal their want of skill, give us no information which will lead to suspect disruption of the placenta. That the hæmorrhage is due to the presence of some foreign mass in the uterine cavity will be probably clear, from the constantly recurring afterpains and the large and tender condition of the uterus. If the case has not been seen until some days have elapsed, besides the symptoms already mentioned, there will be in addition those resulting from decomposition of the placenta, such as irritative fever and an offensive discharge. The offensive character of the flow may be due to the decomposition of clots or of the membranes, as well as that of a piece of placenta ; but it affords a clue to the proper treatment, as it shows that there is something in the uterus which ought to come away.

Treatment.—The disrupted piece of placenta should be removed at any period after labour, if it can be effected without much hazard to the patient. The earlier the attempt is made after delivery the more likely it is to be successful. In a few hours the uterus may be so contracted that the whole hand cannot be passed into its cavity without risk of injury ; in that case an attempt should be made to remove it by means of one or two fingers. If it cannot be got away, we must then have recourse to means which will restrain the discharge until the placenta is naturally expelled or decomposes away. Ergot is a remedy which I should not give in all cases of this kind. I should certainly administer it, if the contractions of the uterus were weak and far between, but not if the afterpains were very violent and almost without intermission. To restrain the discharge, the following remedies may be tried pretty much in the order stated until success is obtained :—Pressure on the uterus externally, combined with cold freely applied to the abdomen and vulva ; injection of a pint of cold water into the rectum ; intra-uterine injection of cold water ; and compression of the abdominal aorta. If, after the first outburst of hæmorrhage, a slow draining goes on, an astringent mixture may be taken with advantage. Plugging the vagina may be had resort to in cases in which the flooding is serious two or three days after labour, the uterus being pretty well contracted, and other remedies having been first tried and found to succeed only for a time.

Illustrative Cases.

I.—This case was attended by a medical friend about a month ago. It is related in his own words : " S. A., æt. nineteen, married, a small-made healthy-looking girl, was confined of her first child after a lingering labour, owing to the pelvis being rather narrow. After the birth of the child, I as usual passed my hand over the uterus, and found it was contracting fairly. I then made gentle, but firm traction on the cord, having felt its insertion within easy reach of the finger, as well as the mass of the placenta round it. The placenta moved easily halfway down the vagina, and then would come no further. I then let go the cord, and compressed the uterus externally with my hand. After a few minutes, I again made firm traction on the cord, an assistant at the same time applying pressure to the uterus. Feeling the mass of the placenta with the insertion of the cord so far down in the vagina, I used more forcible traction than I would otherwise have done. It then, as if overcoming a slight obstruction, came away with the membranes. Hæmorrhage came on pretty severely, which I succeeded in checking by external pressure and ergot, but only temporarily. The uterus enlarged again, and, as a consequence, severe flooding followed. The hæmorrhage was for a second and third time checked by pressure and ergot, but only for a short period. The flooding had by this time deprived the patient's cheeks of all their colour, and my efforts to stem it having failed, I passed my hand into the uterus and found a piece of the placenta, of the size of half an orange, firmly adherent. Of course, I removed this with my fingers, when the uterus immediately contracted well, expelling my hand, with some clots. From this time, no more loss occurred, and the patient recovered without a bad symptom."

II.—The following interesting fatal case is quoted from Dr. M'Clintock's ' Clinical Memoirs on Diseases of Women,' page 339 :—" This case I saw in the autumn of 1846, in consultation with a practitioner of this city. The patient, a short, healthy woman, was the wife of a butcher, living in the neighbourhood of the Castle market, and had been confined of her sixth child seven days before my visit. The

history I got was as follows:—The child had presented with the feet; hæmorrhage took place soon after its birth; and on introducing the hand for the placenta, this was found so intimately adherent to the uterus, as to render its removal difficult and incomplete, some portions remaining behind. She went on, however, most satisfactorily until the fifth day, when she had a sudden and profuse dash of hæmorrhage, which recurred again and again at intervals At the time of my visit (for I only saw her once), she was much blanched and nearly pulseless, but no discharge of blood was then going on. Late on the afternoon of the ninth day, there having been some loss in the interval, the hæmorrhage broke out afresh with great violence, and before assistance could be obtained she was a corpse. In this instance, it is remarkable that the flooding was the only untoward effect of the retention, no fever or local irritation having been induced. At the time of my seeing her she had a plentiful secretion of milk. I hesitate not to say that this woman's life might have been saved by the timely use of the tampon."

ORIGIN AND NATURE OF SYPHILIS.

By RICHARD SAMUEL SISSON, M.D.

(Continued from page 120.)

Ricord always held that the course of constitutional syphilis had nothing to do with the size, progress, and complications of the indurated sore which precedes it. Everything, he says, depends on the temperament, constitution, or state of health of the patient.

It appears to me, however, that the opinions of Ricord and Acton really amount to the same thing; for, as Mr. Paget states, "the character of the constitutional manifestations depends, like that of chancre, on the peculiar character of the blood."

Bassereau says: "Chancre is, as it were, the touchstone of the constitution. By the action it exercises on the tissues, we are enabled to foresee by what immediate or distant consecutive symptoms it may be followed. When benign, it will announce constitutional symptoms of little gravity; when malignant it will, on the contrary, allow us to foresee that the patient will be affected with consecutive symptoms of a serious nature, so that we can put down as a law the following proposition: Benign indurated chancres are followed by benign syphilitic eruptions and affections of the various tissues, without any tendency to suppuration; indurated phagedænic chancres are followed by malignant syphilitic pustules, and later by ulcerated affections of the skin, suppurating exostosis, necrosis, and caries." ('Traité des Affect. de la Peau Symptomatiques de la Syph.')

It must not be supposed, however, that a patient with benign chancre would necessarily communicate the same benign disease to another. This would equally depend upon the constitutional peculiarities of the recipient, as we might, *à priori*, be led to expect.

Fournier says: "At the time Ricord was delivering his clinical lectures there happened to be a patient in the wards affected with a contagious phagedænic chancre. This chancre had resisted the various medications applied at home, as well as at the hospital. It had destroyed the greater part of the foreskin, ploughed up the corona, on which it had formed a deep groove, and finally carried away one-half of the glans, which was horribly disfigured. . . . I was fortunate enough to inspect the woman by whom this patient had been infected, and I found on the right labium an indurated chancre of about the size of a twenty-centime piece; the base of the chancre presented a well-defined induration. . . . In the course of a few weeks the ulceration was cicatrised. The chancre during its existence never manifested a tendency to spread itself, nor assume the phagedænic form." Both were affected with constitutional syphilis (of what character is not stated). The man was thirty-two years of age, of bilious temperament; the woman, twenty-one, slightly lymphatic. They had been living long together, and were subjected to the same hygienic influences.

Most of the authors I have cited use the term tertiary when describing the last stage of constitutional syphilis. It is badly chosen, since tertiaries so-called are frequently the first manifestation of constitutional infection; and, as generally met with, nothing more, as Dr. Wilks has shown, than the sequelæ of syphilis, or, in other words, the results of a cachexia produced by the syphilitic poison. If the syphilitic virus were present at this stage, we might reasonably expect the same results from contact with the matter of a so-called tertiary sore as obtains from a secondary. All observers and experimenters have, however, agreed that tertiaries so-called are not contagious.

Contagion of Secondary Syphilis.

Ricord followed Hunter in promulgating the dangerous and, as now proved, erroneous doctrine, that the matter of a secondary sore is not contagious. Mr. Acton supports his great master. All these eminent men were, however, misled by the fact that no results followed the artificial inoculation of individuals with the pus of secondary syphilitic sores. We shall see, however, presently, that inoculation artificial and inoculation physiological are not equivalent processes.

Mr. De Meric formerly held the same opinion on these grounds:—He had practised inoculation forty or fifty times with secondary and tertiary pus without any effect, and he was told by Dr. Faye that he had obtained the same results by ordinary inoculation, but had produced an effect by scraping, bathing, and packing up the tissues with the matter. "Indeed," says Mr. De Meric, "I am inclined to believe that if we were to try the pus of cancer, which is well known to be *uncommunicable by ordinary contact* or inoculation, and force it into the system in the manner above mentioned, we might, perhaps, obtain a new and unexpected result."

Mr. De Meric's premises regarding cancer were false, for Dr. Watson mentions instances in which cancer of the penis occurred in men whose wives laboured under the same disease in the uterus; and Mr. Mayo remarks: "No one believes cancer or medullary sarcoma to be contagious;" and that he is fully persuaded from his own observations, as well as from the authority of others, that the matter of cancer or of secondary syphilitic sores introduced into the skin upon a lancet will not produce the disease; but that he and others have witnessed cases of cancer of the penis contracted in the natural way from wives having the disease. The same form of cancer existed in man and wife.

Of the contagious nature, however, of secondary syphilitic sores, the proofs have become so overwhelming, that not only Mr. De Meric, but most syphilographers of the present day acknowledge the fact; but as yet we have no such unanimous opinion with respect to that all-important question—Have the natural secretions of tainted individuals the same contagious power?

Mr. Erasmus Wilson says: "One mode of transmission of the syphilitic poison is that in which a man or woman, having been contaminated by the poison, and having been to all appearances cured of the consequent disease, has, nevertheless, become so saturated with the virus, as to possess the property of communicating syphilis to a sound person, by means of his secretions;" and this mode of transmission he illustrates by cases which have fallen under his own observation. In the following case the infector had never had any secondary manifestation whatever:—

"A young man had a venereal sore which was situated on the inner side of the prepuce. It got well in a few weeks, with the aid of a lotion of sulphate of zinc, and he was not aware of any secondary symptoms having followed in its train. Three years afterwards he had gonorrhœa, which lasted two months; and three years later he married. A fortnight after marriage, the wife, who was a remarkably healthy woman, twenty years of age, applied to me, in consequence of suffering extreme soreness of the vulva, attended with discharge. On making an examination, I found the clitoris and labia much swollen, an abrasion, with a superficial ulceration of the mucous membrane in several places,

and a small quantity of purulent secretion. . . . Secondary symptoms followed."

On the 21st Jan. last, a most interesting paper was read before the Harveian Society "On Indurated Chancre in the Female." The author, Mr. De Meric, related two cases in which the communicants, though labouring under secondary syphilis, had sound organs of generation.—('Med. Circ.,' Feb. 10, 1864.)

But is it possible that such secondary infection could take place without the intervention of a local disease in the recipient; or, as Mr. Mayo puts it with regard to primary syphilis, "are local symptoms necessary at all in syphilitic contagion, or may the poison be directly absorbed without producing any sensible local disturbance at the point where it finds entrance?" "Every surgeon," he adds, "must have met with cases where decided symptoms of secondary syphilis existed, yet in which the patients, where there has been no motive for concealment, have retained no recollection of any antecedent local affection. I conclude that it happens occasionally that a patient entirely overlooks the existence of the primary sore, which heals without the use of remedies. Nevertheless, it is not impossible that the venereal virus lodged upon a surface may make its way into the system without causing a local ulcer at the point where it has found entrance."

"A gentleman," says Mr. Erasmus Wilson, "had a small venereal sore on the prepuce in the month of November. It got speedily well. In the succeeding month of February he suffered from sore-throat and rheumatic pains, but of so slight a nature that he took them to be merely symptoms of a common cold. In the month of June following I was called to see his wife, in consultation with her medical man. She was suffering from syphilitic sore-throat, roseola, &c. She had no disorder of the genital organs, and her husband was free from any symptoms of disease." Mr. Wilson remarks: This is not an isolated case, but I select it from others on account of its freedom from complication, either by time or medical treatment. The primary disease in the husband was slight, but well established; the syphilitic fever or secondary fever was so trivial as to be taken for a common cold; and although the patient consulted his medical man, a relative, on the propriety of marrying under the circumstances, the medical man saw no reason to object;" and he adds: "I apprehend that in this case no one can doubt the natural secretions of the mucous membrane of the husband being the medium of transmission of the poison; and as there was no local disease in the wife, the poison must have been imbibed into her system at once, and thus have contaminated her blood."

Most practitioners must have met with similar cases, which, probably disbelieving their patient's statement, they accounted for in a different way. I have seen several, and was glad to find that the conclusion I arrived at was supported by the opinion of Mr. Wilson.

In his work on syphilis, Mr. Erasmus Wilson has given similar cases of infection, in which, however, the woman was the infector, the man the infectee. The possibility of the one being granted, I see no reason to doubt that of the other.

Swediaur says: "Sometimes, in foul coition, the virus is absorbed by the lymphatic vessels, and directly causes buboes; at other times it seems to pass, immediately after impure coition, into the body, and then produces syphilitic affections in the throat, the skin, and even in the bones, without producing any sensible effect in the parts to which it was at first applied, and that without leaving the smallest trace on the surface of the body. This is what often gives rise to grave errors, into which the physicians often fall, as well as the patient, by supposing the present syphilitic symptoms are owing to some old venereal disease badly cured; though these symptoms may proceed really from a much more recent infection, because they do not think, or cannot even imagine, how it is possible to get the pox without first having had chancres or a hæmorrhage in the genital parts. For the same reason, they are also sometimes disposed to ascribe the cause of their disorder to some perfectly innocent person."—('Syphilis,' vol. i.

(To be continued.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

CHARING-CROSS HOSPITAL.

(Cases under the care of Mr. Hancock.)

Case I. was a bad form of paronychia, or whitlow. The subject of it was a man of about middle age, or somewhat past it, of full habit of body, and of large build. The affection had resulted from a wound of the little finger, where, however, it did not stay its influence, but rapidly extended itself to the hand, and thence to the wrist of the forearm; so that on the occasion of our visit these parts were red, swollen, the skin covering them tense and glazed, and all the other wonted symptoms of involvement of the lymphatics. This condition of the parts was limited to the forearm and the tissues below it; and the elbow seemed to be a boundary, no doubt only temporary, to the morbid action.

Synchronous with all the local disturbance there were, likewise, constitutional or sympathetic symptoms. The tongue was coated with a white creamy-looking fur; the saliva was thicker than it is in health, and with a certain degree of viscidity; the lips were dry; the surface of the body was hot and dry; the pulse on the affected side seemed fuller and to be travelling more rapidly than that in the opposite arm; the water was scanty and highly coloured, and communicated a sensation of heat to the urethra as it passed through that canal; the patient was, moreover, restless and uneasy, and had a feeling of general discomfort.

The treatment prescribed by Mr. Hancock was as follows:—The patient to be kept in bed, and as quiet as possible; the arm bath (which is nothing more than the immersion of the forearm in a vessel of hot water, hot as it can be borne) to be used for the relief of the local disturbance; bark and carbonate of ammonia to be administered internally, as well as a certain quantity of gin and hot water—the former for the purpose of giving tone and strength to the system generally, and for the removal of the depression which existed; the latter to procure a better action of the kidneys, to promote a relieving of any congestion which may have obtained in their blood vessels, and the removal of any obstruction in their uriniferous tubes.

Such were the indications of the treatment to be pursued, and such the objects sought to be obtained.

Case II.—*Elephantiasis.*—This was a case of elephantiasis arabum, or that form of elephantiasis which consists in a hypertrophy of all the tissues,—integument, cellulo-adipose, or connective, muscles, bones,—and at the same time the deposit of a new and altogether foreign and cacoplastic material.

In the subjects of this disease the outer skin will be found to be slightly thickened, while the cutis vera will have become very much so; its structure wholly altered, having been converted into a hard, dense, and rigid tissue, which gives to the affected part its peculiar feel, sometimes brawny, at other times as of stiff old leather which had been well soaked and then allowed to dry slowly and partially, or which had been only partially soaked and then allowed to dry by the process of spontaneous evaporation.

The patient was an old man; was pallid and blanched; emaciated to a great degree; with a peculiar cachectic appearance, and an anxious saddened expression of face; the eyes, sunken; the cheeks were robbed of their fat, were also sunken and hollowed; the entire body was wasted, and was in strange contrast with the enlarged limb.

The disease was limited to the leg, the knee-joint forming the boundary of limitation, and, because of the swelling below it, apparently smaller than the same joint on the opposite side.

Treatment.—Pil. hydrarg. cum scillæ co.; gin and hot water; bark and ammonia; just as in the last case, inasmuch as the indications were the same.

Case III.—*Irritable Bladder and Irritable Urethra.*—The patient was advanced in years and suffered from some of the symptoms of stone in the bladder, of which the most

prominent were frequency of micturition and pain—somewhat acutely felt—after the bladder had been evacuated. The patient was laid on the bed, and when he had placed himself upon his back, Mr. Hancock sounded the bladder accurately, not desisting from his examination till he had fully satisfied his mind that no calculus was present.

The man was ordered a mixture of liquor potassæ, spiritus etheris nitrici, and opium.

This is exactly one of those cases in which we are in the habit of prescribing the bromide of ammonium and with most marked effect, the distress arising from the irritability being rapidly and entirely removed.

We would commend this medicine to the attentive notice of our readers, not alone in the affection of which we are treating, but likewise in all ailments of a similar or nearly similar nature.

CASE IV.—The next bed to which we came contained a patient who was suffering from suppuration consequent on a compound fracture of the leg.

CASE V.—*Compound Fracture of the Ankle-joint.*—In this instance there was some deformity, yet not by any means as much as might be expected from the injuries done to the limb. The man was of the middle period of life, and, previous to the accident, had been of good habit of body. There was a wound on the inner side of the leg, just about the inner malleolus, and from which purulent creamy-like matter flowed pretty freely.

This is exactly a case in which Mr. Hancock—one of the great advocates for preservative surgery — takes especial pleasure, and it was with pleasurable feelings he dwelt upon the interesting features of the lesion before him. Formerly, it was the custom to condemn a limb when reduced to a condition such as that which engaged our attention, and to effect its removal as speedily as expediency and the exigencies of the case would allow ; but now, no surgeon would think of sweeping off a limb, or even part of a limb, because of injuries such as obtained in the present instance, or even of a more serious import ; until, at least, he had used every endeavour and exerted himself to his utmost for the conservation of both the broken parts and the entire limb to which they belonged.

Mr. Hancock pointed out the necessity for strict adherence to this law of preservation, on the ground that the records of surgery furnish a sufficient number of instances where the broken parts, the entire member, and life itself, were imperilled by a fracture ; but where, with most careful watchfulness and treatment, skilful, because based on experience, all were carried through the ordeal of uniting and healing, and in the end restored to their original healthy action.

In the instance before us, the fracture had extended into the neighbouring joint, which was the ankle ; and Mr. Hancock took opportunity to mention that, even were the knee involved in the same manner as was now the ankle, it was imperative upon the surgeon to adopt measures—not for the removal of either the joint so implicated, or the limb to which the injury had been done, and to which the joint belonged—but for the preservation of all the injured parts.

We have *in memory* a case that we saw in Mercer's Hospital, Dublin, under the care of Mr. Butcher, in which there was a comminuted fracture of the lower end of the femur, extending into the knee-joint.

The patient, if we recollect aright, was a young and strong man, of good condition and excellent health, and had received the injury in consequence of the falling of a "stand" at a racecourse.

The limb was immediately, on the patient's admission into hospital, put up in the splint to which Mr. Butcher's name is attached, and was kept in it till perfect union of the broken parts was effected. Recovery was perfect ; and the man afterwards walked with only slight stiffness, from which, however, he ultimately recovery.

CASE VI.—In the next bed was another instance of compound fracture of the tibia. This patient, on the second day after the injury, had been attacked with that peculiar form of delirium called by the names, delirium traumaticum, nervous or irritative delirium, and characterised by a total want on the part of the sufferer of concern as to consequences ; by the flinging about of the limb in a reckless manner ; the tearing away of all kinds of dressing, and by efforts to tear open the wound itself ; by dilatation of the pupils (generally), an anxous, careworn expression of the face which is blanched and cold and often covered with a clammy moisture. The blanching and cold sweat give way during the excitement of the delirium to a redness of the face, and to that kind of perspiration which arises from exercise ; the entire surface of the body is cool, or even cold, and covered with a clammy sweat ; that is, in those moments when the patient is free from the insane excitement, and lies completely passive, and, physically speaking, is at rest ; the pulse, in the hours of quietude, is small, quick, frequent, and sharply strikes the fingers laid upon it ; the tongue is covered with a creamy-white fur and is tremulous when protruded ; the palms of the hands are damp and covered with cold perspiration ; the sensorium is affected, as is evident by the low, muttering delirium which possesses the patient, from which, however, by being addressed, he can be recalled to reason and his proper senses. The tremor attendant upon this form of mental aberration would lead to the supposition that the patient was suffering from the delirium of drunkards ; and this opinion would be confirmed by the other symptoms, among which spectral allusion must be made to occupy a prominent place.

CASE VII. was that of a young man in whom excision of the head of the astragalus had been performed, and that portion of the scaphoid into which the head of the astragalus fitted, and which had secondarily become involved in the disease.

In the first instance, the incision necessary for excision of the joint was practised ; but when a more accurate examination of the diseased parts was obtainable, and their actual condition had been ascertained, Mr. Hancock deemed it advisable to take the first-mentioned steps rather than to sacrifice the entire joint.

The operation succeeded beyond the brightest expectations, and the objects sought to be obtained were being each day fully accomplished.

CASE VIII.—This was a patient who had received a compound fracture of the humerus by the revolution of the arm in a railway-carriage wheel, between the spokes of which the limb was caught and twirled round. There had been some secondary hæmorrhage, not, Mr. Hancock considered, from the main artery, but from the smaller vessels, of which some were probably engaged in the injury done the soft parts.

Mr. Hancock dwelt upon the fact that, in violence done to the limbs, or, indeed, to any part of the body, the vessels, especially the larger, manage to slip themselves out of the way and so to elude any cause which might inflict upon them injury. He also, in the course of some bed-side remarks, related a case that had fallen under the notice of Mr. Guthrie, in which the ball passed through the soft parts covering in and lying subjacent to the vessels, had not injured these latter, but had traversed onward in its course and directly between the two vessels, the femoral artery and vein.

In the present case there was no injury done to the joint, although the fracture had occurred so close to it ; nor did Mr. Hancock anticipate any anchylosis or other abnormal alteration.

The mode of treatment, which we had an opportunity of witnessing, was as follows :—The forearm was bent upon the upper arm at right angles, and was then laid on a well-padded splint, having the same curvature and the same degree of curvature as the arm ; along the posterior surface of the limb there were laid two other splints, one corresponding to the forearm and the other to the upper arm ; besides these, there was another splint — a shorter one —placed along the anterior surface of the arm. All these appliances were held in their places by means of straps and buckles, over which again were wrapped the folds of a calico bandage.

The bone had united, and reparation had also gone on extensively in the wounded soft parts.

CASE IX. was one of femoral coxalgia, occurring in a

child of about five years of age. There was an abscess in connection with the diseased condition of the joint; and, as it had pointed externally, it poured out its contents at the site of pointing, which was in the immediate vicinage of the great trochanter.

As we have in one of our late numbers written a somewhat full account of this affection, we shall not here pause to give the subject a lengthened consideration.

CASE X. was one very full of interest. It was that of a little girl on whom had been performed amputation of the leg immediately above the knee, after excision of the knee-joint had been put into execution, but with want of success.

These operative measures had been deemed necessary because of the ravages of idiopathic disease upon the knee-joint.

Among the out-patients we saw a very bad case of synovitis. The subject of it was a young, strong, active-looking woman: the synovial membrane was immensely distended with fluid, and the patella, lifted altogether out of its place, was found floating at the surface of the distension.

The lesion had resulted from an injury to the articulation.

The treatment carried out in this instance by Mr. Hancock was—first, rest, absolute and complete; secondly, fomentations as hot as ever they could be tolerated; and, thirdly, the internal use of the bark and carbonate of ammonia mixture.

CASE XI.—Also among the out-patients. This was a female cook, who, some little time previously, had been a sufferer from diarrhœa, and who, on the sudden arrest of the alvine discharges, had been attacked with phlebitis of the internal saphena vein of the right leg. The affection had supervened very rapidly, and without any apparent cause besides that just mentioned.

The vein was enormously distended; so much so, indeed, that Mr. Hancock was apprehensive of its bursting at one of those points where it was most prominent, and cautioned the woman (who would not at once come into hospital) that, were such an accident to take place, she should check the bleeding by placing her thumb on the aperture whence the blood would flow. We have said that the vein was distended and prominent at certain points; but, besides these two conditions, it was likewise immensely dilated; was hard, owing to the prominences; presented a knotty appearance. Each prominence seemed to correspond with a valve and to occur in its immediate vicinage. In addition to the above symptoms, there were—heat of that part of the limb along which the inflamed vessel travelled; increased action of the femoral artery, and some pain in the limb, more especially in the immediate course of the vein; there was a sense of general discomfort in the entire leg and thigh, but the amount of pain and local uneasiness, of febrile symptoms, and general sympathetic disturbance were of no great moment, and, in comparison with the magnitude and importance of the local affection, were, indeed, trifling.

Mr. Hancock, in his remarks upon the case, pointed out that the ailment was, in a number of instances, the result of exposure to cold; or, as not infrequently occurred, of the sudden disappearance of the menstrual excretion.

It was not at all unlikely that this woman, from the nature of her employment, had been subjected to the former of these exciting causes. The reasons for the greater frequency of the affection in women rather than in men are, not alone the style of dress worn by them, but also the general comparative delicacy of structure, formation, and constitution, and the difference of action in the sexual functions. All these causes entail a very great susceptibility to the lesion, and, certainly, a very much greater tendency to its occurrence in the female than in the male sex. In the latter we more frequently find the traumatic rather than the idiopathic form of the affection.

We would make one remark before closing these observations, and that is as to the rapidity with which the inflammation is lighted up and the celerity also with which it travels, blocking up as it extends itself along them the vessels it may have invaded.

CRITICAL AND ANALYTICAL REMARKS
ON
THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XXIV.

LIQUOR FERRI PERNITRATIS.—This preparation was formerly contained in the Dublin Pharmacopœia only; and the process which was there given for its production is the one now adopted.

It is prepared by putting one ounce of fine iron wire into three ounces of nitric acid, previously diluted with sixteen ounces of water; leaving them in contact until the metal is dissolved, taking care, if necessary, to moderate the action by adding a little more water; then filtering the solution, and adding to it as much distilled water as will make its bulk one pint and a-half.

Operating under these circumstances, the nitrate of the peroxide of iron is at once produced, the reaction which occurs being as follows:—

$$2\,Fe + 4\,NO_5 = Fe_2\,O_3\,3\,NO_5 + NO_2.$$

By cautiously treating metallic iron with very dilute nitric acid, and keeping the liquid perfectly cold while the metal is dissolving, it is possible to obtain a solution of the nitrate of the protoxide of iron. Under these circumstances no gas is evolved, but nitrate of ammonia is formed. This change is represented by the following equation:—

$$8\,Fe + 10\,NO_5 + 4\,HO = 8\,(FeO,\,NO_5) + (NH_3\,HO\,NO_5).$$

This formation of ammonia also takes place to a certain extent during the production of pernitrate of iron, and, indeed, whenever metals are oxidised by nitric acid; the metal abstracting eight atoms of oxygen from one of nitric acid and three of water, leaves one of nitrogen with three of hydrogen, which, combined, constitute ammonia.

Proto-nitrate of iron, however, is an exceedingly unstable body, and the slightest alteration of temperature is sufficient to effect its conversion into persalt. In the Pharmacopœia process, the heat generated by the energy of the chemical action at once determines the formation of pernitrate.

It is a most remarkable character of metallic iron that, under certain circumstances, it is unacted upon by nitric acid. A piece of clean iron wire, for instance, may be introduced into strong nitric acid, and probably no action whatever will occur. The iron will remain in contact with the acid without the slightest solution or a bubble of gas forming, but on the addition of a quantity of water violent action will at once set up. When the iron refuses to assume this "passive" condition, as it is called, it may generally be established by touching the metal with a rod of platinum.

Pernitrate of iron, in its ordinary condition, is uncrystallisable, and cannot be obtained in the dry state. Its solution, moreover, is very apt to deposit sub-salt. Liquor ferri pernitratis is described in the Materia Medica as a clear solution of a reddish brown colour, slightly acid and astringent to the taste, giving a blue precipitate with ferrocyanide of potassium. When to a little of it, placed in a test tube, half its volume of pure sulphuric acid is added, and when a solution of proto-sulphate of iron is poured on, the whole assumes a dark brown colour. This test indicates the presence of nitric acid, and thereby proves the salt to be a nitrate. The liquor has a specific gravity, 1·107. One fluid drachm, treated with an excess of solution of ammonia, gives a precipitate which, when washed, dried, and incinerated, weighs 2·6 grains. It gives no precipitate with ferridcyanide of potassium. This character indicates the absence of any proto-nitrate.

FERRI PEROXYDUM HYDRATUM.—Following the example of the Dublin and Edinburgh Colleges, the British Pharmacopœia orders peroxide of iron to be kept in two condi-

tions—the one as a dry powder, and the other as a moist, pasty precipitate. These are distinguished by the names peroxide of iron and hydrated peroxide of iron, although in reality they both contain water, and are, therefore, both hydrated.

The hydrated oxide is made by mixing four ounces of the solution of persulphate of iron already described with a pint of distilled water, and then pouring the mixture into thirty-three ounces of solution of soda, stirring well for a few minutes; collecting the precipitate so formed on a filter, and washing it with distilled water, until the filtrate ceases to give a precipitate with chloride of barium. This oxide is to be preserved by enclosing it, without drying, in a porcelain pot, the lid of which is made tight by a luting of lard. The Pharmacopœia adds that this preparation should be recently made.

The chemical reaction which occurs is extremely simple:—

$$Fe_2 O_3, 3 S O_3 + 3 Na O = Fe_2 O_3 + 3 (Na O, S O_3).$$

The oxide of iron so liberated associates itself with water, forming a hydrate which the Pharmacopœia represents as "$2 Fe_2 O_3, 3 H O$, with a variable amount of uncombined water." Whether this variable amount of water can be spoken of correctly as absolutely uncombined is perhaps a little questionable. It is undoubtedly retained by the oxide with a certain amount of force; and while so present the oxide possesses certain properties, which it loses when this water separates. In the moist, recently precipitated condition, oxide of iron is quite gelatinous. It, in fact, then belongs to the class of bodies which Professor Graham has named *Colloids;* and which all possess the property of associating themselves with an uncertain amount of water to form *jellies*, or gelatinous hydrates. In this state, oxide of iron is most freely soluble in weak vegetable acids; and it is in this condition only that it can be advantageously used for the preparation of the scaling salts of iron, such as the citrate and potassio-tartrate. But this condition is not permanent; if the gelatinous mass be preserved in a bottle for some time, it will be found that the oxide of iron and the water separate from each other, and ultimately a fine pulverulent precipitate will collect at the bottom of the vessel, and a column of clear water will float over it. After this separation has taken place, the oxide will no longer dissolve in the vegetable acids, and it will have lost its colloidal character.

It will be observed that the Pharmacopœia directs the solution of iron salt to be poured into the alkali, and not the reverse, as has generally been the case. This is decidedly the best method of operating; it is very important, in order to obtain a pure oxide, that the alkali should be in considerable excess, and this is insured throughout the precipitation by the Pharmacopœia method of mixing. Unless an excess of the alkali be used, the oxide of iron obstinately retains a portion of the sulphuric acid in the form of an insoluble basic sulphate. It will also be found necessary to use distilled water for washing the precipitate, for the alkaline nature of the oxide would occasion the separation of the lime salts from common water and so contaminate the product. The oxide of iron always retains a portion of the alkali used for its precipitation so strongly that it cannot be removed by any amount of washing. It is on this account that ammonia has generally been used as the precipitant. The Pharmacopœia, however, now orders soda—a change which we regard as unfortunate.

The tests given in the Materia Medica for hydrated peroxide of iron are, that it shall be free from grittiness, and leave on calcination about twelve per cent. of peroxide of iron.

FERRI PEROXIDIUM.—This is prepared by placing the moist hydrate in a warm place until it is dry to the touch, and then exposing it to a heat of 212°, until it ceases to lose weight. When so prepared, it will have the composition Fe_2O_3, HO, and it will be a powder of a dull brown colour. Unfortunately, there is a general liking for bright coloured substances, and consequently this oxide is rarely to be met with in commerce. Manufacturers generally calcine their oxide to give it a nicer colour; but by so doing they deprive it of the atom of water it should contain, and thereby greatly diminish its solubility in acids.

PARISIAN MEDICAL NEWS.

ACADEMY OF SCIENCES.—M. Sédillot brought before the notice of the Academy his method of scooping out diseased bone. The object of the procedure is to leave untouched a layer of bone beneath the periosteum, so as to preserve the shape of the limb and the principal muscular attachments, supplying at the same time all the elements of complete future repair by the transformation of the plasmatic cells of the periosteum, and of the hollowed-out osseous structure. The Professor endeavoured to show the superiority of this method over excision performed beneath the periosteum, an operation instituted in animals and in the human subject with hitherto uncertain results. M. Sédillot's experiments on animals have demonstrated to him the possibility of removing one-half, or even two-thirds, of the shaft of a bone, by excavating the medullary duct without injuring the shape, solidity, or uses of the limb, the bone being reproduced with a degree of perfection which up to the present day had never yet been attained.

In a dog, aged ten or twelve years, the excision beneath the periosteum of fifteen lines of a bone was not followed by any osseous reproduction; but one half of the thickness of the shaft of the os humeri was scooped out, and a new and perfect bone has since formed.

M. Sédillot conceives that such strikingly favourable results must encourage surgeons in the attempt to preserve limbs in many diseases which formerly would have been deemed absolutely to require amputation.

The action of tobacco on the heart was the subject of a paper read by M. E. Decaisne.

"In something less than three years," said the author, "I have been enabled to collect in the three parishes of Mello, Cirès-lès-Mello, and Saint-Wast-Lès Mello (Oise), twenty-one cases of intermittence of the pulse, entirely unconnected with organic disease of the heart; in eighty-eight inveterate smokers, nine were at the same time liable to dyspepsia, but the other twelve never complained of any disturbance of the gastric functions; five or six of the patients had for some time noticed the intermissions of the action of the heart, but paid no attention to the symptoms. In seven cases the intermittence entirely disappeared after a month's discontinuance of the practice of smoking. Two of these individuals were subject to indigestion, and experienced no relief in this respect. In nine others slight improvement only was effected. The remaining five I have lost sight of; all were between twenty-seven and forty-two years of age, and were either spinners or quarrymen.

"None of these subjects were affected with organic disease of the heart, and but few were in that state of health which gives rise to functional disturbance of the action of the viscus. In addition, the discontinuance of the injurious habit of excessive smoking restored the circulation to its natural type; I do not therefore conceive that the following conclusions can be considered rash or premature:—

"1st. Excessive smoking induces in some cases what I may term a state of *narcotism of the heart*, indicated by intermittences in the cardiac and arterial pulsations.

"2nd. This irregularity of the circulation may occasionally be removed, if the habit be partially or altogether discontinued."

ACADEMY OF MEDICINE.—Dr. Azam, of Bordeaux, read a memoir on sudden death, caused by emboli in the pulmonary blood-vessels, after certain traumatic injuries. The following were the conclusions of his paper:—

Fractures and contusions may give rise to the formation of emboli, and to suddenly fatal symptoms.

These emboli originate in a thrombus around the veins of the wounded region, consequent on the absorption of extravasated blood.

The thrombus and the antecedent phlebitis are in general latent, but are, doubtless, more common than has been hitherto supposed.

Careful examination of the superficial and of the deep-seated veins can alone prove their existence.

Sudden pulmonary symptoms, such as dyspnœa, hæmoptysis, præcordial pain, syncope, &c., indicate the presence in the lungs of an embolus, and should therefore awaken the surgeon's attention to the condition of the venous system.

In venous disease the concretions are more or less adhesive, the degree of plasticity of the blood being proportionate to the firmness of the adhesions. Fractures in which absolute rest is required are unfavourable to the plasticity of the blood.

General or partial movements, attended with effort, and the application of pressure, may displace embolic coagula.

In cases of fracture or contusion, surgeons should carefully inquire, a fortnight after the occurrence of the accident, whether any latent phlebitis be present.

If any venous inflammation be detected, entire rest, antiphlogistic measures, and alkaline remedies must be prescribed.

M. Ollier forwarded, through M. Velpeau, the particulars of a case of deformed callus, in which the radial nerve was included. The Lyons surgeon resorted to a procedure suggested by the nature of the injury. The callus was exposed, and a portion was removed with the gouge and mallet, in order to liberate the nerve. A complete recovery has been effected. M. Velpeau remarked that the case was without a precedent in the records of science.

An ingenious contrivance to illustrate the mechanism of the human voice was exhibited by Dr. Collongues, who calls it the *pneumonoscope*. It consists in a bust or lay-figure in statuary-pasteboard, with ten apertures on the anterior part of the chest, and two at the back, each bearing the designation of the peculiar breath-sound to be heard in that region. India-rubber tubes issue from the base of the chest, and to these a blower may be adapted, which on pressure gives rise, according to the tube used, to a faithful imitation of every variety of breath-sound in health or in disease.

To produce the rhonchi, prepared mouthpieces, moistened with an albuminous fluid, must be adapted to the blower, and crepitus, subcrepitus, cavernous, sibilous, or sonorous rhonchi may thus be generated at will.

Thoracic fluctuation, and friction-sounds of every degree of roughness, may also be caused by a very simple contrivance.

The most satisfactory mode of ascertaining whether these artificial sounds are correct reproductions of those observable in pulmonary disease was obviously to refer the matter to the judgment of persons thoroughly conversant with the phenomena of auscultation. Messrs. Bouillaud Barth, Trousseau, Blache, Béclard, and many other learned practitioners were therefore consulted by the author, and all have encouraged his efforts by their approbation.

SOCIETY OF SURGERY.—M. Follin presented a patient in whom he had trephined the mastoïd cells for an abscess consequent on otitis of the middle ear. In this case M. Follin discarded all idea of tubercles of the bone or caries, and attributed the osteitis to the propagation of the inflammation from the mucous lining of the throat to the internal membrane of the mastoïdian cells. The symptoms chiefly consisted in deafness, otorrhœa, swelling, and redness of the mastoïd region, and in an amount of pain so considerable as to cause fever and delirium. Twenty-four hours had scarcely elapsed after the operation, when the otorrhœa and pain subsided, and pus was freely discharged from the wound. In the course of a month cicatrisation was effected, and the patient has entirely recovered. M. Follin has twice obtained the same success from the application of the trephine, in similar cases; and M. Forget has also effected a cure in disease of the mastoïd cells, by perforations with the gouge and lenticular knife.

Several procedures are in use for the treatment of hepatic cysts. Récamier's plan consists, as our readers are aware, in the application of caustic potash, for the purpose of promoting the formation of adhesions, and in the subsequent incision of the tumour when the chances of effusion of its contents into the peritoneum have thus been averted. In M. Boinet's method the cyst is opened at once, and an india-rubber tube is placed in the wound in order to excite adhesive inflammation. A discussion took place on the respective merits of these operations, and M. Boinet's procedure was generally considered dangerous. M. Voillemier remarked that this plan is attended with considerable peril, unless spontaneous adhesions can be positively ascertained to have formed.

M. Chassaignac remarked that he had operated in four cases, in which the cyst contained a transparent fluid, and that a cure was effected in every instance.

The first patient was a woman, and the contents of the sac were removed by puncture: the second subject was a farrier; caustic potash was applied, a trocar was inserted through the eschar, and an iodine injection was thrown in. Two other patients had since been treated by him with perfect success; he had in the first instance merely punctured the tumour, and the sac having filled again, he resorted to the injection of iodine.

In addition, a communication on the same subject was received from M. Heurtaux, surgeon of the Hôtel-Dieu at Nantes, who forwarded the particulars of a case of hydatid tumour of the liver, of five years' standing, which was effectually cured by a single puncture with a trocar half a line in diameter.

In order to avert the necessity for any effort in the course of the day, an enema was administered in the morning. The patient was placed on his back, and the trochar was inserted into the tumour to a depth of two and a quarter inches, at four inches from the linea alba, and about fifteen lines from the short ribs, in the spot where fluctuation was most apparent. The instrument was pushed obliquely downwards, so as to prevent its being forced out by the retraction of the sac. In the course of an hour and three-quarters, a little more than four pints of a liquid, presenting a specific gravity of 1·0074, escaped from the canula. It contained perfect echinococci with their hooklets, many broken hooklets, and other fragments of hydatids. Whenever the canula became obstructed, a silver style was introduced, and the tube was at last cautiously extracted, in such a manner as to prevent the passage of even a drop of the fluid into the abdominal cavity. The operator applied his left hand over the tumour, so as to press the integument against the cyst, and hermetically closing the orifice of the tube with one finger, slowly withdrew it from the wound. Pressure was continued with the hand for about ten minutes, when compresses were substituted, supported by the patient himself.

The man kept his bed for forty-eight hours, and five or six days after was permitted to leave his room. Two years have since elapsed and no tendency to a return of the disease has been observed.

This case must of course encourage surgeons to similar attempts. If, however, we may judge from the views expressed by the members of the Society of Surgery, the prevalent—indeed, the all-but-unanimous—opinion of Parisian surgeons is still in favour of Récamier's procedure.—'Journal of Practical Medicine and Surgery.'

CHOLERA IN SHANGHAE.—Cholera has been extremely prevalent at Shanghae, and the number of fatal cases somewhat alarming. The Chinese authorities have taken up the question of sanitary reform, and have ordered the clearing out of the ditches and drains in and around the Chinese part of the city.

WEYMOUTH SANATORIUM.—The annual meeting of this institution was held in the new building on Thursday, the 4th inst. From the address of Dr. Smith, as well as from the report, it may be gathered that the Sanatorium has progressed satisfactorily since its commencement, and that efforts are now being made to render it as nearly as possible a free institution, the payment of each patient to be limited to 2s. or 2s. 6d. per week. About 5,000*l.* will be necessary for this purpose. Towards this sum Dr. Smith has offered the munificent donation of 500*l.* The meeting separated with a cordial vote of thanks to the conductors.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 31, 1864.

THE IRISH SCHOOLS OF MEDICINE.

There is just at present a period of rest in the schools of the Sister country, in which is laid aside the mental labours of both teacher and pupil; it is not, however, the rest of idleness, but a mere cessation of the *heavy* duties of the sessions—summer and winter—in order to recruit the powers of mind and body, and fit them for the determinate efforts which will be put forth during the coming *annus medicus*.

We are well aware that some masters as well as pupils will spend their leisure hours not in mental culture, nor in making any fresh additions to their already acquired stores of knowledge, but will, on the contrary, squander the hours in, perhaps not actual dissipation, yet in sheer idleness—it may be in looking out dreamily, and with no effort of thought, upon the expanse of waters as they lie outstretched upon the sands of some beautiful watering-place; it may be in lolling lazily under the shadowy protection of some wide-spreading tree, or beneath the coverture of a trellised-work arbour. There are some, we say, of both masters and pupils who will thus spend the moments of the recess; and in the case of some of these, the time so spent is the veriest idleness: in the case of others, however, it is far from idleness, and is that form of complete mental rest which is absolutely needed, and which could alone prove beneficial in quieting the excitement of the mental powers, renovating and building them up, recruiting them as far as they can be recruited, giving them their wonted or even a greater tone, bracing them up to that pitch from which they may have fallen by having been for too long a time kept in a state of over-stimulation.

These are the earnest workers of the schools, who, to overcome every difficulty, and to triumph over the obstacles by which they are beset, strain every nerve they possess, and seek to put their talents out to the highest possible interest. They are able, because they seem to be able. But we would call to their minds the words of the Latin poet:—

"Neque semper arcum tendit Apollo;"

would bid them throw off the trammels of the schools, and enjoy thoroughly the hours of the recess by every form of mental relaxation, and by allowing the mind the fullest possible repose.

To the other class, those who are really idlers, we would say, in the words of Dr. Samuel Johnson:—

"Catch, then, oh, catch the transient hour;
Improve each moment as it flies:
Life's a short shadow, man a flower—
He dies, alas! how soon he dies!"

There is a third class of which we have not yet made mention. It is composed of those who have not overtaxed their strength—mental or physical—and who, during the recess, are fully able to enjoy the rest, at the same time that they are in a position to devote some hours of each day to the study of some subject as yet untried by them; it may be one bearing directly upon their Profession, or collateral to it, or else one having no relation to it whatever.

We shall not, however, dwell on this division of labour, nor on this classification of labourers, since such may be made of the members of all schools; but we shall turn attention to the superior excellencies of the Irish School of Medicine and Surgery, not in its individualities, but as one large body—influential, we know, for good on a large number of the members of the Medical Profession, as well as on the general public.

Let the system of education be viewed in every aspect, and we shall find in each department a great deal worthy of commendation, though at the same time there may be something to condemn: as far as our knowledge of the educational system extends, we venture to assert that very much more recommends itself to our favourable notice than presents itself in an unfavourable light.

Let us begin by reviewing the state of the hospitals, the method employed in giving instruction, and the great advantages which the pupil enjoys.

It is not our intention to draw any comparisons between the Irish School of Medicine and Surgery and that of any other country, although we must confess that, when beginning this article, we had it in our mind to adopt such a course, inasmuch as we are convinced that certain advantages do exist and are to be gained by studying in that school. We will only say, that men educated in the Irish School of Medicine ought to be first-class practitioners, possessed of a good sound knowledge of their Profession, and not alone of an ordinary experience, but of an amount of experience which could be obtained only by a determination to acquire rich stores of knowledge, an earnest working in the acquisition of that knowledge, and an availing themselves of those advantages which are abundantly supplied.

The Irish student, whether of Divinity, Law, or Medicine, is, by many persons both in the Profession and among the ranks of the public at large, commonly supposed to be a rollicking, jolly fellow, fond of all the wild sports peculiar to his country, a good lively companion in hours of pleasure, a good boon companion, and an excellent comrade with whom to quaff and enjoy our cups, but not at all to be chosen if we wish to devote attention to any matter requiring deep thought, anxious and weighty deliberations, and fixidity of purpose when those deliberations are made, and a resolute determinateness to act upon these resolves and to continue acting until they are accomplished. But it is very, very far otherwise; and in the names of the Irish students, not alone in the Irish school, but wheresoever they may be scattered, the wide world over, we deny the truthfulness of such assertions, and with contumely for such opinions—we reject them, knowing them to be based on false premises, and to be erroneous and false deductions from erroneous and false premises.

We shall now give a sketch of the system pursued in the

Irish hospitals—a system which, in duty we are bound to say, must claim the attention and admiration, for its superior excellence, of all who are acquainted with its thorough workings.

It is presupposed by the hospital staff that the student who comes to work at hospital practice has gained some insight into the mysteries and intricacies of his future vocation; that he has begun to lay a good foundation by acquiring knowledge of the technicalities and commonisms of the work he has taken in hand; by gleaning some information upon such subjects as anatomy, physiology, chemistry, and pharmacy; by being acquainted, though not conversant with, the outlines of Medicine and Surgery, the names and terms applied to natural actions and bodies, to various forms of lesions, deviations from nature, and the different corrigents and appliances employed.

With this presupposition, the members of the staff address themselves to the duty of drawing aside the curtain of difficulty which envelops the studies of the novice, and of unveiling the hidden mysteries of the things which belong to Medicine and Surgery. At first the student is perplexed; as, however, subject after subject is unveiled, he becomes dazzled and astonished; then, as his knowledge is extended, perplexity and astonishment disappear, and the vision of his mind is no longer dazzled by the excesses of beauty and the completeness of perfection which he discovers in all the workings of Nature—and that, too, of Nature fallen from her primitive conditions of perfection and glory.

As the mind expands under these genial happy influences, it becomes stronger, is more fully able to recognise and appreciate the intrinsic value of each subject to be learned, or that may have been learned already, and to retain the information it daily acquires.

The first year's attendance of the student at the hospital is recommended by his teachers to be spent in diligent application to the duties of the dispensary attached to the hospital, and in making himself thoroughly—as thoroughly as he can in the brief time allowed him for their study—familiar with all forms of disease as they present themselves among the out-patients.

In some of the hospitals the out-patient work is done before the hour for the hospital rounds has come; and thus the student is not puzzled and annoyed by debating with himself, whether he will continue at the dispensary, or go round with the hospital visiting surgeon. This order, when strictly observed, is really a great boon to the earnest worker, to that student whose sole object it is to study disease accurately and faithfully, not alone in its various forms, but in its alternations—and they are constant—as the disease advances towards health, or retrogrades towards chronicity, confirmed ill health, or, haply, even death.

In the dispensary are practically learned all the minor details of Medicine and Surgery.

When the out-patients are seen, then the students can visit the wards of the hospital, and there, again, are presented to him most of, if not all, the ills of life; and with this presentation comes another, namely, the opportunity to learn the phases of these different ailments; each phase often so diverse from the other, that each, to a casual observer, would seem a distinct affection.

The student is now going round the ward with the surgeon of the day, and his mind is wholly absorbed in the cases before him; nor is it at all disturbed by the apprehension that Dr. Medicine is paying his visit to the patients in the Medical wards, and that Mr. Other Surgeon (than the one with whom he is going round) is operating in the theatre, and that so he is losing the value of Dr. Medicine's remarks, or of Mr. Other Surgeon's manipulalations. The student's mind is engrossed in the work before him, and with pleasure he is either listening to the BED-SIDE instruction which is being communicated by the experienced surgeon, who, having the subject of his clinique—no, we shall keep to the use of our own language, for we detest the introduction of foreign names to garb our ideas, when we can far better express our meaning in our own language,—or, as we prefer it, of his bed-side observations before him, accurately points out important features of the case, and illustrates them by the manifestations as presented by the sufferer. To these he is listening, or else he is reading aloud, for the information and instruction of the surgeon and the members of the class collected round the bed, the history, &c., of the sick person which, when done, the surgeon examines the patient to confirm or rectify the views of the student, and to satisfy his own mind as to the nature of the morbid action, injury, or other cause of complaint. And so from bed to bed both teacher and pupil move; the latter with his private case-book open, ready to dot down anything worthy of note, or to give to the surgeon or to the class any information on any point connected with the case or cases committed to his care. Each student has under him a certain number of cases which belong altogether to himself, and only under the supervision of the resident pupil (if the student to whom the case belongs be a junior), and of the surgeon. The resident pupil corresponds to the house-physician and house-surgeon of the English School.

We think this plan of having cases given into the charge of each student, and having the details of cases taken, not alone by that student, but by the resident pupil, cannot be too highly commended; and we think so for reasons so obvious that we shall not here pause to dwell upon them.

After the rounds and this bed-side teaching have been concluded, should there be time, or any cases upon which more extended comments can be made, the surgeon and the class adjourn to the theatre, and there a further exposition of the disease and all relating to it is made to the pupils.

Thus is spent the first year, or, it may be, the first two years, and then the student passes from the surgical into the medical wards, where the same excellent system of training and teaching is pursued; until, at the end of the fourth year, the student is ready to pass any *practical* examination, almost wholly irrespective of the difficult and searching nature of that examination.

We should mention that it is the custom for posts in the hospital to be given away to the most diligent, and consequently the best educated, of the students who attend it; and, in some instances, are not only given away gratis, but, during the term of their continuance, the student holding certain of them is allowed his hospital practice free, or is not only granted this favour, but likewise is allowed board and lodging for the time he holds office.

There are decided advantages connected with the system pursued at the Irish school. First, the fashion of both physicians and surgeons to pay their round of visits in the morning early, when they and the members of their class are refreshed by their night's rest, and are better able to comprehend the minute details of the patient's condition; and when the patients themselves are invigorated by the repose of the previous hours, or weary and languid from the restlessness in the night watches, or from an exacerbation of fever or pain. It is, we contend, far more beneficial for the student to rescue those clear hours of morning from slothfulness and sleep, and devote them to the practical study of disease, than to the listening to mere recitals of lectures, since the mind is very much better able to embrace a subject in the morning than in the afternoon, when weariness oppresses both it and the body. Again, we think that the patients profit by the early visits of their Medical attendants.

The mode of demonstrating disease by the bed-side, where every part of the discourse can be illustrated by the condition of the living subject as he lies upon his sick-bed before teacher and pupil, is worthy of the highest commendations, since the instruction so given is indelibly impressed upon the attention of the class.

The habit which is inculcated upon the student of keeping a private case-book is most assuredly worthy of imitation in all hospitals.

Then the physicians and surgeons go their rounds on different days: nor do the surgeons attend in the wards at the same time; so that the student need never dread the coming of Surgeon B. while Surgeon C. is going his rounds.

The facts that there are not the breaking-up of large hospitals into a number of small hospital institutions for the treatment of specialities, and that the hospitals which we have designated large are not of such immense dimensions that one loses his way in walking through them, are in themselves properties in connection with the Dublin or Irish school that make these institutions the more valuable to the student, inasmuch as he is the better able to devote attention to all medical and surgical ailments, without having to run from special hospital to special hospital, and to concentrate his mind upon the study of the *comparatively* few cases which can be admitted into hospitals that are very small in comparison with those of other metropolitan towns. This smallness of the hospitals, which necessarily precludes the possibility of admitting very *large numbers*, does not at all imply that there is to be seen *a less variety* of disease or diseases.

Amid all its excellencies, there is one matter which calls for disapproval in the hospital training of the Irish school, and that is the neglect of the use of so valuable an aid to true diagnosis as is to be found in the microscope.

As we are upon the subject of Irish hospitals, there is one institution, the bare mention of which is sufficient to demand from all who have studied beneath its shade an ample share of gratitude for the many and very valuable lessons learned in it, and impressed upon their mind by the teachers who laboured in it. We allude to the Rotunda, or Dublin Lying-in Hospital, which is in no one respect second to any in the world.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GRAILY HEWITT contributes one of his "Clinical Conferences in Midwifery," his present subject being "Difficult Labour from Pelvic Narrowing or Disproportion between the Fœtal Head and the Pelvis." He also describes the treatment, and illustrates the value of turning in such cases. In impaction of the head of the child at the brim of the pelvis, there are four alternatives to be adopted—namely, to wait and see what Nature will do; or to apply the forceps; or to perform the operation of turning; or, lastly, to perform craniotomy. Each of these alternatives is considered; and after showing that all of them have certain disadvantages, Dr. Graily Hewitt proceeds to prove that the operation of turning is, on the whole, the best and safest proceeding, and that, in many instances, it obviates the necessity of craniotomy. Even when there is considerable impaction, the operation of turning may be performed; and although contraction of the uterus is a difficulty, it is not an insuperable one.——Sir RANALD MARTIN continues his paper "On the Treatment of the Suppurative Stage of Acute Hepatitis," and discusses the very important question of making an opening in the liver to discharge the pus. It is admitted that the diagnosis was always difficult and the operation dangerous, but still Sir Ranald Martin thinks that the use of the trocar may often save a patient from certain death. He gives a case in illustration which lately occurred in his own practice, the patient being a gentleman from India suffering from hepatic symptoms, and in whom the abscess appeared to point externally. The exploring trocar was introduced, and pus appeared, and a medium-sized trocar was then inserted and left in the abscess. By this means the pus was discharged, and the patient recovered.——Mr. T. HOLMES continues his *Contributions to the Practical Surgery of the Diseases of Childhood*, his present subject being "Excision of the Hip; with a Report of Eight Cases of this Operation recently performed at the Hospital for Sick Children." Mr. Holmes is not an enthusiast for this operation, but he thinks that in certain cases it is the only means of saving a child's life. At the best, excision of the hip can seldom be a very successful proceeding, as the patient does not generally recover the free use of the limb. The subjects are usually broken down in health by long confinement to bed or by protracted suppuration, and

these circumstances are unfavourable to the process of cure. Mr. Holmes then considers *seriatim* the indications and contra-indications of the operation.——Dr. THOMAS CHAPLIN contributes the commencement of a paper "On the Fevers of Jerusalem," giving some account of their nature, causes, and treatment, as observed by himself in the years 1861, 1862, and 1863. His account of the sanitary condition of the Holy City is sufficiently explanatory of the existence of fevers within its walls. Although the city is on a great elevation and surrounded by deep valleys, the habits of the people are very dirty, the houses are undrained, and the water supply is very defective. Many of the inhabitants are very poor, there is an absence of fresh vegetables, and the food is but little varied. In the present paper Dr. Chaplin describes only the febricula, or mild fever, which is very prevalent, but does not last long, and the remittent fever, which is very intractable, and appears to be caused, in great measure, by miasmatic influences.

THE 'MEDICAL TIMES AND GAZETTE.'

The sixth lecture of "A Course of Lectures on the Urine and Diseases of the Urinary Organs," delivered by Dr. HARLEY to Medical Practitioners, opens the present number. The subject is "Urohæmatin and the Abnormal Pigments met with in White, Yellow, Green, Blue, and Black Urine; their Significance and Treatment." Urohæmatin is the tinting ingredient of healthy urine, and is the great index to the amount of waste which takes place in the human body, as its quantity is exactly proportionate to destruction of blood corpuscles, and is not so much influenced by the diet than are the other ingredients. It differs from murexid in having its colour heightened by the addition of hydrochloric acid, which agent destroys the colour of murexid; also, it is soluble in alcohol. Urohæmatin and blood-hæmatin are very nearly the same in composition. Dr. Harley was the first to extract from urine its colouring principle. Urohæmatin is allied to hæmatin, not alone in appearance and properties, but in containing certain quantities of iron. The properties of this principle of the urine is set forth, the method to be adopted in preparing it, and the analysis necessary for ascertaining the quantity excreted. Lastly, and in conclusion, it is viewed in its physiological aspect.——Under the head of "Original Communications," we find "Clinical Notes and Observations on Contraction of the Fingers, the result of Chronic Rheumatic Affection," by Mr. BULLEY. It is stated that, as a consequence to the rheumatism, the palmar fascia had undergone a gradual condensation, and thus occasioned the deformity. One case is given as illustrative of the author's views, and bearing upon the matter he wishes to impress on his readers. But there is nothing novel in the "Remarks," and we shall not, therefore, make any quotations.——Dr. MONRO relates "Surgical Cases," "Wounds into Large Joints" engaging attention. Two cases are adduced, to show that severe penetrating wounds into large joints do not always demand amputation. In the first case, the wheel of a waggon broke the humerus at the elbow articulation into several pieces, and also made another fracture about an inch above the articulation, the bone at the latter place projecting through the torn integuments. In addition to these injuries, the olecranon process was knocked off, and there was an opening made over it through the superimposed integuments; the radius was broken in its upper third, and there was an opening in the soft parts lying immediately over the external condyle, and communicating with the joint. This patient recovered under the most simple treatment, and at the last examination he was able to flex and extend the humerus, though there was a loss of ability to pronate and supinate. The second case was one in which the right ankle was sprained, while on the left side the astragalus was smashed, and the tibia and fibula fractured about an inch above the joint. The limb was put up in a McIntyre's splint and a liberal diet allowed. A few days after the splint had been applied it had to be removed, owing to excessive pain experienced in the outer ankle, where inflammation and death had already begun their work. A large slough came away and there was left an opening into the joint, which was about the size of a walnut, and which exposed about two inches of the fibula. Turpentine liniment dressings were applied; a good nutritious diet was ordered. That part of the fibula which had been exposed came away in the course of the treatment.—Dr. CHARTRES, Surgeon to the 100th Regiment, reports "A Case of Acute Aneurism of the Aorta," occurring in a young delicate-looking soldier. The symptoms, at first sight, seemed dependent either on a rheumatic attack or upon an ordinary catarrh; the post-mortem examination, however, showed a very large aneurism, the size of an orange, on the transverse portion of the arch of the aorta and adherent to the pleura and thoracic wall, while also it involved the origins of the left common carotid and subclavian arteries as it lay between the innominate artery and the descending aorta. The ascending aorta was greatly enlarged, and its lining membrane had undergone the atheromatous degeneration. Death had resulted from exhaustion.

THE GLASGOW MEDICAL JOURNAL. No. XLVI. July, 1864.

Dr. JAMES DUNLOP, under the head of "Surgical Notes," contributes a paper "On the Restoration to Life of the Apparently Drowned;" and he illustrates his remarks by the history of some cases which he observed in his capacity of Medical officer of one of the Glasgow districts, where drowning, in the Clyde or in the canals, is of rather frequent occurrence. He describes three cases in particular, in which life was restored by the adoption of measures founded upon the plans recommended respectively by Marshall Hall and Silvester. With respect to these two plans, Dr. Dunlop thinks that both have peculiar merits, and that a combination of the two, according to circumstances, ought to be adopted. In inexperienced hands he believes Dr. Silvester's plan to be the easiest in practice; but he condemns that gentleman's recommendation to use the warm bath in cases of apparent death by drowning. ——Dr. T. M'CALL ANDERSON contributes "Some Notes on some Forms of Skin Diseases," his present subject being "Syphilitic Pemphigus in the Adult;" and he asks the question, Is there such a disease? which he answers in the affirmative, and relates a case observed by himself, and alludes to another described by Ricord. In reply to the question as to the mode of determining whether the pemphigus is syphilitic or not, he answers that the syphilitic

disease may be traced as following the contraction of a hard chancre, and may be further distinguished by yielding to antisyphilitic treatment.——Dr. JAMES B. RUSSELL gives an "Analysis of Three Hundred Cases of Typhus," which he attended while he had charge of the fever wards in the Town's Hospital, Glasgow. He found that the cause of the disease was not privation, but bad ventilation and dirt. In the treatment, stimulants were sparingly employed, and the mortality was under the average.——Dr. MCKINLAY relates a "Case of Excision of the Hip-Joint," the patient being affected with scrofulous disease of the head of the femur. The operation was quite successful.——Dr. W. T. GAIRDNER describes "Two Cases of Uterine Tumour, more or less simulating Ovarian Disease;" and he adds some remarks on the diagnosis and on a remarkable action of ergot of rye.——Dr. GEORGE BUCHANAN, of Glasgow, relates "A Successful Case of Ovariotomy," being the first successful case performed in the West of Scotland.——Dr. W. LANG relates "A Case of Poisoning by the Manioc (*Jatropha manihot*) in the West Indies." The case was fatal.——Dr. ROBERT PERRY describes "A Case of Epilepsy," which was fatal; the appearances after death being congestion of the cerebral membranes and extravasation of blood.

THE JOURNAL OF MENTAL SCIENCE, *Published by Authority of the Association of Medical Officers of Asylums and Hospitals for the Insane.* Edited by C. L. ROBERTSON, M.D. Cantab., and HENRY MAUDSLEY, M.D. Lond. July, 1864.

The original articles in this number contain a paper "On the Classification of the Sciences," dividing the subjects grouped under the head of Science into a number of sections, according as they belong to the abstract or concrete or mixed kind: thus, Logic and Mathematics belong to the abstract; Mechanics, Physics, Chemistry, &c., to the abstract concrete; and Astronomy, Geology, Biology, Psychology, Sociology, &c., to the purely concrete.——Dr. HENRY MACCORMAC communicates some "Remarks upon the Ulster Revival, so named, of 1859," and gives some interesting particulars connected with that extraordinary outburst of religious enthusiasm which seized upon so many classes of society at that period. It was, however, confined to members of the Presbyterian and Methodist persuasions, and did not reach the Roman Catholics or the Unitarians. Dr. MacCormac compares the excitement which he witnessed, to some of the recorded outbreaks of religious fanaticism in the middle ages, and he states that many cases terminated in insanity.——Dr. J. G. DAVEY contributes a lecture delivered by him at Bristol "On G. Combe and his Writings," both being highly eulogised by Dr. Davey.——The last original article is "On Unlearning," and shows the necessity of self-culture in developing the powers of the human mind, and in correcting erroneous or imperfectly-formed opinions.——The clinical cases are furnished by Dr. C. WESTPHAL, of Berlin, who relates some cases of "Tabes Dorsalis," and "Universal Progressive Paralysis;" by Dr. T. S. CLOUSTON, who gives some illustrations of phthisical insanity; and by Dr. J. W. OGLE, who details some "Cases of Primary Carcinoma of the Brain, with Observations." The rest of the number is filled up with notes and news on psychological subjects, and a "Quarterly Report on the Progress of Psychological Medicine."

THE SOCIAL SCIENCE REVIEW, AND JOURNAL OF THE SCIENCES. Edited by B. W. RICHARDSON, M.A., M.D. August, 1864.

The Journal opens with a very elaborate article by Dr. EDWARD SMITH, "On Gaol Dietary, and the Operations of the Recent Committees." The question is examined in its chemical and physiological bearings, and Dr. Smith exposes with great power the mistakes which have been made when those who are in authority substitute the results gained by mere experience for those deduced from science; and he defends the views of those who, like himself, have investigated the matter in a philosophical spirit. The rest of this number contains many interesting articles, few of which, however, have relation to Medical subjects, although there is a short notice of the present position of the Army Medical Officers and of their treatment by the Government.

SCIENTIFIC ARTICLES.

POISONING BY STRYCHNIA: RECOVERY FROM A LARGE DOSE.

BY FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P. Lond.; Physician to the Montreal Dispensary, and Infirmary for Diseases of Women and Children.

The following case is interesting, not only from the quantity of the poison taken, but from the comparatively long time which elapsed before the patient was seen by me, and the consequent delay in the commencement of treatment:—

F—— J——, a gentleman of position in society, owing to reverses in business, had been for some weeks in exceedingly low spirits, and during that time had drank very freely. On the morning of the 17th of November last, he left his house, about eight o'clock, in a very excited state, not having partaken of any food, and shortly after that hour called at a druggist's store and requested one of the clerks, with whom he was acquainted, to give him sufficient strychnia to poison two dogs. About four grains and a half were weighed out to him. He states that he immediately went to a neighbouring fashionable saloon, called for a glass of gin, and placing all the strychnia in it, drank it off. To make sure that none remained behind, he immediately filled the glass with water and drank it also. He then started for home, and on the road one or two very slight spasms seized him. On reaching his house he at once undressed and went to bed, his wife being out at the time. She returned about ten o'clock, and found him in a very strong paroxysm. He at once confessed what he had done, and the family physician, who was sent for, not being at home, I was called upon to attend him. It was eleven o'clock when I reached his house, fully two hours and a half having elapsed since he took the poison. On my entering the room he was seized with a very violent tetanic paroxysm, which lasted fully a minute and a half. He had not vomited, but had drank freely of milk. I at once administered a drachm of sulphate of zinc, which soon produced copious vomiting. When it had in a measure subsided I gave a drachm of tannin in a tumbler of water, which was repeated in about half an hour. A little after twelve another very violent paroxysm came on, which was followed by violent emesis, which continued with a good deal of frequency the entire day. At two p.m. the paroxysms were recurring every twenty minutes, and were very severe. He was given two grains of solid opium, and shortly after drank several cups of green tea. At half-past two, Drs. McCullum and Drake saw the patient, when fifteen drops of the fluid extract of belladonna was injected subcutaneously, near the third dorsal vertebræ. Chloroform was also administered *during* the paroxysm. At three o'clock the spasms were recurring every eight minutes, and very strong, their *duration* being apparently lessened by the inhalation of chloroform. Pulse 130—full and strong. By half-past three the patient began to show evident signs of weakness; the interval between the spasms had decreased to about three minutes, and they were much stronger. Sherry-and-water was given at the rate of an ounce every hour. As the patient was evidently sinking, I determined to try the effect of keeping him partially under the influence of chloroform the whole time. Its effect was all that could possibly be desired. The interval between each paroxysm gradually lengthened, and at seven p.m. it had increased to an hour, though their severity seemed to be but slightly diminished. At this time I had his spine well rubbed with soap liniment and tincture of opium, and gave him a drachm of compound spirits of sulphuric ether, in three drachms of camphor mixture, every two hours, still

continuing the inhalation of chloroform, but not to the same extent as previously. At nine p.m., while drinking some beef-tea, a violent paroxysm came on. Its duration was short, and during the previous two hours he had only two very slight spasms. At eleven p.m., when I left him, no more severe ones had occurred, and only one very slight one. I ordered beef-tea in large quantities, and the wine to be given every three hours. Pulse 120, and weak. At half-past eight a.m., next day, I visited him, and found he had passed a tolerably comfortable night. No spasms—only occasional involuntary twitchings. His spirits are better. To have the ether and camphor mixtures every four hours only. Wine to be stopped. To have beef-tea at intervals, and chicken-broth for dinner. Nine p.m., still improving; the twitchings continue, but neither so strong nor so frequent. From this time the patient made a rapid recovery, and, in a week from the time he swallowed the poison, was out attending to his business. The quantity of chloroform consumed between one p.m. and eleven p.m. was rather more than a pound, and its beneficial effects were certainly most marked. I am firmly convinced that had it not been so largely inhaled the case would have terminated fatally.—'Canada Medical Journal.'

ON THE DIFFERENCE BETWEEN ACTIVE AND ORDINARY OXYGEN.

By M. CLAUSIUS.

Some years ago M. Clausius put forth an hypothesis on the nature of ordinary and active oxygen or ozone bearing resemblance to previous hypotheses proposed by other chemists (notably MM. Favre and Silbermann, Gerhardt, and Brodie), and which he expresses in the two following propositions:—1. Ordinary oxygen is formed of atoms united in binary groups, active oxygen of isolated atoms. 2. The two atoms constituting a molecule of ordinary oxygen are in opposite electric conditions. To these two fundamental hypotheses are added the following accessory hypotheses:—3. The two isolated atoms proceeding from the division of a molecule of ordinary oxygen immediately lose their positive or negative electricity and become neutral. 4. The atoms remaining isolated if a volume of ozone contains the same number of molecules as the same volume of some other simple gas, the density of the ozone should be half that of ordinary oxygen. The third hypothesis is hardly compatible with the existence of antozone, nor with the well-known property of ozone of exercising two opposite actions on oxygen held in combination. M. Clausius, moreover, thinks it better to abandon it. He consequently admits that ozone is formed of electro-negative atoms, and antozone of electro-positive atoms, besides which he thinks it probable that the atoms of ozone consequently retain their electro-negative state, but that the facts as yet known do not authorise so precise a conclusion with regard to antozone. As to the fourth hypothesis, it has become absolutely inadmissible, since the recent experiments of M. Babo and M. Soret have established the fact that ozonised oxygen increases in volume in passing to the state of ordinary oxygen. To reconcile this remarkable phenomenon with his fundamental hypothesis, M. Clausius now supposes that the isolated atoms of active oxygen are able to unite by reason of a feeble affinity between binary molecules of ordinary oxygen; the density of the gas is thus augmented without sensibly diminishing the chemical activity proper to the isolated negative or positive atoms.—'Annales de Chimie et de Physique.'

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 18, 1864:—Edward Monro Spooner, Blandford, Dorset; John Lightbody, Kirby Moorside, Yorkshire; Frederick John Cropp, Park road, Clapham, S.; Francis Henry Wickham Taylor, Cottage green, Camberwell; Thomas Henry Greene, Saffron Walden.

The following gentleman also, on the same day, passed his First Examination:—William Harris Butler, Guy's.

REVIEW OF BOOKS.

Treatment of Consumption; with Remarks upon the Properties and Uses of Various Remedial Agents. By Matthew Corner, M.D. Pp. 58. Hardwicke. 1864.

The object of Dr. Corner, as he states in the preface, is to convey to the Profession a method of treatment which he has employed successfully in consumption. On perusing the work, however, we do not find any striking novelty in the plans suggested, and we are by no means disposed to agree with Dr. Corner in the pathological views which he advances. Neither do we agree with him in his therapeutical reasoning, however we may allow that his treatment may have been successful. We cannot admit that he has proved the proposition with which he starts—namely, that phthisis and rheumatism are analogous or identical in their nature; and even if they were so, it does not appear that the circumstance throws any new light on the treatment of consumption. The application of small blisters beneath the clavicles in the latter disease is not a novel suggestion, and we are doubtful as to the peculiar efficacy of bicarbonate of soda or of mercury in arresting the progress of tubercle. We think the following specimen is sufficient to indicate Dr. Corner's views of therapeutics:—"The blistered surface," he says, speaking of the application of blisters in consumption, "acts essentially as a pure derivative; and the benefit produced by it is owing chiefly to the discharge it creates, *bringing the waste matter of the destroyed lung-tissue, composed of arrested cell-growths, broken-down blood-discs, &c., to a part where its presence is less injurious and where it may rapidly be excreted.*" P. 14.

Photographs (coloured from life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond., Surgeon to the West London Dispensary for Diseases of the Skin. London: Churchill and Sons. No. I.

Mr. Squire states that, in consequence of the great difficulty hitherto experienced in producing accurate illustrations of the diseases of the skin, he has been induced to try if greater accuracy and more life-like representations might not be obtained by means of photographs of the diseases coloured from life. As far as the present specimen is concerned, his idea has been attended with remarkably successful results; for we can truly assert that a more thoroughly life-like representation than that of *psoriasis diffusa*, presented in the plate before us, we have never seen. It exhibits a perfect resemblance to the original; and if Mr. Squire is equally successful in his forthcoming numbers, he will inaugurate a new era in dermatological illustration. Two pages of letter-press, describing the pathology, appearance, and treatment of psoriasis diffusa, accompany the photograph.

The New System of Musical Gymnastics as an Instrument in Education. A Lecture delivered before the College of Preceptors. By Moses Coit Tyler, M.A., M.C.P. Pp. 32. London: Tweedie. 1864.

The object of Mr. Tyler is to inculcate the expediency of cultivating gymnastics in a novel manner, in which velocity and grace are studied, rather than the power of lifting heavy weights and of performing violent movements, and in which the exercises are regulated in a rhythmical succession by the aid of musical accompaniments. All the muscles of the body are cultivated by this system, the result of which is to produce an equal development of the whole structure, none of the parts being exercised to the neglect of the rest.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—LICENTIATES IN DENTAL SURGERY.—The following gentlemen having passed the necessary Examination, received their Diploma in Dental Surgery on Monday, August 1, 1864:—Henry James Virgin, Oxford; Anthony Percy Reboul, Albert street, Islington; Warwick Hele, Cheltenham; John Clough Clarke, Nottingham.

GENERAL CORRESPONDENCE.

THE SKELETON OF THE GREENLAND WHALE-BONE WHALE.

To the Editor of the Medical Circular.

SIR,—In your number 632, New Series, XXXII., a statement is made that *no complete skeleton* has ever been received in this country of *a Greenland whalebone whale*, notwithstanding the immense number that have been killed by whalers from our ports. I have much pleasure in giving you the following information :—

A finner (a term applied to the young whale by *old* Greenland fishermen) was captured some twenty-five years ago, near Spurn, on the Yorkshire coast, and taken to Kingston-upon-Hull, the entire skeleton of which was placed in the Museum now in Hull. The fish was bought by my father, and through him the Hull Museum became possessors of the skeleton.

I am, &c.,
T. HARRISON MARSHALL, M.R.C.S. Lond.

Chard, Somerset, Aug. 22, 1864.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

SIR,—As I am often asked which is the best form of chloroform inhaler, perhaps you would permit me to say, in your practical Journal (in which Journal, indeed, we have always had fair play ; and, as far as London is concerned, have really worked out the great problem of anæsthetics when the other guides threw every obstacle in one's way), that the best form of inhaler is a plain dinner napkin pinned into the form of a cone. It is at once beautifully clean and safe, when the ordinary metal inhalers, one and all, "smell of Bucklersbury," and, not unfrequently, of decomposing organic matter, saliva, mucus, &c., of previous patients who have had the mouth-and-nose piece to the face. An inhaler of card, in form of a cone, used by me, is made by an instrument-maker in Oxford street.

Some unwise writer in the 'Times,' who admits he has had no experience of accidents, is theoretically inclined to underrate the effects of electricity in such accidents. The rest of the letter is made up of practical and supposed original remarks, every one of which I have urged in the MEDICAL CIRCULAR.

Nearly all the doubtful points in chloroform administration are now clearing up—viz., as to inhalers ; as to the dose or quantity ; as to its relative value in dentistry, midwifery, general surgery, &c. ; as to the special patients who ought *not* to take chloroform ; as to the first sign of impending danger ; as to stopping vomiting (so important in eye operations) ; as to the exact value of the pulse ; as to the best mode of restoring life when it has all but become extinct. I have collected 250 deaths from chloroform out of newspapers ; there are perhaps as many more not reported. It seems a great pity the 'Times' should now undo all we have recently been doing as to electricity.

It is not of much use for the journals to be saying now in chorus all the danger is in the mode of administration, or, as at Cambridge, that chloroform is only a deoxygenising agent. How, then, is nitrous oxide an anæsthetic ? or how, as to administration, is the accidental occurrence of increased hæmorrhage at an operation, which turns the scale occasionally against the patient, to be visited on the innocent administrator ? Why should a coroner's jury censure the administrator for a latent idiosyncrasy or such hæmorrhage ? Yet it has been lately done.

I am, &c.,
Sackville street, Aug. 26. CHARLES KIDD, M.D.

DEATH-RATE IN SCOTLAND. — In his report for the second quarter of the present year, the Registrar-General states that, whatever be the cause, the death-rate in Scotland is on the increase, especially in the towns. It does not seem to depend on any particular epidemic, but there is an increased mortality in all diseases. This is not confined to the second quarter of this year, but extends over several years.

OBITUARY.

THE LATE MR. STONE.

We are very sorry to have to record the death of Thomas Arthur Stone, Esq., F.R.C.S., for many years one of the most popular practitioners at the West-end of London. The deceased was son of Arthur Daniel Stone, M.D., Physician to the Charterhouse, and was born in Charterhouse square on March 3, 1797. After receiving his education at Westminster and the Charterhouse, he entered the Medical Profession, and became a pupil at St. George's Hospital. Under the guidance and introduction of his uncle, Sir Charles Mansfield Clarke, to whom he always was most grateful for his unvarying kindness, he entered on the practice of Midwifery and Diseases of Women and Children as a consulting surgeon, and soon attained great eminence and popularity ; but he was averse to specialities, and though he practised as an accoucheur, claimed equal place, as a surgeon, with any of the dignitaries of Lincoln's-inn-fields. He began to lecture on his favourite branch at St. George's Hospital, and his class-room was well filled, but his early and rapid success in practice soon compelled him to give up his chair as a teacher. He was, however, well known among the pupils as a good lecturer, and one who made the lecture hour an hour of pleasing instruction. His practice, in fact, was immense and most lucrative, and brought him into contact with many members of the aristocracy, with whom he had great influence. It must be mentioned, to his credit, that the first-fruits of his professional earnings were devoted towards the maintenance and comfort of his own family. As a practitioner he represented that great London West-end school, of which Halford and Chambers were conspicuous examples. Without denying the great advances which pathology has made in the last forty years, it may be doubted whether anything could be more certain and successful than their practice in the set of cases for which it was specially adapted, and which were to be met with in abundance amongst those amongst whom they practise. There were two instruments which they wielded to perfection, and which, in any civilised and well-fed community, will relieve more than half the relievable maladies met with. One was the thorough purification of the blood by eliciting a copious flow of bile from the liver and intestines ; the other was the relief of any organ suffering under stagnation of blood, by means of local bleedings. It was the writer's good fortune, early in life, to meet Mr. Stone in several cases well adapted for this line of practice, and in which life was saved by resolution and decision at a critical moment, whilst it might have been lost by a temporising and what is called "expectant" method. But whilst eulogising Mr. Stone's great dexterity in wielding these two important therapeutical weapons, we must observe that he thoroughly recognised the alteration which has gradually obtained in prevalent disease, and which has, to a great extent, done away with the necessity of bleeding, these late years, and we must not be supposed to underrate his skill in the use of other remedies adapted for a different class of cases. He was thoroughly conversant with that large class of diseases which Sir Charles Mansfield Clarke first discriminated, and in treating which he and his successors have hardly been surpassed. In fact, in our empirical art, there can be no doubt that the man to *do good*, to relieve the greatest number of unpleasant sensations, and hit upon remedies where the diagnosis is obscure, is the busy practitioner who moves in good society ; and, of this class, Mr. Stone certainly was one—a fact to which his patients have, even since his death, given strong confirmation in letters received from them. In fact, as society is constituted, we may be certain that any man who is in large practice amongst fastidious and sensitive persons, free to choose their own medical advisers, must be able to relieve disease, else his occupation would go from him. If we recollect rightly, Dr. Watson, in his celebrated lectures, expressed his regret that the secrets of such a man as Pennington should have died with him. Equally may we regret that one whose experience was so enormous amongst just that class of cases which students have no opportunity of seeing in hospitals

should have left published no records of his professional opinions. The hospital student sees cases in their advanced and pronounced state, when all pathognomonic signs are developed and diagnosis easy. The practitioner among the higher circles sees cases from the very first uneasy sensations that arise, and before local changes ensue; and has to give his diagnosis, not from the leisurely percussion, auscultation, and measurement, and analysis of secretions of a man lying tranquilly in bed, but from the first feelings of illness which serve as preludes to the fully developed malady; and he has to pronounce, not what is, but what is *coming*. This is a true field for that sagacity which is the fruit of natural acuteness and abundant opportunity of observation, and in that field Mr. Stone was as eminent as he was also distinguished by a genuine, unaffected kindness, which endeared him to his patients. But if he left no published record of his professional work, there is one monument which it will not be easy to efface; and that is, the Charter of the Society for the Relief of Widows and Orphans of Medical Men in London and its vicinity. This is a society which the leading consulting practitioners at the West-end—to their credit be it said—have always given their warmest support. After the death of Sir Charles Mansfield Clarke, Mr. Stone was elected president. He at first declined the proposal, as he was unwilling to follow his uncle immediately in the same office; but he was ultimately pursuaded to accept the post; and no man could more efficiently have filled it, both as regards management and the increase of the capital of the Society. No one within the circle of his acquaintance could fail to know his assiduous exertions in public and in private for the benefit of that society, and in particular for obtaining that charter which now has placed it on the basis of a settled institution. And this was no dignity without work. It is to the credit of the Society that the president and directors pay the closest and most punctual personal attention to the large number of lamentable cases which come before them. As regards his personal tastes and habits, Mr. Stone was of a robust constitution, and fond of shooting, fishing, and active exercise. He had the good fortune to marry, in the year 1823, the eldest daughter of the Rev. Robert Gream, of Rotherfield, in Sussex, a lady distinguished no leess for her personal beauty than for her great piety and charity, who died in the year 1853. By her he had four sons and four daughters—two of the sons clergymen, another in the law, whilst the fourth, who had intended to follow his father's profession, died of cholera in India. Mr. Stone was ill about five weeks, and died, on the 20th inst., at his house in Grosvenor street. His loss will be heavily felt by his professional and private friends and patients, and not less by the members of the large charitable society over which he presided so efficiently for years.—'Med. Times and Gazette.'

MEDICAL NEWS.

UNIVERSITY INTELLIGENCE.—UNIVERSITY OF LONDON.—The following are lists of Candidates who passed the respective Examinations indicated:—FIRST B.SC. EXAMINATION.—EXAMINATION FOR HONOURS. *Chemistry and Natural Philosophy. First Class.*—Charles Romley Alder Wright (Exhibition), Owen's; James Campbell Brown, Univ. Aberdeen and S. of Mines. *Third Class.*—William Henry Exall, King's; Charles Graham, University; Albert Kisch, St. Thomas's and London Hospitals. BACHELOR OF MEDICINE. — PRELIMINARY SCIENTIFIC EXAMINATION. PASS EXAMINATION. *First Division.*—*Bushell Anningson, King's College; Frederick Charles Bennett, private study; Edward William Berridge, St. Bartholomew's; William Turberville Buckle, King's College; Joseph Priestnall Cheetham, Guy's; *John Reuben Bathurst Dove, London; Alexander Paull Fiddian, private tuition; William James Garrett, St. Bartholomew's; *William Betts Giles, Guy's; William Richard Gowers, University College; George Arthur Kenyon, St. George's; Albert Kisch, St. Thomas's and London; Thomas Richardson Loy, University College; *Jeremiah McCarthy, M.A. Dub., Dublin University; Francis John Marshall, St. Mary's; Bennett May, Sydenham College, Birmingham; Henry Morris, B.A., Guy's; Henry Franklin Parsons, St. Mary's; George Rolph Raine, Guy's; William Alsept Richards, King's College; *William Benjamin Archibald Scott, University College; *Thomas Claye Shaw, King's College; Frederick Taylor, Guy's; George Alfred Thomas, St. Bartholomew's; William Thomas, Queen's College, Birmingham; Wm. Knight Treves, St. Thomas's; Joseph Williams, St. Thomas's; Charles Romley Alder Wright, Owen's College. *Second Division.*—Edward Homfray Addenbrooke, General Hospital, Birmingham; *John Bonus, [University College; *Herbert Goldingham Budd, Guy's; William Richard Cortis, Guy's; *Stanley Thomas Courtney, St. George's; Edward Bowles Crowfoot, St. Bartholomew's; Walter Greene, Guy's; Frederick Harry Haynes, St. Bartholomew's; *John James, University College; John Wreford Langmore, University College; Richmond Leigh, Liverpool Infirmary; Gysbert Henry Maasdorp, University College; *Duncan McLachlan Maclure, (non-Matr.) Westminster; Henry Flamank Marshall, Sydenham College, Birmingham; Arthur Walter Read, General Hospital, Birmingham; George Rootes, Guy's; Edward Hepburne Seccombe, King's College; Frederick Charles Shaw, St. Bartholomew's; Joseph Wm. Smith, King's College; Herbert Lumley Snow, Queen's College, Birmingham; James Reginald Stocker, Guy's; John Sanderson Wyman, General Hospital, Birmingham.

* Chemistry and Botany only.

EXAMINATION FOR HONOURS.—*Chemistry and Natural Philosophy. First Class.*—Charles Romley Alder Wright, (Exhibition), Owen's College; George Arthur Kenyon, St. George's. *Second Class.*—Henry Franklin Parsons, St. Mary's; Wm. James Garrett, St. Bartholomew's. *Third Class.*—William Knight Treves, St. Thomas's; Albert Kisch, St. Thomas's and London. *Biology. First Class.*—Wm. Richard Gowers (Exhibition), University College; Henry Franklin Parsons, St. Mary's. FIRST M.B. EXAMINATION. PASS EXAMINATION. *First Division.*—Francis Bateman, St. Bartholomew's; Stephen Wootton Bushell, Guy's; Thomas Cole, St. Bartholomew's; Henry Greenway Howse, Guy's; James Pearson Irvine, B.A., University College; Frederick Barham Nunneley, University College; Charles William Philpot, King's College; Thomas Claye Shaw, B.A., King's College; George Christopher Tayler, St. Bartholomew's; John Burges Welch, King's College. *Second Division.*—Arthur Bayley Adams, London; John Augustus Ball, Guy's; Marcus Beck, University College; Charles Berrell, King's College; Other Windsor Berry, Charing cross; Francis John Buckell, University College; Henry Clothier, University College; George Eastes, Guy's; Charles Kelly, King's College; John Lloyd, Queen's College, Birmingham; Charles James Hardy Smith, University College; George Owthwaite Spencer, University College; Arthur Taylor, Guy's; Thos. Pickard Warren, Guy's; John Williams, University College. *Excluding Physiology. First Division.*—John Pearson Hughes, University College. *Second Division.*—Henry Hargreaves Birtwell, St. Thomas's; Julian Augs. Michael Evans, University College; John Spencer Ferris, King's College; Ralph Gooding, B.A., King's College; John Grimes, King's College; John Wickham Legg, University College; George Hunt Orton, St. Bartholomew's. *Physiology only. First Division.*—Thomas Robinson Glynn, St. Bartholomew's; Henry Charles Hilliard, Guy's; John Harward Hooper, St. Thomas's; Arthur George Mickley, Guy's; Ebenezer Fulham Turner, Guy's; Thomas James Woodhouse, St. Thomas's. *Second Division.*—Wm. Hugh Aldersey, Guy's; Walter Anstice Harvey, St. Bartholomew's; Arthur Trehern Norton, St. Mary's; Charles Read, University College. EXAMINATION FOR HONOURS. *Anatomy. First Class.*—James Pearson Irvine (Exhibition and Gold Medal), University College; John Burges Welch, (Gold Medal), King's College. *Second Class.*—Frederick Barham Nunneley, University College; Henry Greenway Howse, Guy's. *Physiology, Histology, and Comparative Anatomy. First Class.*—Henry Greenway Howse (Exhibition and Gold Medal), Guy's; James Pearson Irvine (Gold Medal), University College; George Christo-

pher Tayler, St. Bartholomew's. *Organic Chemistry and Materia Medica and Pharmaceutical Chemistry. First Class.*—Stephen Wootton Bushell (Exhibition and Gold Medal), Guy's; Charles William Philpot (Gold Medal), King's College; Frederick Barham Nunneley, University College; James Pearson Irvine, University College. *Third Class.*—Thomas Claye Shaw, King's College.

BARON LARREY.—The department of the Hautes-Pyrénées has just celebrated the inauguration of the statue erected at Tarbes to the memory of Baron Larrey, Surgeon-in-Chief of the armies of the First Empire. The concourse of people was immense, as every town in the department and all classes of society were anxious to be represented on the occasion. All the local authorities and the principal inhabitants of the town and department assembled at the Hotel-de-Ville to form the *cortège* which was to conduct the present Baron Larrey, son of the illustrious surgeon, to the Cours Napoleon, where the statue had been erected. Dr. Jules Cloquet, of the Institute, especially deputed by the Academy of Medicine; M. Cazalas, Inspector of the Military Medical Service; M. Joly, Professor of the Faculty of Sciences at Toulouse; and M. Juvenal, member of the Legislative Body, walked by the side of the baron. On arriving at the Cours Napoleon the *cortège* was received with loud cheers, and Baron Larrey was at once conducted to the estrade of honour, where he took his seat by the side of Mgr. Laurence, the bishop of the diocese. After the usual formalities, the veil covering the statue was withdrawn, and as soon as the image of Larrey, full of nobleness and animation, became visible to every eye, tremendous cheering burst forth, which was continued for some time. Speeches were then made by M. Garnier, Prefect of the Hautes-Pyrénées; an admirable one by Dr. Jules Cloquet, in the name of the Academy of Medicine; by M. Cazalas, in the name of the Medical Corps of the army; by M. Juvenal, as President of the Academic Society of the Hautes-Pyrénées; and by M. Joly, as representative of the Imperial Academy of Toulouse. All these gentlemen dwelt with great eloquence on the great qualities, genius, patriotism, and eminent services of the great man whose memory they had met to honour, and were most enthusiastically cheered by the multitude. When the ceremony was concluded, the *cortège* was again formed to conduct Baron Larrey to the Hotel de la Paix. The next day a grand dinner was given to Baron Larrey at the Hotel, which was attended by all the principal local authorities, as well as MM. Cloquet, Cazalas, Juvenal, and Joly. The principal toast of the evening, "To the two Larreys, the town of Tarbes!" proposed by the mayor, Viscount de la Garde, was drunk with enthusiasm, and responded to by Baron Larrey in an appropriate speech.

SEA-BATHING.—In the 'Médecine Contemporaine,' Dr. Foubert, the inspector of the baths at Villiers-sur-Mer, advises delicate persons to adopt the following plan to promote reaction after sea-bathing:—The bath should be preceded by a short walk, a flannel wrapper be used before entering and on leaving the water, a hot footbath be ready immediately after the bath, and, if violent shivering should occur, it will be checked by warm fomentations over the thighs and chest. A hot drink will greatly assist in bringing on reaction; dressing must be promptly performed, and active exercise taken if possible in the sun. The best time for bathing is the afternoon or mid-day. But the point which requires most attention is the duration of the bath, which should be in proportion with the amount of vital power of the subject; chlorotic patients should not, especially at first, remain longer than three minutes in the sea. Should these precautions fail in producing reaction, the baths must, for a while, be discontinued, and the strengthening effect of sea-air alone be trusted to. Warm sea-baths may, after an interval, be prescribed at a temperature daily lower, until it is thought safe again to bathe in the sea. In most cases a gradually more rapid reaction will thus be secured, a very essential condition of the utility of sea-baths.—'Journal of Practical Medicine and Surgery.'

WESTERN DISPENSARY, WESTMINSTER: A FEVER NEST.—Dr. Aldis visited a boy ill with fever, at Smith's place, York street, on the 18th inst. The brother, aged twenty, lay dead from typhus fever. On leaving the house, he was entreated by the parents and relatives of other persons struck down with the same complaint to visit them, and before leaving the place he ascertained that there were thirteen cases of fever in nine houses. The patients consisted of children and adults. It appeared that there were two water-butts, one of which had no supply of water, that the inhabitants were entirely without water from Saturday to Monday previously, and that the closets were overflowing before the outbreak of fever.

DISINFECTING PROPERTIES OF MEGASS.—The residue of the sugar-canes which have been crushed in the mill and deprived of their juice is called megass (*bagasse* of French writers). The softer portions are used as fodder, the remainder is burnt. This substance was not hitherto turned to any use, and its antiseptic virtues have been revealed by mere accident. A physician of Georgetown, Dr. W., was commissioned to examine the dead body of a man which had been found concealed in a heap of megass, and to his surprise he remarked that no putrefaction whatever had taken place. He concluded that fresh megass evolves in the process of fomentation a disinfecting gas, which might be applicable to the procedures of public and private hygiene. Before mentioning his discovery, Dr. W. caused several tubs filled with this substance to be placed in a hospital occupied by numerous patients suffering from ulcers and contagious gangrene; the atmosphere of the wards was at once purified, further contagion was checked, and no fresh cases of gangrene occurred. The 'Journal de Chimie Médicale' borrows these particulars from Dr. W.'s communication to the London Society of Arts, and remarks that they confirm the truth of the maxim, "that Nature supplies a corrective for every evil, and that the contagion bred in tropical countries by the heat of the sun will, perhaps, in future be checked by the use of a substance produced under the same warm influence."—'Journal of Practical Medicine and Surgery.'

GERMAN HOSPITAL, DALSTON.—The Duke of Cambridge, the president, has consented to open the new German Hospital on the 15th October next; and the Duchess of Cambridge and the Princess Mary have also graciously promised to honour the festival with their presence. The new structure stands in the centre of what was formerly the hospital garden, in a healthy situation, on a soil composed of gravel and sand. It consists of two blocks united by a corridor. In an architectural point of view it is a handsome and substantial building, and the internal arrangements appear to be all that can be desired.

CHLOROFORM.—A useful and practical debate on anæsthetic aid in midwifery took place in the London Obstetrical Society, at the end of the year 1860, consequent on my reading a few observations on "Obstetric Operations" to the Society.—Dr. Tanner stated that he had never found chloroform do harm, but much good; and it sensibly shortened the after period of convalescence. If he feared hæmorrhage, he gave a large dose of ergot towards the close of the labour, and did not object to the use of chloroform as well. Dr. Barnes doubted the necessity of using chloroform in forceps cases and turning; he had given it in a case of adherent placenta, and witnessed great prostration from it. He had been especially gratified with its use in cases of great nervous excitement, and where convulsions seemed to impend. He believed he had thus averted convulsions, and had certainly accelerated labour. He would like to know what progress chloroform had made in Germany, where interference in labour was so much more general. Dr. Gream had made a full recantation of all his former opinions so opposed to chloroform: he believed there is no city in the world where chloroform is now so much used in midwifery, and amongst the upper classes of society, as in London; still there has not been a single accident in about 40,000 cases. For three reasons he believed chloroform most beneficial in labour: it removed pain, it rendered turning more easy, and it facilitated recovery. The only detrimental effect he had observed was in protracted labour with pelvic contraction, where it seemed to cause delay.

He had seen fewer cases of hæmorrhage also since he had employed chloroform ; indeed, he had exhibited it to patients habitually subject to this occurrence, but without the expected hæmorrhage supervening. He had found inhalers and machines to do mischief ; he preferred a common tumbler and clean pocket-handkerchief. Dr. Druitt gave similar testimony as to the use of chloroform in hæmorrhage cases. In cases of protracted labour from rigidity, such as happen in robust women who marry rather late in life, the blessings of chloroform are incalculable. No amount of torture equalled that which many women endure from excessive uterine action and *quasi* inflammatory rigidity of the os ; and here chloroform agreed well with any other proper remedy (opium and emetic tartar, for instance) ; the only reservation is that chloroform be used in the minutest quantities.—Dr. Kidd, in 'Dublin Quarterly.'

DRINKING FOUNTAINS.—The committee of the Metropolitan Free Drinking Fountains Association have received a contribution of 60*l.* from a lady in Brompton, and of 100*l.* from a gentleman in Pimlico, for the two fountains just opened by the Society outside the Kensington Museum and in the high road leading to Battersea Park. A gentleman in Fifeshire has also offered to pay the cost of a fountain to be erected near the Kensington Potteries, and a lady at St. John's wood has given a donation to the society for the new cattle trough just fixed in Finsbury square. Some liberal contributions to the general fund have also been received during the past few weeks, and the committee are making every effort to erect other fountains before next season. The chairman (Mr. Samuel Gurney) states that 87 fountains, 3 cattle troughs, and more than 50 dog troughs have now been opened by the society, but that, notwithstanding this success, whole districts remain as yet without a single fountain, and 400 more would not fully supply the need of the metropolis.

DEATH FROM HYDROPHOBIA.—A death resulting from this dreadful malady has occurred in Bandon. It appears that about six months ago a fine powerful young man named Joseph Horsford, a servant in the employment of the Earl of Bandon, was endeavouring to administer a dose of castor-oil to a huge mastiff, who was kept in the stable-yard at Castle Bernard. While so engaged, with his thumb in the animal's mouth, the dog made a sudden snap, and drove two of his teeth with such force into the upper joint of the thumb that they penetrated almost through the bone and produced a tedious wound, which it took several weeks to heal. As the dog, who was merely suffering from an attack of worms, betrayed no trace of madness, the affair was soon forgotten, and no one thought anything more about the matter until Thursday last, when poor Horsford for the first time betrayed unmistakable symptoms of hydrophobia. When he was given a piece of bread soaked in water he was seized with spasms, and spat it out violently ; and when he was shown a looking-glass the poor fellow mistook it for water, and immediately the frothing at the mouth became profuse, and his contortions terrible. Upon the appearance of the first indication of this dire disease the noble family in whose employment he was called in some of the first medical men in Bandon, and telegraphed to Cork for additional medical assistance ; but all was in vain. An attempt was made to place him under the influence of chloroform, but without success. Every effort which kindness could devise or medical skill could accomplish was tried, but without producing any apparent benefit. The unfortunate man suffered intensely, and gradually kept sinking until he died, which was on the second day after the first symptoms became apparent.—'Cork Examiner.'

BEQUESTS.—The late Mr. Thomas Robinson, of Sandford House, Bootle, near Liverpool, has bequeathed the munificent sum of nearly 10,000*l.* to the local charities : amongst them, to the Royal Infirmary, 1,000*l.* ; the Northern Dispensary, 600*l.* ; the Southern Dispensary, 600*l.* ; the Northern Hospital, 500*l.* ; the Southern Hospital, 500*l.*—The late Mr. Martin Thackeray has bequeathed 500*l.* to the Bedford Hospital.

MORTALITY OF THE CITY OF LONDON DURING THE LAST QUARTER.—Of the deaths in the City of London during the last quarter, about 41 per cent. have been among children of less than five years of age ; 33 per cent. of persons from twenty to sixty years of age ; and 19 per cent. of persons aged sixty and upwards. The total amount of sickness amongst the poor has been less than usual.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUGUST 31.—*Operations* at Middlesex Hospital, 1 p.m. ; St. Mary's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; Great Northern Hospital, Caledonian road, 2 p.m. ; University College Hospital, 2 p.m. ; London Hospital, 2 p.m.

THURSDAY, SEPT. 1.—*Operations* at St. George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Surgical Home, 2 p.m ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 2.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 3.—*Operations* at St. Thomas's Hospital, 1 p.m. ; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 5.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 6.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. T. HARRISON MARSHALL'S letter is inserted.

DR. R. M.—Some doubt has been expressed as to the Calabar bean having really been the poison which was eaten by the children at Liverpool. The bean has been so scarce that it could with difficulty be procured for medical purposes ; and as its use in commerce is unknown, it was not very intellit gible that a shipload of the seeds should be discharged a one of our ports. But we believe that all doubt on the sub ject is at an end, for the beans are now in Liverpool in great quantities, although the questions how and why they came there is not yet determined.

ANTHROPOS.—We do not admire such sharp practice, but the parties concerned must fight it out for themselves.

DR. KIDD'S letter is inserted.

A GEOLOGIST.—The question of the antiquity of man is not to be determined by such shallow reasonings as those referred to. Although human bones have not been discovered in the Brixham Cave, yet a flint instrument, evidently of human manufacture, has been found in conjunction with the bones of extinct mammalia, as the cave-bear, the mammoth, and others.

DR. S. B.—The letter has been received.

AN ASPIRANT.—There is not much difference as to the rewards offered for Natural Science at Oxford and Cambridge, but both the Universities are making efforts to encourage those studies.

A DEVONSHIRE PHYSICIAN inquires where he can obtain skim milk in that county at the rate of twelve pints for threepence, as stated by the 'Times' on the authority of Dr. E. Smith.

J. H. PARK.—The communication has been received.

THE letter of our Dublin Correspondent is unavoidably postponed until next week.

Prizes in Materia Medica and

PHARMACEUTICAL CHEMISTRY.

The Examination for the Society of Apothecaries' Annual Prizes in Materia Medica and Pharmaceutical Chemistry will be held at the Hall of the Society, on Wednesday, the 19th, and Friday, the 21st of October, at 10 a.m. to 1 p.m., viz.—Wednesday for Writing, and Friday for Vivâ voce.

The Prizes consist of a Gold Medal and a Silver Medal with a Book.

Gentlemen being Medical Students will be eligible as Candidates for such Prizes who shall have commenced the third Winter Session of their Medical Study.

Candidates must send a written notice to the Office of the Beadle of their intention of competing for the Prizes on or before the 7th day of October.

By order of the Court of Assistants,
R. B. UPTON, Clerk to the Society.

Apothecaries' Hall, August, 1864.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will commence Oct. 3, with an Introductory Address by Mr. CALLENDER, at 5 o'clock p.m.

LECTURERS.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrators of Anatomy—Mr. Callender and Mr. Smith.
Demonstrators of Morbid Anatomy—Dr. Andrew.

SUMMER SESSION, commencing May 1, 1865.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.

The Hospital contains 650 beds, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Farre, Dr. Black, and Dr. Kirkes; on the Surgical Cases, by Mr. Lawrence, Mr. Paget, and Mr. Coote; and on Diseases of Women, by Dr. Greenhalgh.

Collegiate Establishment.—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.*, are awarded annually. Further information respecting these and other details may be obtained from Dr. Edwards, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Anatomy, Physiology, Pathology,

and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

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Good Dinner Sherry	24s.	,, 30s.	,,
Port	24s.,	30s. ,, 36s.	,,

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By RICHARD SAMUEL SISSON, M.D.

(Continued from page 137.)

The following case of vaccination, reported by Mr. R. O. Clark, at that time Resident House-Surgeon to the Royal South Hants Infirmary, in the 'Med. Gaz.', 1850, vol. xi., N.S., seems to bear so closely on the present subject that I make no apology for quoting it *in extenso*:—

"On the 28th of August last," says that gentleman, "I was requested to vaccinate John Hillesden, æt. nine months, a fine healthy child, who, his mother told me, had scarcely had an hour's illness since his birth—a case promising well that the vaccine should take due effect. I inquired very particularly into the present state of the secretions, &c., and found all in proper order. The breast had been as yet the only source from which his nourishment had been derived. Three good incisions were made with the lancet in the upper part of the left arm over the belly of the deltoid muscle, and I inserted into each successively two points well charged with the matter which had been sent me by the National Vaccine Establishment. Not more than the usual bleeding occurred during the operation, and not the *slightest abrasion of the cuticle could be seen on any other part of the arm, nor was any scratch made during vaccination.*

"On the 30th there seemed a slight disposition to the formation of vesicles; but during the next day all redness disappeared, nor did any further signs of the matter having taken effect show themselves at this spot. On the evening of Sept. 2nd the mother noticed what she considered a small red pimple *about the middle of the forearm*, and on my visiting the case next morning she showed it to me. It was then larger, and had, in my opinion, all the characters of a cow-pox vesicle, of about the third day after vaccination.

"I watched the case daily, and became more and more convinced that it was genuine cow-pox. Still, not liking to rely on my own judgment in so unusual a case, on the 6th Sept. I showed it to my father, and his opinion entirely coincided with mine. It subsequently ran through all the successive stages of a common cow-pox vesicle; and had I not known in what part of the arm the child had been vaccinated, and that the cuticle of the forearm was previously quite sound, I should have unhesitatingly said the matter was inserted at this spot, and that all was going on in a normal way. As, however, I had never seen an exactly similar case before, I confess I was inclined to be rather sceptical on the point, in spite of my convictions to the contrary. I therefore determined to vaccinate the child in the other arm on the fourteenth day after the primary vaccination, and obtained a fresh supply for that purpose from the National Vaccine Establishment. I inserted into four incisions a quantity of matter from glasses, and subsequently four points well charged with the lymph. No other effect was produced than would have followed a simple scratch—viz., there was a little redness of the part for a couple of days. Feeling sure the case was a curious one, I wrote to Dr. Gregory, of the Small-pox Hospital—one of the greatest authorities of the day, I presume, on these matters. He seemed even more sceptical on the case than I had been, and told me,' if the single vesicle were *bonâ-fide* cow-pox, the case was a very curious one indeed—undoubtedly the first of the kind that ever happened,' and that 'some still stronger testimony would be desirable to prove it such. This testimony would be supplied only by the insertion of *very efficient fluid lymph* into the arm of the same child. If under such renewed application of an active virus (performed so as to leave no shadow of doubt that the second vaccination had been decidedly performed) the child should remain unaffected, we must believe the constitutional vesicle you saw on the forearm was "*genuine vaccinia*;" but, on the contrary, if the second vaccination rises into good vesicles, it is clear that the first vesicle was only ecthyma.' He advised my giving the child two alterative doses of calomel before again vaccinating him, and offered to charge two lancets for me with '*matter of undoubtedly good character.*' I sent him two fine and sharp, which he charged from two different children; and the boy was, on Sept. 26th, revaccinated with this lymph, about nineteen or twenty hours after it was taken. This, the Doctor considered, would put the case beyond doubt; but he anticipated that the revaccination would take effect, and that the first vesicle would then be proved to be ecthyma.

"However, no such result followed; the vaccination was done efficiently, and the only effect produced was just that which occurred after the first revaccination and nothing more, not the least inclination ever showing itself for a vesicle to rise. No constitutional disturbance whatever was present."

As Mr. Clark's experiments were evidently conducted for the sake of eliciting truth, and not merely with the view of supporting a new theory, the case must be considered as all-sufficient to prove that an animal poison may be absorbed into the economy, and produce constitutional effects, without the necessary intervention of a local disease at that point where the poison gains entrance.

If the natural secretion from the genital organs of an individual tainted with syphilis can communicate the disease to another, then I think it must be conceded that the same results will ensue from the gonorrhœal discharge, the seminal fluid, and the vaccine lymph of a person similarly circumstanced.

Dr. Price, of Margate, has published a case in the 'Lancet,' 1846, by which it is shown that the milk of a secondarily infected nurse will communicate the disease to her nurse-child; and such cases are, I believe, not uncommon. It is curious, however, to note with what pertinacity some writers combat such facts; and though it is a matter of daily occurrence for the wives of men constitutionally affected to escape contamination until pregnancy occurs, or for the ovum to be tainted, and the woman escape altogether, we find Siegmund making this statement:—"The transmission of syphilis from parents to children is direct as regards the mother, and indirect as regards the father. A transmission of it by the semen has not yet been proved."—('Med. Times and Gaz.', 1861.)

And Dr. Charrier endeavours to show that a child affected with hereditary syphilis must have a mother who is, or has been, syphilitic, and that the father has no direct influence in producing the disease.—('New Syd. Society Year-Book, 1862.')

For the sake of the women of the present generation, and of the children of that which is to come; for the sake of man's own peace of mind, and as some restraint upon the reckless, I hope the day is far distant when such a doubtful and, I believe, erroneous doctrine shall be circulated amongst us. The result of such an event would be an amount of misery and degradation awful to contemplate, and already, alas! too widely spread, even under existing circumstances.

The following is an extract from the 'New Syd. Society Year-Book, 1859':—

Apropos of two cases in which syphilis followed immediately on, or rather was blended with, variola, Bamberger makes the following remarks:—"The interest of these cases consists not so much in the circumstance of syphilitic subjects being attacked by variola, but rather in this, that under the eye of the observer the specific variolous pustule passes into the equally specific product of constitutional syphilis, the change taking place in such a manner that it cannot be determined when the efflorescence ceases to be the one and begins to be the other. It is impossible not to assume that the individual efflorescence, as soon as it is placed under the influence of the two forms of disease holding sway over the system, contains also in itself the pro-

duct of both." The editor remarks:—"According to this, it seems undeniable that if a healthy child were inoculated with vaccine matter from another labouring under constitutional syphilis, the latter disease might also be communicated as well as the vaccine infection."

Can the Syphilitic Virus be eradicated by Time or Treatment?

The honourable medical man can, I think, feel no greater responsibility devolving upon himself than when called upon to answer the question, Is it safe for a man to marry who has been affected with constitutional syphilis?

It has been argued that the infecting chancre can be contracted but once, and thence it has been inferred that the syphilitic remains syphilitic for life. Now, it is evident that, even were the premise true, the conclusion may be false. Would it not be equally philosophical to conclude that because a second vaccination or a second inoculation for small-pox proved abortive, therefore those poisons still remained active and uneliminated?

That a certain diathesis is created by the absorption into the system of the syphilitic virus is a reasonable inference from what occurs in other diseases of like nature; and that this virus will be in time eliminated as the viri of those diseases are, is an equally reasonable inference.

Hospital patients are not the best upon whom to study the natural course of this disease. Their irregular mode of life, their intemperate, immoral, and filthy habits nullify remedies, thwart Nature, and render them continually liable to contract fresh disease, for which they seek fresh advice, and so on, until at last, coming again under the hands of their old doctor, they deny all their intermediate ailments. Their surveillance whilst in hospital is evidently insufficient in point of time to be of any value in deciding this question, for it must be admitted that syphilis adheres long and pertinaciously to the constitution.

That the syphilitic poison, however, can be eradicated, and occasionally in a short time, is evident from the following case recorded by Mr. Lee in the 'Lancet,' 1862:—"A gentlemen had a syphilitic sore, which was followed by a general eruption on the skin. He then passed two years in the West Indies. After this he returned home with the faint brown stains of the eruption still visible. In London he contracted fresh disease. Two well-formed indurated and circular chancres presented themselves on the glans penis. In a few weeks these were followed by a well-marked crop of syphilitic lepra, of a bright copper colour, and quite distinct in appearance from the brown stains of the first eruption."

Mr. Acton expresses his opinion thus:—"I think it neccssary somewhat to qualify this strong statement (Ricord's) of the incurability or ineradicability of the syphilitic diathesis. Obstinately as it adheres to the constitution, I believe from experience, as well as analogy, that it will wear out."

M. Diday has published an elaborate paper on second attacks of syphilis; and he remarks: "Although these facts appear new, they would long since have been well known had not practitioners allowed themselves to be blinded by doctrines which, though true in most, are not absolutely so in all cases." To this statement of Diday's I most fully subscribe, believing that had this not been the case so many false dogmas respecting syphilis could never have been so widely disseminated. Diday in his own practice, in six years, met with twenty examples of reinfection, which he says proves that syphilis may be radically cured—a fact denied by many authors. The mean minimum time is twenty-two months.—('New Syd. Society Year-Book, 1862.')

Perhaps the views I have been advocating with respect to this most complex subject may be rendered clearer by the following recapitulation:—

Since man is organised as he ever was, and has for ages been subjected to the same influences as now, so syphilis has ever existed, or at all events since those influences were in operation.

Since most zymotic diseases are now proved to arise spontaneously, and since syphilis must have first arisen in that way, so may it arise now.

The unity of the syphilitic virus is admitted, and the unity of the chancrous virus seems all but proved.

Induration of a chancre is a sign of constitutional infection, which may take place at any time, or not at all.

No one can pretend to limit in either direction the precise number of points which must be attacked in any syphilitic outbreak; therefore Ricord's dogma is not true that indurated chancre is invariably followed by (other) constitutional symptoms.

It is reasonable to suppose that the syphilitic virus may be absorbed and produce constitutional effects without the necessary intervention of a local sore.

The first result of such absorption *may be* bubo.

The character of a bubo, like all the manifestations of syphilis, is determined by the constitutional peculiarities of the individual.

Any of the secretions, morbid or natural, of a contaminated individual may act as a focus of contagion to a healthy person.

Tertiaries so-called are the results of a cachexia produced by the syphilitic virus, and are not different from the results of cachexiæ which arise from other causes.

The evolution of syphilis is irregular in all its phases.

The syphilitic virus may be eradicated, and the diathesis produced may be overcome.

CASE OF PARTIAL RUPTURE OF THE UTERUS.

By J. H. PARK, M.D.

On the 4th of July, 1863, I was called in to Mrs. B., in labour with her first child, the midwife being in attendance, but the friends getting impatient. On examination, I found the head presenting—first position; the os about the size of a florin; pains moderate and continuous. The woman was young and strong, but most impatient; and the midwife directed my attention to the peculiar shape of the abdomen, which was greatly protuberant superiorly—in fact, reversing the shape of the abdomen usually found in labour. With the assistance of moderate dilatation with the finger, the os fully opened and the head descended, and then remained impacted for an hour at the floor of the pelvis, notwithstanding continuance of the pains. I then applied the forceps, and having got the head born succeeded, with great difficulty, in extracting the rest of the body, the uterus apparently giving little or no aid. The abdomen still preserved its original strange appearance, and on introducing the hand the whole of the placenta was found firmly adherent to the fundus, this condition being probably caused by several kicks on the abdomen which (I then learned) the poor woman had received during her pregnancy.

For upwards of an hour my continued efforts to separate the placental mass were unavailing, not a single portion of it being detached. As my hand was getting quite cramped, I called in the assistance of another practitioner, before whose arrival, however, I succeeded in getting it away.

There was not much flooding, but the woman was considerably exhausted. On again introducing my hand to get the womb to contract properly (there being hour-glass contraction), I was mortified to find what I considered still a piece of placenta hanging from the lower and back part of the uterus. I passed my fingers round it but used no force, as at its upper part it was quite continuous with uterine substance. We both were at a loss to account for it, and thought it prudent to call in the assistance of a practitioner of much greater experience than either of us. The placenta was carefully examined, and, though torn, was found to resemble the entire mass. We then each examined the uterus and succeeded in satisfying ourselves that what we felt hanging down was in reality a portion of the mucous and muscular walls of the uterus itself. The tear was from below upwards, and of a semi-circular shape, and must have involved one-half of the thickness of the posterior wall. It felt very like the placenta, without the lobulated feel of the latter. There can be little doubt that, in the weakened state of the uterus, arising from the inflammation required to produce such extensive placental ad-

hesion, the tear was the result of the violent contraction of the organ itself. Had the direction of the rent been reversed, it would have been a question whether I had not produced it by my efforts at abstraction. The woman was so much exhausted and depressed that a fatal issue was looked for; but, by a liberal use of stimulants and opium, she made an excellent recovery.

The result was not only gratifying to her medical attendants, but must have afforded considerable satisfaction to the husband.

Broughty Ferry.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Operations by Mr. Henry Smith.

Case I.—A little boy, aged about five years, of apparently good health, and with a clear, florid complexion, of a thin, spare habit, yet not at all of a delicate appearance, was suffering from disease of the knee-joint. He was placed under the influence of chloroform, and the condition of the articulation was then more minutely examined by Mr. Smith.

As the child lay on its back, the limb was seen to be flexed upon itself, almost, if not altogether, at right angles; the joint was considerably enlarged and looked even greater than it really was, owing to the emaciation and wasting which had taken place in the thigh above it and in the calf of the leg below: there was, leading down to the bone and into the interior of the joint, a number of sinuses; and on the inner aspect of the joint was a large red surface, where the integument had become stripped off, and the surface lying immediately beneath had become altered. This red, unhealthy-looking sore was pathognomonic of the nature of the diseased action.

Grasping the knee with the left hand, and steadying the entire limb—which was likewise supported at the foot and a little above it by an assistant—while compression was exercised by Mr. Mason upon the artery, as it lies close to the ilio-pectineal eminence, Mr. Smith entered the knife a little above the articulation and directly in front of the lowermost third of the femur. The instrument was then made to cut its way out and to form the anterior flap; afterwards it was entered posteriorly behind the bone, and as it was being withdrawn the posterior flap was formed.

The operation was performed with the utmost possible celerity, and scarcely any blood was lost, even though a large number of vessels had to be tied. The flaps, brought together with a sufficiency of *thread* sutures, were then supported by strips of adhesive plaster, over which were then placed strips of wetted lint, so as to give further support, and all were then enveloped in the folds of a calico bandage.

The child woke up very quickly from the influence of the chloroform; and here we would note that we have often remarked the same to take place in children of tender years and in *young* persons of yet more mature years, but who are considerably under middle age, and the more especially so if the chloroform be very good and pure.

Mr. Smith, in the remarks which he made subsequent to the operation, dwelt upon the fact that such a measure as he had just carried out in the case of this patient was now of very infrequent occurrence since preservative surgery had become the fashion and had worked so complete a change in the minds of surgeons.

Before beginning the operation it was the intention to amputate through the joint; but, as there was very great disorganisation of the articular extremities of the bones, this plan was abandoned in favour of amputation immediately above the joint.

The lower third of the femur, for a distance of some inches, was completely stripped, not alone of the soft fleshy tissues by which it ought to have been covered, but likewise of the periosteum; this denudation was particularly marked on the anterior and outer surfaces of the bone to which the sinuses led down. The posterior surface of the tibia was also laid bare and had a large sinus communicating with it, through which the probe was passed down to the bone, which was then ascertained to be dry and altogether dead. In addition to this condition of the tibia, the lower end of the femur was actively engaged in the same morbid process as had destroyed the bone of the leg.

Case II.—Amputation through the knee-joint was intended, but, owing to extensive disease of the parts, amputation above the articulation was performed. The patient was an elderly woman, of intemperate habits, and some time previously had received an injury which had caused a compound fracture at the knee-joint of the left lower extremity. The fracture was supposed to have extended itself into the neighbouring articulation, and the supposition was strengthened by the distinct and very peculiar grating heard and felt as the leg and thigh were moved on each other. After the fracture there had supervened extensive disease of the joint, and the patient had fallen into bad health; on her admission she was very low, not only from the disease, but also from her dissipated habits, and required every kind of nourishment as well as an abundant supply of stimuli to raise her from her depression and keep her from again sinking below par.

The woman presented an appearance as though she had formerly enjoyed robust and excellent health; she, however, now wore an anxious and careworn expression, but notwithstanding the gravity of the affection under which she laboured was not very much emaciated.

Every endeavour had been made to save the limb before resort was made to amputation, which was undertaken, altogether, as an ulterior measure, nor until every effort to effect a healthy change had been unsuccessful.

The leg, which on moving caused exquisite pain to the patient, had been placed by Mr. Smith on a straight splint that ran upwards above the knee and terminated below in a foot-piece, against which the foot rested; the splint was well padded and had sides to it, which, though not reaching far forwards upon the leg, yet gave steady and effectual support to the entire member. Instead of the ordinary calico roller, a flannel bandage was used, as communicating more warmth and comfort to the patient.

When the patient had been brought under the full influence of chloroform, Mr. Smith made an incision down upon the patella, in such a manner that the edge of the knife should correspond to the medial transverse line of that bone, and then dissected up the integuments with a view to getting into the joint and performing that operation which is usually termed amputating through the joint. In making his incisions and opening into the articulation, so much disorganisation had taken place, that Mr. Smith deemed it advisable to alter his original intention, and to remove the entire joint with all the parts below it—to perform, in fact, amputation at the lower third of the femur but as close to the joint as the disease would allow.

In accordance with the alteration of intention, there was, of course, a necessity for alteration in the procedures; but such was the nicety of manipulation, and the skilful tact called to bear upon it, that the change in manner could hardly be noticed or appreciated by the lookers-on, a great number of whom, even after the completion of the entire operation, were not aware of any alteration.

The joint was opened into from the front, and presented an immense amount of disease. The cartilages were *completely* removed from the joint. Mr. Smith stated that he had never seen an instance of such complete removal; those covering the tibia as well as those which terminated the femur, and those lining the internal surface of the patella, were all eroded. There was, however, no evidence of fracture either of the tibia or of the femur. An immense quantity of pus flowed from the inner side of the femur as soon as the soft parts had been sufficiently opened to allow of its escape.

The posterior flap was taken from the soft parts covering the lowermost part of the back of the thigh as well as from those composing the calf of the leg, and by many was supposed to be of too great a length to form a nice pad or support upon which the body could subsequently rest; but

Mr. Smith took opportunity to call attention to the facts that the skin would shrink, the muscles waste away or become converted into fibrous tissue, and that all the parts would be so altered after the lapse of some little time, that unless the flap were left long enough the bone might protrude; or, if such did not occur, that at least a comparatively useless stump might be given to the patient, as the skin would be too tightly stretched across the end of the bone, and the remaining part of the limb would be rendered cumbersome rather than otherwise, as it could hardly be used either from the pain that would be occasioned on pressure, or from the danger of ulceration at the point of pressure.

In the obstetric ward we saw a very interesting case, under the care of Dr. Playfair.

The patient was a woman aged about thirty, who had borne a few children and had miscarried upon different occasions. She was pale and anæmic, the face and surface of the body being completely blanched; the eyes were sunken and glassy, and were circumscribed by a dark halo; the forehead was white and had the skin stretched tightly upon it; the cheeks were hollowed; the nose pinched; the lips paled but not yet bloodless; and the entire countenance wore a melancholy and cadaverous appearance. The tongue was red, though not harsh and dry; the pulse was quick, easily checked by compression, small, and frequent. The surface of the body was cool and bedewed with moisture; the abdomen was evidently distended beyond its natural dimensions; but on the occasion of our visit we could not make any manual examination, as the pain felt on pressure—no matter how lightly laid on—was too excessive.

Dr. Playfair, however, mapped out the abdominal tumour and showed how far it extended itself laterally as well as in an upward direction, and also pointed out the position of the fœtal prominences. The entire tumour was very distinctly marked, and its boundary lines were ascertainable without any difficulty. It did not reach higher than about midway between the umbilicus and the ensiform cartilage, and in its lateral dimensions it did not altogether engage that region of the abdomen which lies between the ossa ilii. There had at no time been any discharge of purulent matter from either the vagina or the rectum, nor at any time had fœtal remains escaped by either of these outlets.

The history pointed, perhaps, more to rupture of the uterus and extrusion of the fœtus into the abdominal cavity than to extra-uterine fœtation. The woman had conceived; had gone to a certain time in her pregnancy without experiencing any unusual or untoward sign or symptom. When on one occasion she felt a sudden pain in the inside of the abdomen, and which she described as followed by some not very considerable constitutional disturbance, by a sense of faintness and nausea, the latter being followed by actual emesis. At no time had the patient voided from the bladder either pure pus or urine mixed with purulent matter.

The os and cervix uteri were in that condition in which we would expect to find them when no substance is contained in the uterus.

There was no attempt made at removal of the abnormal abdominal contents through the rectum or vagina, simply because there was no tendency for the *débris* to be ejected by these channels; instead, however, Dr. Playfair preferred to make an opening in the abdominal walls, and to procure extrusion in this manner. With this object in view, a caustic issue was made a little toward the left of the medial line of the abdomen, and inferior to the umbilicus, immediately over one of those projections formed by the fœtal limbs, and where it seemed most likely that the wall of the abdomen would be penetrated, were such an occurrence at all to take place.

It was scarcely anticipated that the patient's strength would carry her through the tedious processes necessary for the extrusion; but yet the procedure was fully justifiable, inasmuch as it was the only one which could give the patient any prospect of escape from the certainty of death by which she was threatened.

This case calls to our mind one which we some time since saw in St. Bartholomew's Hospital, under the care of Dr. Greenhalgh, and which we duly reported at the time that the case was under observation:—The woman had conceived, had advanced in pregnancy, and was one day walking in the street, when she slipped and fell; violent abdominal pain and some constitutional disturbance supervened; her full term came, but, though the time for birth had arrived, no delivery was effected. She went beyond her full time, and it then became apparent that the uterus had been ruptured, that the child had slipped from the womb into the cavity of the abdomen, where it lay, for a time at least, an inoffensive substance, and might remain for a considerable period without creating fatal, or, indeed, any very distressing or even uncomfortable symptoms. After the lapse of some time, an opening was made into the rectum, and fœtal remains—bones, flesh, hair—all in an excellent state of preservation, came away per anum. The case, we believe, ended in the recovery of the patient, and her restoration to perfect health.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

(From the Case-book of MR. MILTON.)

VESICULAR FORM OF ECTHYMA.

This form of ulceration, though painful and obstinate, is not generally described in works on cutaneous diseases. It is not often seen, only three distinct cases having been recorded at this institution during the last sixteen months. Mr. Milton is, however, disposed to think that it might be more frequently observed, though, perhaps, in a less marked form, could we always trace some forms of ecthyma and ulceration of the leg back to their first beginnings; but, as is well known, in the great majority of cases we do not see these patients till ulceration has existed some time. The nature and progress of the disease will perhaps be best understood from a brief narrative of the cases in question:—

E. D., an extremely stout girl, nineteen years of age, applied March 8, 1864, with what she called heat spots on her leg. On examination, three or four small, hard, fiery-red papulæ were seated on the outer side of the lower part of the right leg; one of these was surmounted by an angry-looking vesicle. With the exception of a remarkably dry, cracked state of the skin of the under lip, which was extremely thick, this girl presented every appearance of high health; there were no signs of scabies. She was put upon saline aperients, and a lotion of liquor plumbi and camphor mixture was ordered to be applied to the part. At the next visit it was found that all the other papulæ were dying away, while that on which the vesicle was seated had passed into decided ulceration. She was ordered, for internal use, the acid solution of iron employed at this institution; the sore to be dressed with ung. zinci. Under this she soon recovered.

T. C., a tall, healthy-looking woman, aged thirty, applied with the same complaint. Here, also, there was only one papule on which a vesicle was seated; on the centre of the vesicle was a black dot. The disease had assailed the outer part of the leg just above the ankle. There was no itching, but she had suffered all night from such severe burning and stinging, that she was not only prevented from sleeping, but thoroughly alarmed. She was put upon the same treatment, but the vesicle ulcerated and for some days discharged a quantity of clear serum. It healed without any bad symptoms, but a scar remained.

P. applied Aug. 2, 1864, with this complaint in a much more severe form, nearly the whole of the left leg from the knee to the foot having been attacked at one time or other. Here the complaint was exhibited in every stage; in some places there were merely large papules or tubercles, dark red, very irregularly shaped, some quite an inch and a half long, raised at parts a line or two above the skin. In other places, but very sparingly scattered, were vesicles progressing. Only one vesicle was seen fully formed. Again, in

some of the papules were seated very small but proportionately very deep ulcers, looking quite scooped out, the largest being about the size of half a Spanish nut. Finally, there were some irregular cicatrices. From the ulcers an almost colourless serum was discharged in great abundance, a linen bandage which the patient wore being quite saturated. The chin also was invaded by the disease, but only in the form of papules, of which there were two large ones seated on the under part. The disease had existed several months. The patient had been under medical treatment and had also tried to cure himself, with the usual result. Here, also, no history of scabies could be made out. The patient was at once ordered the acid solution of iron three times a day, and a mild aperient pill two or three times a week; the sore to be dressed with a weak ointment of red nitrate of mercury. At present, the patient is progressing most favourably.

This disease does not correspond with ordinary vesicular or bulbous affections. The irregular thickening and hardening of the base, with its disproportionate size, entirely remove it from that category. The vesicles *never become purulent, nor were any pustules seen.* The vesicles also were not seated on conical elevations, as is the case in ecthyma; nor was the complaint met with in persons of broken-down constitution, or exposed to hardships, want, and inclement weather. There was no history of syphilis—no reason to suspect it—in any of the cases; none of the patients presented any signs of scabies or communicated this disease, though they all slept habitually with other persons; and the treatment adopted was not in any way calculated to cure either of these contagious affections.

PARISIAN MEDICAL NEWS.

HOSPITAL FOR INFANCY.

M. H. ROGER'S CLINICAL WARDS.

Scarlatina.

During the last few months an epidemic, of what M. Roger calls the lesser scarlatina (*scarlatinette*), has been widely prevalent in Paris. The eruption was in general extremely faint, or so very transient, that the nature of the affection often remained undetected. The peculiar poison of scarlet fever was, however, undoubtedly present; and when the patients restored, to all appearance, or, recovering from a seemingly unimportant eruption, were exposed to cold, severe, and sometimes fatal, hematuria or dropsy supervened. In one instance, which it may not be inappropriate to refer to here, terror was the cause which checked the escape of the fever-poison from the skin, and gave rise to anasarca. The patient was a little girl, aged four years, who was supposed to have escaped the contagion of scarlatina, which her sisters had suffered from, and in whom the eruption and sore-throat had been so slight as to escape even the notice of her mother.

Sometimes the eruption presents many of the characters of measles and scarlatina conjoined: such are, for instance, the exanthemata, which have been denominated by various authors *scarlatiniform exanthema, estival roseola, rosalia, rotheln*, and *rash*, and which may or may not coincide with the presence of fever. According to Dr. Almeras, to whom the Profession is indebted for an exhaustive memoir on the subject, it is almost impossible to express, in the incipient stage, a decided opinion as to the true nature of the disease. In the second stage only, the affection assumes the following characters:—Roseate, diffused, dotted eruption; mild angina, unattended with any marked redness; tumefaction of the tonsils, or caseous exudations; the tongue does not present the scarlet colour, nor the strawberry appearance characteristic of genuine scarlatina; the general condition of the patient is usually satisfactory, and the pulse natural. In the third stage desquamation fails, or is confined to furfuraceous exfoliation; the renal secretion is healthy, and no anasarca is observed.

But, as we stated before, although the differences between true and spurious scarlatina are pretty well marked, the points of resemblance are sufficiently numerous to render it difficult during the prevalence of an epidemic to discriminate scarlet fever from the milder exanthema; and the practitioner will act prudently in treating all such cases alike, and in confining within doors, for a fortnight at least, all children who have presented even the faintest appearance of a suspicious eruption. M. Roger further recommends that the patients be isolated from all communication with healthy children, because the risk of scarlatina should never be unnecessarily incurred.

Therefore, in contrast with the well-marked cases of scarlet fever, which from the outset leave no room for any doubt, others not unfrequently occur so faintly characterised as to be easily confounded with eruptions entirely foreign to scarlatina. These spurious forms deserve, notwithstanding their innocuous aspect, very serious attention, because they are not less liable than the others to give rise to one of the most formidable complications of scarlatina, acute desquamative nephritis.

Albuminuria sets in from the fifth to the twelfth day of the eruption; and if the urine is highly albuminous, dropsy follows. According to M. Roger, serous effusions are observed about once in every seven cases, and supervene in the course of the third week of the disease. Experience teaches that exposure to cold is by far the most active cause of scarlatinal anasarca, and that all children affected with scarlet fever should keep their bed a fortnight at least, and be confined to the house for three weeks. After that interval, the development of this complication is improbable. M. Roger is not of opinion that anasarca may supervene at any time during the process of desquamation, and he thinks that in the cases in which dropsy is alleged to have set in at a period more distant from the initial stage of the affection than that mentioned above, it was referable to chronic renal disease, or to acute nephritis unconnected with scarlatina—an occurrence not uncommon in infancy.

The essential point in the matter is, that exposure to cold is the most frequent cause of anasarca, and that every precaution should be taken to guard the patients against such exposure for three weeks, beyond which no further danger need be apprehended.

Vomiting is one of the premonitory symptoms of anasarca; the complication is to feared when, from the tenth to the twentith day of scarlatina, fever and emesis supervene; under these circumstances, forty-eight hours seldom elapse before puffiness of the face makes its appearance. The urine is then scanty, and assumes a smoky colour, which, even without the assistance of the microscope, betrays the presence of blood in the secretion. In fifty per cent. of the cases the affection is confined to anasarca, and in the remainder effusions form in the visceral cavities. If abdominal dropsy alone exists, no very serious apprehensions need be entertained; but the case assumes a more serious aspect if serum accumulates in the pleura, because both sides of the chest are simultaneously affected; and if the pulmonary cellular tissue becomes œdematous, extreme dyspnœa must be the consequence. Œdema of the glottis is sometimes superadded, and has more than once required the performance of tracheotomy. But of all forms of serous effusion, hydrocephalus is by far the most formidable, and may give rise to comatose, paralytic, or convulsive symptoms. M. Roger remarked, that although the occurrence of convulsions must be viewed as an extremely serious complication, a recovery occurs in one-third of the patients.

The only preventive treatment of scarlatinal anasarca consists in guarding against the effects of cold, and in this respect too much caution cannot be displayed. We may therefore repeat with M. Roger, that the child must be kept a fortnight in bed, three weeks in doors, and then be permitted to take open-air exercise in fine weather only This rule admits of no exception.

The curative treatment varies according to the indications in each case. If the skin is hot, the pulse frequent, and the œdematous integument has a roseate hue, venesection is appropriate, more especially if pulmonary œdema be present. The abstraction of blood affords immediate elief, and the lancet is preferable to leeches or cupping,

which may cause erysipelas or an erythematous eruption. Bleeding from the arm is only open to the objection of being difficult of performance, but if practicable it should be resorted to, and four, six, or eight ounces of blood be abstracted. The operation may, if necessary, be repeated.

It is also desirable to promote absorption, by the exhibition of medicines calculated to act on the skin and intestines. Stimulants and diaphoretics are the most useful remedial agents; and M. Roger prefers dry friction to friction with any liquid. Flannel may be used, impregnated with vapours of benzoin, or of juniper berries, or with Fioraventi's balsam. After two or three days a vapour-bath may be prescribed every forty-eight hours, and it is useful to exhibit every day at the same time from half a drachm to one drachm of the liq. ammon. acetatis, in two or three doses, in elder-flower tea.

This is the most appropriate treatment in the acute form. In the chronic variety of the disease, unless any complication requiring blood-letting be present, diuretics, drastics, and reiterated blistering over the chest are the measures most likely to prove serviceable. If the brain is engaged, leeches should be applied to the mastoids, and counter-irritation in the shape of blisters to the nape of the neck or the thighs; hydragogues should be administered, and also from half a drachm to two drachms of nitre in the course of the day. In mild cases, M. Roger prescribes, simultaneously with vapour-baths, nitric acid lemonade, and a mixture containing from eight to fifteen grains of tannin.

Syphilis in Infancy.

M. Roger exhibited in his amphitheatre a number of children affected with syphilis, and a series of coloured plates illustrative of the principal forms of the disease in childhood. The following is a brief abstract of his lectures on this interesting subject:—

The complaint may be hereditary or acquired. In the latter instance the symptoms differ but little from those observed in the adult, except when the taint has been propagated in a peculiar manner—by lactation, for instance, cohabitation, &c.; but the Professor especially dwelt on the pathognomonics of congenital or hereditary syphilis.

The death of the child in utero and abortion are frequent consequences of the transmission of the taint to the fœtus. When three miscarriages occur in succession in the same woman, M. Roger opines that the presence of syphilis should be strongly suspected. The bodies of infants who perish under these circumstances are soft and flabby; the cuticle is detached, exposing the dark hue of the derm; and the viscera also present traces of the infection. M. Depaul has described the fibro-plastic or purulent deposits which occur in the lungs; the lobules are in a state of induration, considered characteristic by M. Alph. Guérin, and the liver presents a flinty colour and a granular aspect to which M. Gubler has called attention.

Supposing, however, that pregnancy has reached its full term, the child may present, in addition to the appearances we have enumerated, and others of a very serious character observable in the thymus and periosteum, an external symptom indicative of syphilis, viz., pemphigus. This is the only secondary eruption which is not ushered in by any premonitory signs, and, although unfrequent, is viewed by M. Roger as pathognomonic. It cannot be mistaken for simple pemphigus, which never breaks out before the sixth, eighth, or even tenth month after birth. The simple form of the disease is moreover discreet, whereas the syphilitic variety is abundant, especially over the palms of the hands and soles of the feet. The contents of the bullæ are serous in the former and puriform in the latter, in which, in addition, the hand assumes a blueish tinge and the complexion a cachectic hue; the bullæ display a tendency to ulceration, and a fatal issue occurs in eleven out of twelve cases doubtless on account of coincident visceral complications. These various circumstances supply a sufficient clue to the diagnosis of syphilitic pemphigus occurring shortly after birth.

When the hereditary taint is not thus immediately revealed by the appearance of pemphigus, no other external manifestations of syphilis occur for a fortnight. Thus, M. Cullerier has only twice in ten years observed symptomatic psoriasis in the first two or three days of extra-uterine life. The presence of the poison in the blood seldom gives rise to papular or pustular manifestations around the anus, in the inguinal region, or to specific coryza before the child is at least a fortnight old. It is doubtless a matter of some import to ascertain the period at which secondaries break out in new-born infants, but it is equally interesting to measure the interval after which they are not likely to recur, in order to be enabled to assert that any syphilitic manifestations which may subsequently be observed are assuredly the result of recent and not of hereditary contamination. Now, statistical returns demonstrate that hereditary syphilis seldom appears after the child has reached the sixth month of his life.

Of 235 instances of hereditary syphilis collected by M. Roger, the symptoms broke out in the course of the first month, and generally in the second fortnight of that month in 112; in 92 cases the secondaries appeared in the second and third months; and in 31 cases only after that date.

M. Ricord, it is true, is of opinion that hereditary syphilis may make its appearance at a much later period, and even when the subject has reached maturity; but although statements made by so eminent an authority are well entitled to confidence, still M. Roger is inclined to think that, in the cases adduced by that learned Professor, there has been some error of diagnosis, and that the contamination must have had a much more recent origin. M. Roger conceives himself, therefore, justified in asserting that if syphilitic manifestations are observed for the first time in a child of eight months, and *à fortiori* of one or two years of age, they must not be referred to a congenital, but to an accidentally acquired taint.

We may infer from these remarks that a child may be born with the poison in his system, and yet present for a fortnight the outward appearance of perfect health. Others, on the contrary, have a distressing aged aspect, and, having already reached the latest stage of secondary disease, are, indeed, at death's door. In most instances they are extremely feeble, and are sometime covered with pemphigus. When the affection sets in at the usual period, the integument assumes a characteristic dark brown hue, and at the same time various eruptions appear together with the special coryza.

This chronic irritation of the Schneiderian membrane is essentially different from that which is consequent on exposure to cold. The latter usually supervenes two or three days after the infant's birth, and coincides with epiphora and bronchitis. Syphilitic coryza at first occasions dryness of the mucous membrane and impedes the breathing; a sero-purulent secretion soon follows, sometimes tinged with blood, and containing squamæ, which indicate superficial ulceration; hence the manifestation of coryza in a new-born child requires a considerable degree of attention.

The concomitant eruptions generally consist in roseola, psoriasis of the palm of the hand and sole of the foot, and often specific onyxis. M. Roger also pointed out the frequency of mucous tubercles of the mouth and of the anal regions.

Tertiaries are seldom the result of hereditary syphilis. When appropriate measures of treatment have been resorted to in time, the symptoms which bear a resemblance to tertiary manifestations should, in general, be referred to scrofula or rachitis.

After thus briefly describing the symptoms, amongst which should be noticed frequent diarrhœa, and an unfavourable condition of the entire system, M. Roger inquired into the origin of congenital syphilis, and dwelt on the separate influence of each of the parents, and upon the joint influence of both on the disease transmitted to their offspring.

The influence of the mother in producing infantile syphilis is obvious. A woman labouring under the disease at the period of conception must infallibly communicate the taint to her child. She may not, however, be alone in fault, and the father may, doubtless, be fairly assumed to have had some share in conveying the infection to the infant. Cases are, nevertheless, on record in which the male parent

had most distinctly no part whatever in the transmission, and in which the exclusive influence of the mother was plainly manifest. The same remarks apply to cases in which the disease has been contracted during pregnancy. The free interchange of the elements of the blood between the fœtus and the mother justifies the belief that the child can scarcely escape contamination. As to the latest period of pregnancy at which a woman thus infected can transmit the disease to her infant, numerous facts have demonstrated that when the taint has been communicated to the mother after the conclusion of the seventh month, it is not, in any case, transmitted to the child.

We may now inquire what is likely to be the result when the father alone is affected with syphilis, the mother remaining free from disease? The question has given rise to much controversy, and specialists are not yet agreed as to the solution. MM. Vassal and Cullerier utterly deny that any poisonous influence is exercised under the circumstances by the father, whereas M. Trousseau throws, in most cases, the blame on the male parent; and M. Emile Vidal (Competition for the Fellowship, 1860) relates three cases in which the *exclusive* influence of the father is unquestionably demonstrated.

Facts of this description cannot, moreover, occasion much surprise, when we reflect on the resemblance of children to their father in feature, and also in morbid aptitudes, constitution, and even idiosyncrasy.

Several interesting questions arise as to the period of syphilis at which a father is likely to procreate a diseased child, also as to the possibility of transmission when, at the date of conception, the male parent is not labouring under discernible symptoms; and if mercurial treatment exhibited at this date has any, and what, influence on the embryo, and subsequently on the health of the infant? M. Ricord is of opinion that syphilis is transmissible to the embryo during the secondary stage only, a father affected with tertiary disease communicating nought to his offspring but a marked scrofulous tendency.

It is further generally conceded that paternal syphilis may be handed down to the child before any symptom has appeared on the person of the father or in the interval between two eruptions, as readily as when his body is covered with characteristic stains or pustules. Careful observation has also undeniably established the fact that a man who has apparently been perfectly cured may still, after a long interval, transmit the taint to his child. Finally, several cases on record justify the assumption that the medicines administered to the father at the period of conception are not without their influence on the health of the fœtus.

When both father and mother are contaminated, but slender hope can be entertained that their union will result in a healthy child. Its only chance of escape is that the diathesis of the parents may be of long standing, and weakened by time or by more or less protracted treatment.

Finally, when both parents are diseased, and have undergone no treatment whatever, it does not necessarily follow that all the children born of such a marriage must also inherit the taint. The first two or three infants generally perish in utero; the next child usually presents unmistakable symptoms of syphilis either at the time of its birth or soon after; but all those born afterwards are habitually healthy and uncontaminated by the morbid poison. It may also happen that a sound child is born between two which are infected, the fact being referable to what Melchior Robert terms an *armistice*, or a temporary suspension of the diathesis, or to the accidental predominance of the influence of one of the parents who happens at the time to be cured. This is not a mere supposition, and in his valuable treatise on *Infantile Syphilis* M. Diday adduces a conclusive case of the kind. A woman had been intimate with a man affected with the disease, and subsequently presented characteristic symptoms. She married another individual, and gave birth to several healthy children; but her intercourse with the former lover having been renewed, she became gravid, and bore a child who died of the consequences of a syphilitic eruption.

We shall take an early opportunity of adverting to the pathology of accidental contamination in children, and we shall conclude with M. Roger's remarks on the treatment of both the congenital and acquired forms of the disease.—'Journal of Practical Medicine and Surgery.'

THE HOSPITAL CONVENTION.

The International Congress, which has been sitting at Geneva with a view to regulate the position of hospitals and wounded in time of war, has terminated its labours.

Ten resolutions have been adopted and signed, under reserve of ratification, by the representatives of Belgium, Baden, Denmark, Spain, France, Hesse, Italy, the Netherlands, Portugal, Prussia, Switzerland, and Wurtemburg. The resolutions differ considerably from the programme first issued. They are as follows:—

"Art. 1. Ambulances and military hospitals are regarded as neutral, and, as such, protected and respected by the belligerents (as long as they contain sick or wounded). The neutrality would cease should such hospitals have a military guard.

"Art. 2. All *employés* of the hospital, including the almoners, carriers of the wounded, &c., will enjoy the benefits of this neutrality as long as there are wounded to be attended to.

"Art. 3. The persons designated in the above article may, even after occupation by the enemy, continue to perform their duties in the hospital or ambulance to which they may be attached, or withdraw to join the division to which they may belong.

"Under these circumstances, when their functions shall have ceased they will be escorted to the enemy's outposts by the army in occupation.

"Art. 4. As the *matériel* of military hospitals comes under martial law, the persons attached to those hospitals may not, on leaving, take away with them anything except what is their own personal property.

"Under the same circumstances, however, an ambulance preserves its *matériel*.

"Art. 5. Inhabitants of the country who give help to the wounded are respected and remain free. The generals of the belligerent Powers are called upon to forewarn the inhabitants of the call made upon their humanity, and of the neutrality consequent thereupon.

"Any wounded man taken into a house will be its safeguard. Any inhabitant who has taken in the wounded will not be billeted upon or submitted to war contributions.

"Art. 6. The wounded or sick are taken care of, no matter to what nation they belong.

"Those will be sent back to their homes who, after being cured, are deemed incapable of further service.

"The others may also be sent home, but on the conditions of not resuming arms during the war.

"The escorts on this service are to be respected as neutrals.

"The Commanders-in-Chief have the power to hand over to the enemy's outposts the wounded during the combat when circumstances permit it, and with the consent of both parties.

"Art. 7. A distinct flag and uniform is adopted for the hospitals, ambulances, and escorts. On all occasions the national flag must accompany it.

"A badge may also be allowed to denote a neutral, to be granted only by the military authorities.

"The flag and badge will bear a red cross on a white ground.

"Art. 8. The general details of these regulations will be settled by the commanding officers of the belligerent Powers, according to the instructions from their Governments."

Article 9 calls the attention of other Governments to this Convention, inviting them to join it. Article 10 states that the ratification of the Convention is to take place at Berne within four months, and earlier if possible.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 7, 1864.

MEDICINE IN ITS RELATIONS TO THE STATE.

It is not at all easy to understand why the Profession of Medicine should be held by our Legislators as inferior to that of the Church or the Law; for however incumbent it may be on a Government to watch over the spiritual welfare of a people, or to protect them in the possession of their property and their civil rights, it is surely also of importance to watch over the maintenance of their health by guarding them against the deleterious influences which surround them, and by teaching them the laws by which the human frame is related to the outer material world. It is useless to argue that mankind are able to take care of themselves in this respect, for experience, no less than common observation, proves that they are not; inasmuch as the elements of disease often lie lurking in the air or the water, or in the food of man, and the detection of these poisons requires the utmost refinement of analytical knowledge, such as the common people cannot be expected to possess. The danger, which is unseen, is too often, and, indeed, most generally, despised—*causa latet, vis est notissima*—and the outbreaks of disease or the inroads of death are the only popular indications of injurious influences which the eye of Science might have penetrated, and from which the finger of experience might have warned the unwary.

It is, therefore, gratifying to find that the general newspapers are beginning to insist upon the application of sanitary laws to the well-being of the community; and although their articles on the subject are now being published, perhaps *faute de mieux*, because the writers have no more exciting topic to engage their pens, yet it is better they should appear now than not at all: and even though they may fail to produce such immediate results as they might do if Parliament were sitting and the metropolis full of residents and visitors, yet the truths and, we may add, the exaggerations which they contain may produce a beneficial effect.

Without arrogating too much for the Medical Profession, we may assert that it has always been foremost, not only in combating disease when it is actually present, but also in endeavouring to avert its attacks; and its influence in the latter respect is peculiarly owing to the nature of the studies in which the practitioner of Medicine is necessarily engaged. The detection of noxious ingredients in air, water, and food is not in the province of the theologian, the lawyer, the statesman, or the architect, but in that of the physician, who, although as yet unable to apply the strict principles of analytical chemistry to the subtle miasmata which lurk in the circumjacent elements, can still apply to these mysterious agencies the same processes of reasoning which belong to the material particles with which science has made him familiar.

The revelations of mismanagement in our Indian possessions, made in a Report published more than a year ago, are only now, perhaps, known to the general public, in consequence of their appearance last week in the columns of the 'Times'; and the same Journal is also giving the benefit of its circulation to the ventilation of sanitary questions more nearly affecting the population of our own islands, and discussed in the volume lately issued by the Medical Department of the Privy Council. In the former record, the scene of which is laid in a country vast in extent, and abounding in animal and vegetable life, the ravages of preventible disease may be studied on a comprehensive scale, and the consequences of sanitary neglect may be conspicuously traced; while in the latter the subjects of discussion lie within a more narrow compass, but are no less interesting to the sanitarian, the philanthropist, and the legislator.

The causes of disease and death in our Indian army, and the means to be adopted for their removal, were fully explained by us at the time of the publication of the Report of the Commissioners; and it is to be hoped that the remarks made by ourselves and others at that period have already led to the adoption of such measures as may tend to reduce the frightful mortality which has hitherto decimated our troops, and has rendered Indian service synonymous with a life of peril and a temptation of fate. It was proved by the most conclusive evidence that, although the climate of India was, in some measure, indubitably inimical to the European constitution, yet the majority of those who suffered or sunk under disease had succumbed from the consequences of their own imprudence, or from the neglect of those sanitary laws which, whether in Europe or in Asia, it is impossible to ignore with impunity. Many as are the casualties to which the soldier is exposed in the active duties of his calling, the deaths from wounds and accidents in battle are almost insignificant in proportion to those which are due to individual excesses, or to the absence of cleanliness and of ventilation, and of other obvious precautions against the inroads of endemic or epidemic disease.

The Annual Report of Mr. Simon, the Medical Officer of the Privy Council, treats of a number of questions, many of which have been discussed in our columns, and all of which require to be impressed upon the minds of the general public, with a view to improvement in many matters of great importance in a sanitary point of view. In the first place, Mr. Simon draws attention, as he has done on many previous occasions, to the shamefully inefficient manner in which vaccination is conducted in this country, and he gives the details of an inspection of 1,143 vaccination districts in proof of the statements and arguments which he advances. Hitherto, as is too well known, his warnings, and those of the Medical Press, have been unheeded, and a preventible scourge to the community has been allowed to continue its ravages, instead of being extirpated, as it might have been, under a vigorous and effective system of sanitary legislation. The very absurd argument, that a compulsory system of vaccination would

interfere with the liberty of the subject, has been abandoned in the case of another disease which is, and always has been, under individual control; and as the Legislature, in its wisdom, has seen fit to throw the shield of its protection over our soldiers and sailors, by obviating the chances of one kind of contagion, it is only fair to hope and expect that the same protection will be afforded to our helpless infants, in guarding them against the ravages of small-pox, with its attendant perils to life, and its baneful consequences even to those who survive its attack.

The relative amount of food consumed by the poorer classes of the population, whether we include those engaged in in-door employment or in agricultural labour, and the connexion of this food-supply with the prevalence of disease, is another important topic of investigation in Mr. Simon's Report. Dr. Edward Smith, who has specially inquired into this subject, furnishes much valuable information; and founding his conclusions upon chemical and physiological bases, affords to the general public some useful hints of which they are very much in need. The ignorance of the fundamental principles of chemistry among those who regulate the diet of the poor is lamentable indeed, and involves an enormous waste of money, besides entailing an immense amount of suffering and disease. Not that we accept, *au pied de la lettre*, every chemical statement we receive, or that we believe that the human stomach and the human absorbents are nothing more or less than chemical retorts and analysing tubes; for it is an undoubted truth that the same amount of food which would be too much for the agricultural labourer may be too little for the pallid artisan working in a close and crowded manufactory. Still, *cæteris paribus*, there are certain chemical laws which cannot be ignored; and it is as hopeless an attempt, for instance, to nourish the human body with carbonaceous food, however varied, as it would be to extract sunbeams from cucumbers, as was proposed by the philosophers of Laputa. It is also very important to communicate such information as that furnished by Dr. Smith, to the effect that buttermilk contains more nutritious material than tea; but, unfortunately, Dr. Smith's practical deduction from this principle, that three-pennyworth of buttermilk amounts to twelve pints (at least in Devonshire), and that three-pennyworth of tea amounts only to a few drachms, is untrue, as far as the buttermilk is concerned. Buttermilk is by no means so cheap, even in Devonshire, as Dr. Smith asserts; and, indeed, the peasantry, in many rural districts, cannot procure buttermilk at all.

There are many other topics of great interest discussed in Mr. Simon's Report, to the consideration of which we shall revert on some future occasion.

MEETING OF THE GERMAN PHYSICIANS AND NATURALISTS.—It has been determined to hold the next meeting at Giessen, from the 17th to 23rd September. The managers, Professors Wernher, Leuckart, and Vogt, of the Giessen University, assure the expected guests of the warmest reception on the part of this celebrated city.

SUMMARY OF THE WEEK.

SEWAGE AT THE SEA-SIDE.

It might be supposed that, if pure air could be breathed anywhere, it would be at the sea-side, where, if any refuse-matter were poured into the lap of Father Ocean, he would immediately engulph it, and feed with it the multitudinous subjects of his watery realm. But it seems that the officials whose duty it is to convey the sewage of the sea-side towns into the sea are doing it in a very clumsy manner in some places, and the consequence is that, in certain instances, Paterfamilias, who comes with his wife and young ones to inhale the sea-breezes and the ozone, finds that he is also inhaling at the same time the odours evolved from the imperfectly eliminated excretions of the towns. A description is given of some romantic recesses on the coast of some part of Wales, in which the explorer for shells or sea-weeds falls unexpectedly, to his great disgust, on a heap of town manure; while another sea-side visitor, as he wanders beneath the overhanging rocks, finds the diluted sewage dripping down continuously on his head. These *désagréments* have found vent in communications to the daily newspapers, and steps are being taken to remedy the evils complained of, and to discharge the sewage more effectually into the ocean; but in the meantime it is asked by some sensible people why the sewage is thus to be wasted, and the land consequently impoverished. It would really appear that in matters of chemistry the British public were still in a state of the densest ignorance, considering that they are straining every nerve to throw away the matter which, if distributed over the land, would save millions of money to the public. We are glad to perceive, however, that more sensible doctrines are beginning to prevail; and we draw attention to some extracts from a Report on the Utilisation of the Sewage (which we print elsewhere), drawn up by the Select Committee appointed to inquire into any plans for dealing profitably with the sewage of the metropolis and other large towns.

MEDICAL APPOINTMENTS ABROAD.

As the sphere of activity in Great Britain is insufficient for the full employment of our medical youth, it is gratifying to find that our distant colonies, and even foreign Governments, are offering tempting inducements to emigration. As we have remarked on a former occasion, our immense mercantile marine, both by its immediate employment of medical officers and by its opening up, in distant countries, new fields of enterprise, has helped on to fame and fortune many aspirants who might have struggled in vain to obtain a living in their native country. In some of the newly-opened ports of China, especially at Hong Kong and Shanghae, we can state from personal knowledge that many medical men have gained, in a short period, a sufficient competence to retire upon; and now we find that the Government of Paraguay, in South America, is endeavouring to secure the services of English medical officers for the service of its army. The assistant-surgeons in this army have a higher rank and a better pay than can

be attained in the British army after fifteen years' service, besides the chances of private practice. Their expenses are paid out and home, and their salary goes on from the time they embark for service to the moment they land on their return. It will be seen, under our list of appointments, that three gentlemen have been sent out for this service; and we understand that they were selected by Professor Laycock, of Edinburgh, on account of their distinguished abilities.

THE MEDICAL PROVIDENT FUND.

We beg to draw particular attention to a letter, printed in another column, addressed by Mr. R. B. Carter, of Stroud, to the many gentlemen with whom he was in communication last year, on the subject of the Medical Provident Fund. The cogent arguments adduced by Mr. Carter need no support from us, as they must commend themselves at once to the judgment of the Profession. The limitation of the proposed Fund to the Members of the British Medical Association is a most unwise and impolitic proceeding, the more especially as that Association is burdened with the incubus of an expensive and unprofitable Journal, which swallows up nearly the whole of its resources, and which, moreover, is far from acceptable to a great multitude of the members.

THE SALE OF POISONS.

A portion of the Report lately published by Mr. Simon is occupied by some observations by Dr. Alfred Taylor on the sale of poisons; and this distinguished authority emphatically informs the public that poisoning, for the purpose both of suicide and murder, is far more frequent than is generally believed, and that the deadly designs of homicide and suicide are promoted by the lax manner in which the sale of poisons is permitted. In these remarks there is a considerable amount of truth, and it is perfectly right that the public mind should be adequately informed on such points, but we doubt whether any legislative restrictions on the sale of poisons, however desirable such restrictions may be on other grounds, would materially diminish the number of murders and suicides with which we are daily horrified. With regard to arsenic, we do not see why the chemist and druggist should sell it at all, and, indeed, we do not know why he should even keep it in his shop, unless for the preparation of the arsenical solution of the Pharmacopœia; and any person coming for a pennyworth of arsenic ought at once to be suspected. If the sale of arsenic was prohibited altogether, the chemist and druggist would not suffer in a pecuniary sense, but would murders and suicides be thereby diminished? The mind bent on murderous intentions will, unhappily, never find any lack of weapons to gratify its morbid propensity, and poisons equally or more deadly than those sold by the chemist and druggist may be procured of the photographer, the confectioner, or the paint-seller; while, as daily experience too plainly shows, there are innumerable paths, besides those by poison, by which a person bent on suicide may terminate his own existence, or the murderer take away the life of his fellow-creature. By all means let the business of the chemist and druggist be supervised; but murders and suicides will not be checked by such supervision.

THE PATHOLOGY OF TETANUS.

It will be seen, in our Review of the Periodicals, that we have noticed a paper "On the Pathology of Tetanus," written by Mr. J. Lockhart Clark, who has endeavoured to trace in certain post-mortem appearances in the spinal cord the essential elements of this mysterious disease. He has figured some objects seen by him in two cases, in sections of the cord, and he supposes that they may probably be pathognomonic signs. But without in any way doubting the accuracy of Mr. Clark's observations, we do not attach very much importance to the appearances described; and we are disposed to regard them rather as coincidences, or perhaps consequences, of the affection, than as the exciting causes. Tetanus, in fact, is a malady of reflex action, and the spinal cord is only secondarily affected, the original cause of disease being in some peripheral part or organ; and although congestion may, and no doubt does, exist in the cord in such cases, yet we should no more expect a constant series of morbid appearances in the cord in cases of tetanus, than we should in cases of paroxysmal hysteria, or epilepsy, or laryngismus stridulus, or catalepsy, or many other nervous disorders in which the cord is only the medium of producing the morbid action, which originates at some one point of the periphery and manifests its morbid activity at some other. Still, we do not wish to dissuade persons from carrying out the inquiry; but if it should be found that subsequent experience does not confirm the views deduced by Mr. Clark from the examination of two cases, we shall not be surprised or disappointed at the result.

IRISH MEDICAL "MEMS."

[FROM OUR DUBLIN CORRESPONDENT.]

The condition of the Army Medical Officers has now excited the attention of the general, as well as Medical, public; the disadvantages they labour under are now fully confessed, and redress of their grievances is now all that is wanted. Yet while the Medical Press and Profession in England are vindicating the cause of their Army brothers, and are striving to secure for them the benefits which their position and service deserve, it would seem as if on this side of the Channel we held a neutral ground, and watched the conflict which is raging with apathy and indifference—yea, even more, that we grasped with avidity the position which the educated class of English students rejected with disdain, and contented ourselves with the refuse of others. If such a charge were made, there would seem to be some grounds for it, for Irish students figure almost solely in the list of competitors; and the cause of their preponderance admits of easy explanation.

A solution may be sought—first, in the natural characteristic of our race; and secondly, in the class of students from which the Profession is recruited. An Irishman with an income of 200*l.* per annum would deem himself a genuine aristocrat, and consider himself possessed of an enviable competence, and would hold as haughty a crest as an Englishman with 1,000*l.* a year; and hence, when he obtains an appointment which seemingly offers the advantages of liberal pay, a high position, and an *entrée* to society, the bait is too tempting to be refused, and it is swallowed without hesitation.

The Profession in Ireland is recruited, too, I believe,

from a different class from that in England. We are naturally fond of professions. Almost every Irish family, even of the poorest class, can boast of possessing in it a priest, lawyer, or doctor; and men rush to professions in Ireland, who, in the sister country, would hold but a poor place in the social scale—too often unfitted by previous education and association for the positions in which they are placed.

Their diploma is secured at a great sacrifice to their families; and, when they have taken it out, they must accept whatever post first offers, and the Army seems the best and most respectable. An assistant-surgeoncy is their El Dorado: the bright scarlet dress and cocked hat and feather are irresistible; it offers them a chance of mingling in a circle superior to their own, of acquiring liberal principles and polite manners, and of seeing the world; and with limited ideas of affluence and position, their aspirations never take a higher flight. But your English student generally has something to fall back on. After passing he can rest upon his oars, and watch for some favourable opening for his services; he can reject without injury to himself the offer of an Army post; and hence it arises that so few from your London schools figure in the list of candidates, and Scotch and Irish bear off all the places. London excludes itself from the competition, and without a struggle the appointments are won.

Hence, a heterogeneous collection fills up this important position; uneducated men, who would be tabooed in society of a middle class, are thrown in amongst the *élite* of the world, and we hear complaints that they are not treated with the consideration which is due to gentlemen. This is due partly to themselves, and is not to be wondered at. It is a patent fact that a man of education will make for himself a position wherever he is thrown, and will earn for himself respect and consideration; and it is an equally established fact that an educated medical man in the service is treated with honour and respect, and his friendship is sought after and prized.

Irishmen are only too willing to get the post of assistant-surgeon; and as long as the ranks of the Profession are recruited from the same class as at present, it will be always here at a premium. It only remains for the Government, if they wish to secure highly-educated men, to accede to the wishes of the public and the Profession; to make wise concessions in time, and secure for their troops the most highly-qualified men, and men who will do honour to the national institutions of our country.

From the last return of the Inspector of Births, Deaths, and Marriages, it would appear that small-pox is rife in several of the poorer localities, where the sewerage and ventilation are badly attended to. Unfortunately, in too many places, these two important adjuncts to the preservation of health were but little cared for, and the mortality rates in such districts were fearfully high. Some improvement is now to be hoped for, as the Corporation have appointed an Inspector of Sanitary Laws, who is sparing no exertions for the improvement of the poorer classes. Their choice fell upon Edward Mapother, F.R.C.S.I., who was admirably suited for the office, as his papers read before the Royal Dublin Society, "On the Sanitary State of Dublin," well proved. Since his installation in office he has delivered a course of public lectures on sanitary regulations, to diffuse amongst the people a knowledge of the benefit of cleanliness and ventilation.

A case was lately tried at Cork which possessed a peculiar interest for members of the Apothecaries' Company. The question was whether "apothecaries had a right to claim fees for attendance at coroners' inquests as 'medical practitioners.'" Judge Fitzgerald, before whom the case was tried, in summing up the evidence, said that one of the great objects for which medical men were to be employed at inquests was to make analyses. That would be the proper duty of a chemist, and more that of apothecaries, who were working chemists, than of physicians or surgeons who refuse to make analyses. The language of the General Medical Registration Act, he thought, constituted apothecaries legally qualified medical practitioners. An apothecary was not the person to make a post-mortem examination, and ought not to be so employed; but there were cases, such as inquiries into the action of medicines, in which apothecaries would be more beneficially employed than surgeons, and to conduct a chemical analysis an apothecary would be better than the surgeon or physician of the district. He thought the Coroners' Act included apothecaries, and he based their claim not alone on that, but on the Grand Jury Act. He therefore thought that it was open to the Board of Superintendence to allow a fee for the attendance of an apothecary, as being a legally qualified medical practitioner. This concluded the business of the assizes.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GRAILY HEWITT, in continuing his "Clinical Conferences in Midwifery," now treats of the "Diet of Childbed." He first alludes to the practice generally adopted in the present day, and recommended in the text-books of Churchill, Ramsbotham, and Tyler Smith, of keeping the patient on low diet from the first; and he then proceeds to show that the practice is erroneous. The fact is that a woman after delivery is in a weak and exhausted condition, from pain, nervous excitement, and loss of blood, and she therefore requires nourishment and restoratives to repair the vital energies. As to the prophylaxis against disease being secured by low diet, this view is also shown to be erroneous, for the inflammation occurring after parturition is of a low character, usually caused by the absorption of some septic poison, and therefore promoted rather than guarded against by low diet; and as to many complications of the parturient state, as phlegmasia dolens, puerperal mania, and protracted convalescence, there can be no doubt that a low diet is injurious. Dr. Graily Hewitt therefore adopts the precepts and the example of Dr. Oldham, who administers good and abundant food from the very moment of delivery; and he quotes the views of Dr. Denman, who taught that those patients fare best, and recover most rapidly and certainly, who make the least change from their usual habits in eating and drinking. As a general rule, Denman's advice should be followed; but when the labour has been severe or long, or the constitution has been weakened in any manner, abundance of food and stimulants, especially brandy, will be imperatively required.—— Mr. J. LOCKHART CLARK contributes a paper "On the Pathology of Tetanus," his object being to discover the lesions present in the spinal cord in cases of this disease. The present researches were made on two spinal cords of persons who died of tetanus in St. George's Hospital, and Mr. Clark describes and figures some peculiar appearances which he considers characteristic of the disease in question, and which have hitherto been unnoticed by pathologists. The appearances consist of granular exudations, sometimes deposited around the blood-vessels, and sometimes arranged in the form of globular masses or rings arising from injury and displacement of the white substance of adjacent nerve-fibres. Mr. Clark proposes a mode of treatment for tetanus, founded, as he believes, on rational principles, but the theory of which is not made very clear, and he invites the further attention of the Profession to the

post-mortem appearances in the spinal cords of tetanic patients.——Dr. T. CHAPLIN continues his paper "On the Fevers of Jerusalem," giving an account of their nature, causes, and treatment, as observed by himself in the years 1861, 1862, and 1863. His present subjects are the severe remittent fever and the Syrian fever. He describes Syrian fever as a most variable disease, so that it is scarcely possible to include all its modifications in a general description. He knows nothing of the morbid anatomy of the affection, as post-mortem examinations are impossible in the present state of feeling in Jerusalem; and as to the nature or type of the fever, he regards it as a mixture of true ague with true remittent fever, or even doubts whether it is not really a continued fever *accompanied by a succession of periodical paroxysms.* The fever does not appear to be a very dangerous one, if it is treated early and excessive bleeding is avoided. Quinine will not cure the disease, and hence the diagnosis may be formed that it is not true ague; but this remedy is very useful after the fever has abated. Dr. Chaplin recommends purging, in the first instance, in treating the Syrian fever; and emetics may be employed when the tongue is coated, and afterwards diaphoretics and antimonial wine. Bleeding is generally contra-indicated, but in certain cases, where there is great heat and a full pulse at the onset of the disease, the abstraction of a small quantity of blood may be useful.——Mr. RICHARD ELLIS contributes some notes of a "Case of Poisoning by a Large Dose of Oxalic Acid, followed by Recovery." The patient appears to have taken two ounces of the poison in a pint of small beer, but the treatment was commenced within thirty minutes afterwards, and consisted in the administration of copious draughts of chalk-and-water, and the subsequent washing out of the stomach by tepid water.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. FINCHAM, of the Westminster Hospital, publishes a clinical lecture "On a Case of Aneurism of the Thoracic Aorta." The patient was by occupation a painter, and for some months previous to his admission he had suffered from pain in the back and chest, which was aggravated by pressure on these parts, and which had been steadily growing worse. It was a shooting pain, and was intensified by the swallowing of food, or by moving the body or any part of it. There were nausea, sometimes even vomiting, slight cough, scanty expectoration, and at times a sensation of fainting. Pulse 100, and uniform at both wrists. Emaciation had taken place to a great extent. Dr. Fincham inculcates the necessity of ascertaining as many as possible of the objective symptoms before we proceed to find out the subjective. Some of the symptoms of this case led to the supposition that there was organic stricture (probably from scirrhous disease) either at the pharyngeal or the cardiac extremity of the œsophagus; but, on more minute inquiry, such an opinion was laid aside, especially because the pain created by swallowing was experienced along the whole of the gullet, instead of at one particular point. Left side of chest was equally resonant with right, but had the respiratory murmur more feeble; while on the right side there was puerile respiration. By a careful collation of symptoms, the true nature of the affection was discovered. There were in favour of its being an aneurismal growth—first, the comparative frequency of such tumours; second, the duration of the symptoms; third, the freedom of the heart from any abnormal sounds or actions; fourth, a pulsation distinct from that of the heart perceptible over the cartilage of the fifth rib; fifth, a systolic murmur also distinct from the heart's sounds audible in the third intercostal space, about midway between the right nipple and the sternum. Opiates gave to the pain only temporary ease, the cough became more troublesome, and a croupy sound attendant upon inspiration supervened at a late period in the history of the sufferer. Death resulted a few hours after a large quantity of blood had been vomited.——Mr. LAURENCE continues his lectures "On the Optical Defects of the Eye," "Pathological Optics" being the subject of the present discourse. A system of classification, founded upon the refractive condition of the eye when at rest, is proposed; and further on in the paper the author of it gives observations upon the equi-concave glass lens, and illustrations of his meaning.——Dr. CHAPMAN contributes an interesting article "On the Nature and Treatment of Sea-Sickness." He considers the cause to be disturbed action of the excito-motor or reflex functions of the spinal cord, owing to an undue amount of blood in the nervous centres along the back, and especially in those segments of the spinal cord connected with the stomach and the muscles which preside over vomiting. This over-filling of the nerve-centres with blood is occasioned by the peculiar motion of the vessel—first, through the brain; secondly, through the ligaments of the spinal cord; and, thirdly, through the abdominal and pelvic viscera. The plethora of the vessels of the nerve-centres causes over-stimulation of the spinal cord, then too great excitation of it, and, as a consequence, confusion and derangement of its wonted action. First, then, cerebral movements are a source of sea-sickness; and this arises from a want of the usual amount of cerebro-spinal fluid, or from an unnatural susceptibility to the perception of shocks or concussions, or from an alteration in the quantity of the circulating fluid, or from a rising and sinking of the brain-substance according to the motions of the vessel. Movements of the spinal cord, likewise, are instrumental in causing the sickness, these movements being synchronous with those of the vessel, and causing a series of jerks or concussions to the spinal cord through the medium of its inner sheath, especially along the line of the ligamenta denticulata. Movements of the viscera are likewise a source of sea-sickness and of the diarrhœa attendant upon it. The physiology of the action of these three great causes is more minutely considered than we can here enter upon.——Dr. BOULTON has published "A Case of Ovarian Disease in which Ovariotomy was not performed," because of the extent of adhesions within the pelvis and to the abdominal wall. Mr. Spencer Wells had given this opinion during the life of the patient, and the post-mortem examination showed the accuracy of his diagnosis.

REVIEW OF BOOKS.

The Essentials of Materia Medica and Therapeutics. By Alfred Baring Garrod, M.D., F.R.S. Second Edition, revised and much enlarged. Pp. 391. London: Walton and Maberly. 1864.

In a preliminary note appended to this volume, we are informed that it has been considered desirable to make two separate books of the work, originally commenced by the same author under the title of 'Medicines: their Nature and Value in the Treatment of Disease,' and that the present 'Essentials of Materia Medica and Therapeutics' form the first of the contemplated volumes, the second of which will complete the original idea, and will be devoted exclusively to the consideration of the value of medicines in the treatment of disease.

Dr. Garrod's work is intended to serve as a text-book of Materia Medica, and is short and concise, omitting nothing which is of importance, but avoiding unnecessary details and all controversial matters. All the points connected with the officinal preparation of medicines have been included, but only so much information is given as to the therapeutic action of drugs as may serve as a guide in actual practice. Those, therefore, who have been accustomed to the bulky tomes on Materia Medica which were formerly issued to the Profession will perhaps be surprised at the limited size of Dr. Garrod's book, and at the very brief and succinct manner in which the different topics are handled; but as we cannot help feeling, in the case of our present somewhat exuberant medical literature, the truth of the adage μεγα βιβλιον, μεγα κακον, at least as far as the student is concerned, so we are not disposed to find fault with Dr. Garrod's brevity, especially as it cannot be said of the author "*brevis esse laboro, obscurus fio.*" The fact is, that the descriptions are lucid enough, although short; and space has been saved by the omission of a great multitude of chemical, botanical, zoological, and therapeutical details, with which other treatises on the same subject are generally filled. Dr. Garrod also omits all attempts at classifying remedies according to their real or supposed physiological actions, and he plunges at once *in medias res* by describing the weights and measures of the British Pharmacopœia, and the peculiarities and modes of preparing the different forms of pharmaceutical preparations — as waters, confections, decoctions, extracts, infusions, &c.

The arrangement of the articles of the Materia Medica is made primarily to rest upon their position in nature, as they belong, respectively, to the mineral, the vegetable, and the animal kingdom; and then they are each described in succession, the alphabetical order being observed in the case of the mineral substances, and the vegetable and animal bodies being grouped according to their natural affinities. The novelties introduced into the British Pharmacopœia are of course introduced, but many substances are described which, although in use among many practitioners, are not included in that volume.

One portion of the British Pharmacopœia which has not yet received the commendation it deserves, is the list of test-solutions which are given for making the quantitative and qualitative analyses of substances used as medicines, and which undoubtedly ought to be kept by all pharmaceutists and by practitioners who dispense their own drugs. Such are, for instance, the solutions of the ammonio-nitrate of silver and the ammonio-sulphate of copper, for testing arsenious acids; solution of bichloride of platinum, for testing the presence and absence of potash; solution of chloride of tin, for precipitating mercury from its combinations; solution of ferrocyanide of potassium, for the detection of the salts of iron and copper; sulphuretted hydrogen gas, for precipitating the sulphurets of many of the metals, &c., &c. These solutions are all described in Dr. Garrod's work, together with an explanation of their more important applications. Another valuable feature in the British Pharmacopœia is the list of what are called volumetric solutions, the use of which is in the determination of the strength of certain elementary and compound bodies by the quantity of the solutions which they neutralize. Thus, for instance, the volumetric solution of nitrate of silver is made of such a strength that one hundred measures contain seventeen grains of the salt; and it is used for determining the strength of hydrocyanic acid. When nitrate of silver is added to a solution of this acid, to which an excess of soda has been added, it gives rise to the formation of a double salt, consisting of cyanide of sodium and cyanide of silver, which is at first precipitated, but redissolved on shaking. When all the hydrocyanic acid is withdrawn in the formation of this double cyanide, nitrate of silver gives rise to a precipitate no longer soluble; and thus it is shown that all the cyanogen is exhausted. In practice it is found that seventeen grains of nitrate of silver will correspond to 5·4 grains of absolute hydrocyanic acid.

A posological table, the absence of which in the British Pharmacopœia has been a somewhat unreasonable ground of complaint, is given by Dr. Garrod; and we think that little fault can be found with the doses which he describes. The higher doses are somewhat larger than those which practitioners have been accustomed to prescribe, but experience has shown that medicines may be administered with safety in larger quantities than was once supposed. There must also exist great latitude in this respect, on account of idiosyncrasies, of habit, of the nature of a particular malady, and other circumstances which can only be determined by the observation of individual cases.

Some typographical errors have been allowed to escape notice in Dr. Garrod's book. The Physostigma venenosum is written *Pysostigma venosum* (p. 189); the Colutea arborescens is written *Colatea* (p. 191); the Sambucus nigra is written Sambucus *niger*, and its Linnæan class is written *Petandria*, instead of Pentandria; and the stag, Cervus elaphus, is decribed as Cervus *elephas* (p. 322), the Greek word for a stag being ελαφος, while ελεφας means an elephant.

SCIENTIFIC ARTICLES.

ON DIGITALINE.

By M. LEFORT.

The following account of the two foreign digitalines met with in commerce will be of interest to English readers, since this country is, we believe, entirely supplied with the article from Continental sources:—

1. *German, or Soluble Digitaline.*—This is said by the author to be made by Merck, of Darmstadt. It is of a yellowish white colour, neutral to test paper, completely and readily soluble in water and alcohol. It is, on the contrary, but slightly soluble in ether, sulphide of carbon, and benzole. Tannin completely precipitates it from an aqueous solution. In one particular it will be seen, that of solubility in water, this article differs essentially from that described in the British Pharmacopœia.

When the powder is dropped into hydrochloric acid it immediately dissolves, forming a yellow solution, which gradually turns brown and finally becomes green. The green colour, however, is less bright than that given by the insoluble digitaline to be presently described, and the solution also remains transparent longer.

As the green colour is developed the solution becomes turbid, and emits an odour resembling that of powdered digitalis or the tincture, and deposits a brown substance, which seems to be a compound of digitaline or of one of the principles accompanying with hydrochloric acid.

When exposed to the vapour of hydrochloric acid this soluble digitaline turns rapidly brown, but exhibits no green colour.

Examined by a microscope with a high power the powder is seen to consist of small semi-transparent fragments, sometimes presenting sharp edges, but of no definite crystalline form. An alcoholic solution evaporates spontaneously to a clear varnish, and no trace of crystallisation can be observed.

2. *French, or Insoluble Digitaline.*—The colour of French digitaline varies from a yellowish white to a bright yellow.

It is but very slightly soluble in cold water, a litre only dissolving about 0·50 gramme; it is very soluble in alcohol. Sulphuric ether, sulphide of carbon, and benzole dissolve a small quantity; tannin precipitates it from a saturated aqueous solution.

The powder dropped into hydrochloric acid gives a yellow solution which, in a few minutes, passes from a bright to a deep green, according to the quantity of digitaline employed; but as the green tint is produced, a deep green-coloured substance is deposited, and a smell of digitalis is evolved.

When exposed to the vapour of hydrochloric acid it is first coloured yellow, then brown, and afterwards green, the characteristic smell of digitalis becoming very apparent. The green powder (like the fresh powder of foxglove leaves) becomes partially decolorized by exposure to sunlight, but the colour can be restored by another exposure to the vapours of the acid.

This last reaction suffices to distinguish between soluble and insoluble digitaline, and the author considers it sufficient to prove the presence of the latter.

An alcoholic solution of French digitaline (Menier's), left to evaporate spontaneously, and then examined by the microscope, showed a multitude of small spots, sometimes round and sometimes oval, which gave to the residue the cellular aspect of organized structure. This appearance the author considered to support the opinion of Homolle, who supposed that insoluble digitaline was never a single and constant product; and he, in fact, determined that French digitaline contained some volatile matter which communicated its characteristic odour.

The whole of M. Lefort's experiments showed that French and German digitaline differ considerably in their chemical and physical properties, and he is disposed to infer that as great differences may be found in their therapeutical properties.

With regard to the separation of digitaline by means of dialysis, the author found that a simple solution of the substance dialysed, and the digitaline could easily be found in the diffusate. But when a mixture with animal and vegetable substances was placed on the dialyser, the deposit obtained on evaporating the diffusate gave but indistinctly the characteristic reactions of digitaline. Among these characters the most conclusive appear to be the bitterness of taste, the green colouration of liquid hydrochloric acid, and the development of the peculiar odour of digitalis on exposure to the vapour of hydrochloric acid.—'Chemical News.'

GENERAL CORRESPONDENCE.

THE MEDICAL PROVIDENT FUND.

The following letter has been addressed to the numerous gentlemen who were in communication with Mr. Carter last year on the subject of the Medical Provident Fund:—

"Stroud, Gloucestershire,
"Sept. 1st, 1865.

"DEAR SIR,—The time has at length arrived at which I can make to you a definite report on the subject of the proposed Medical Provident Fund.

"In the summer of 1863, I had already obtained the necessary statistical information, and hoped to see the Fund speedily established, when I was informed that Dr. Richardson, at the Annual Meeting of the British Medical Association, was about to move for a Committee to inquire into the whole subject. In consequence, I attended the Meeting at Bristol, and my name was added to the list of the proposed Committee, which was directed to report to the next Meeting of the Association at Cambridge.

"Feeling sure that affiliation to the British Medical Association would be highly beneficial to the Provident Fund, and feeling also that the report of the Committee would deservedly carry far more weight than the labours of any individual, I willingly ceased from independent action in the matter, and gave all the assistance in my power to the framing of the Committee's report. With that report I am well satisfied in all respects but one; with regard to which I appended my individual protest against the views of my colleagues. The report and protest have been published in the Medical Journals, and have doubtless already fallen under your notice.

"The report was adopted by the Association; and Dr. Richardson was appointed Chairman by the vote of the Annual Meeting. At an early Meeting of the Committee of Council the Council Directorate will be chosen, and the various Branches will be called upon to elect their Directors. When this is done, the Board will be fully constituted; and will be in a position to admit members, with a view to the commencement of sick payments in July, 1865.

"The first duty of the Board, however, will be to decide points left open by the report, and consequently left open by the vote of the Annual Meeting. First among these questions will be the subject of my protest—namely:—'Shall the Provident Fund be open to all members of the Profession, or shall it be limited to members of the British Medical Association?'

"The majority of the Committee, who were and are in favour of the limitation, regarded the matter from an Association point of view. I mean that they are old members of the Association, that they have laboured for it in various ways for many years, that they are proud of its progress, and hopeful of its future. They think that it will become an important political engine for the elevation of the Profession, and a power that the Circumlocution Office will not be able to ignore. They think that the Provident Fund will strengthen the Association; and they therefore welcome it for the sake of the Association, rather than for the sake of the men who will chiefly need its help. I, on the other hand, and those who think with me, while we should rejoice to see the most sanguine anticipations of the friends of the Association realized, yet feel that there are many practitioners whom sickness would render destitute. There are men of small capital striving to establish themselves; there are qualified assistants who aid in maintaining widowed mothers or younger brothers and sisters; and there are established practitioners who, from local circumstances, are almost precluded from earning incomes sufficient for their needs. I conceive that it would be an act of cruelty to call upon such men to subscribe an annual guinea to the British Medical Association, before admitting them to become members of the Provident Fund.

"But as many of my colleagues in the Committee differ from me, and think that such a call ought to be made, I am tempted to ask what return the guinea will bring. The political and other anticipated benefits are not yet realized. The meetings, and speeches, and dinners are necessarily limited to men in comparatively easy circumstances; and the less affluent members receive for their subscription only a copy of that Journal upon which about ten-elevenths of the income of the Association are expended; and which must always, from the operation of commercial laws, be inferior to its contemporaries that are maintained by private enterprise. The present deplorable position of the Journal, and its recent advocacy of superficial attainments and of trading greed, although they cast some reflected discredit upon the Association, are yet mere accidents, due to causes that are temporary, or, at least, that admit of being removed. Still, the fact that such accidents are possible, that they have occurred, and may recur, increases the hardship of asking any man to pay for a publication that may offend his taste and judgment in every number, and that he cannot discontinue without forfeiting his right to obtain provision during sickness.

"I apprehend, however, that the organization of the Association, apart from the Journal, would be of great value to the Provident Fund, and I think that the subscribers to the Fund should be prepared to pay for the use of that organization. I would suggest, therefore, that every subscriber to the Provident Fund should contribute two shillings a year to the executive expenses of the Association generally:—that being rather more than the proportion of the ordinary subscription that is not absorbed by the Journal;—and that the Board of Directors should

applied to, as soon as formed, to admit subscribers upon such a basis.

"That such a proposal may be acceded to, those who are in favour of it must bestir themselves. They must endeavour to procure the election, by the Branches in their respective neighbourhoods, of Directors who will support it at the Board; and they must seek to obtain the names of practitioners who wish for admission on the terms proposed. I should like the directors to consider the question of limitation, under the pressure of 200 or more applications from gentlemen who are not members of the Association, and who are prepared, in the event of being refused, to establish a separate fund of their own. From all such I shall be most happy to receive communications.

"I have observed in the Journals some letters criticising the Report of the Committee, and suggesting various improvements. To all these letters there is one reply. The suggestions of the writers are usually practicable—at an increased rate of subscription. There is no reason why the Provident Fund should not extend its operations in many ways; but it is best to begin cautiously, and to wait for experience before attempting too much.

"I am, dear Sir,

"Yours very faithfully,

"ROBERT BRUDENELL CARTER, F.R.C.S."

UTILISATION OF SEWAGE.

The following are the principal portions of the report of the Select Committee appointed to inquire into any plans for dealing with the sewage of the metropolis and other large towns, with a view to its utilisation to agricultural purposes:—

"Your committee has come to the conclusion that it is not only possible to utilise the sewage of towns, by conveying it, in a liquid state, through mains and pipes to the country, but that such an undertaking may be made to result in pecuniary benefit to the ratepayers of the towns whose sewage is thus utilised.

"The benefit may, in a few years, be greatly increased; for the amount of artificial manures is even at present insufficient, and the sources whence some of the most important are obtained will, in a few years, be exhausted. Other means of fertilising land must, therefore, be resorted to.

"Your committee, having examined the chairman and engineer of the Metropolitan Board of Works, are of opinion that more might have been done by that board towards the profitable use of the sewage of London; and that the completion of the outfall sewerage of the metropolis ought, at the earliest possible moment, to be followed by the adoption of a system that may convert that sewage from a nuisance into a permanent and increasing source of agricultural fertility.

"There can be no doubt as to the injury which results from the practice of conducting sewage and other refuse matters into the rivers, from whence numerous towns, villages, and country populations derive their water supply.

"It is imperatively necessary that such a practice should be discontinued. No efficient artificial method has been discovered to purify, for drinking and culinary purposes, water which has been once infected by town sewage. By no known mechanical or chemical means can such water be more than partially cleansed; it is always liable to putrefy again. Processes of filtering and deodorisation cannot, therefore, be relied upon to do more than mitigate the evil. Water which appears perfectly pure to the eye is sufficient, under certain conditions, to breed serious epidemics in the population which drinks it.

"If the sewage of towns is no longer to flow into rivers, the only alternative which remains is to dispose of it on the land.

"The removal of house refuse to the land would now be much easier and cheaper than it was formerly, because carriage by suspension in a liquid is the cheapest mode of transport.

"Dwelling-houses in the metropolis and many parts of England have already been freed, which has caused the increasing pollution of rivers. This latter evil is becoming worse every year in proportion to the adoption of a better water supply, of a more perfect system of house drainage, and the increase of the population. Dr. Acland and other witnesses believe that rivers can be effectually freed from pollution only by extending the Local Government Act to entire watersheds. They furthermore hold that it should be the duty of the Home Secretary to see that the law as to the pollution of streams is strictly enforced by those watershed boards.

"We recommend that the important object of completely freeing the entire basins of rivers from pollution should be rendered possible by general legislative enactment, enabling the inhabitants of such entire districts to adopt some controlling power for that purpose; but it should include a provision for compelling local boards to render the sewage of their districts innocuous by application to the land for agricultural purposes. The case of the valley of the Thames (where the purification of the river, which has been sought by the expenditure of enormous sums, is, to a considerable extent, counteracted by the increased discharge of sewage from towns higher up the stream) requires special and immediate attention."

MEDICAL NEWS.

UNIVERSITY OF ABERDEEN.—The following candidates, after the usual Examinations, have received degrees in Medicine and Surgery during the present year:—*Degree of M.D.*—Samuel Davidson, A.M., Wartle, Rayne; George Dickson, L.R.C.P. and S., Edinburgh; William Gregory Van Dort, Colombo, Ceylon; and John Gray M'Kendrick, Aberdeen (honourably distinguished); James Copland, A.M., Edinburgh; John Dunlop, L.R.C.P. and S. (Ed.), Lanarkshire; John Fraser, Granton; James Andrew Sandilands Grant, A.M., Methlick, Aberdeenshire; William Grant, Methlick; James Foote Henderson, Aberdeen; James Alexander Innes, Banff; Alexander Johnston, Aberdeenshire; James Ledingham, A.M., Aberdeen; William Burnup Leslie, Aberdeen; John Robson, Perthshire; William James Smith, Kintore; Charles James Trenerry, M.R.C.S., Gibraltar; Alfred Harold Wheldon, India; George Charles Henry Wigan, M.R.C.S. Eng., L.A.C. Bristol; George Yeats, Aberdeen.

At the same time, James Ross, M.B. (highest honours) and C.M. (highest honours), Aberdeen; William Paterson, M.B. and C.M. (honourably distinguished), and James Clark, M.B., Aberdeen, were promoted to the degree of M.D.—*Degree of M.B.*—George MacIver Campbell, A.M., Old Aberdeen; Robert Alexander Farquharson, A.M., Ballater; and Andrew Skeen, A.M., Tarland, Aberdeenshire (honourably distinguished); George Andrew, A.M., Huntly; Fredk. Page Atkinson, L.R.C.P.E., M.R.C.S., L.S.A., Kew, Surrey; Theunis Johannes Botha, Cape of Good Hope; Charles Forbes Buchan, A.M., Kincardineshire; Charles Burnett, Alton, Hants; Stewartson Clark, New Pitsligo; James Davidson, A.M., Strichen, Aberdeenshire; Alexander Duncan, A.M., Aberdeen; James Hector, Aberdeen; Robert Keith, Keith-hall; Robert Davidson Kemp, Aberdeen; Benjamin Knowles, Aberdeen; John Knox, L.R.C.S.E., Tyrone; Godfrey Alexander Macrae, North Uist; Alexander Minty, Kinnethmont; John Murray, Woodside; William Paterson, A.M., Aberdeen; Archibald George Robertson, Edinburgh; William Robertson, A.M., Aberdeen; Robert John Scott, Beverley, Yorkshire; Peter Shepherd, Leochel-Cushnie; William Henry Stewart, Grantown; George Thomson, Aberdeen; Thomas Watt, A.M., Aberdeen.—*Degree of C.M.*—Robert Alexander Farquharson, Benjamin Knowles, and Andrew Skeen (highest honours); Frederick Page Atkinson, George MacIver Campbell, Samuel Davidson, William Gregory Van Dort; William Gray M'Kendrick, William Paterson, William Robertson, and Robert John Scott (honourably distinguished); George Andrew, Theunis Johannes Botha, Charles Forbes Buchan, Charles Burnett, Stewartson Clark, James Copland, James Davidson, John Fraser, James A. S. Grant, William

Grant, John Gray, James Hector, James Foote Henderson, James Alexander Innes, Alexander Johnston, Robert Keith, Robert Davidson Kemp, Robert Ledingham, William Burnup Leslie, Godfrey Alexander Macrae, Alexander Minty, John Murray, Archibald George Robertson, Peter Shepherd, William Jas. Smith, William Henry Stewart, William Sutherland, George Thomson, Charles James Trenerry, Thomas Watt, Alfred Harold Wheldon, George Charles Henry Wigan, George Yeats.

And at the late Graduation Term, the following were declared to have passed part of their Examinations:—William Scott Aitken, George Henry Anderson, Thomas D. Atkins, William Sharp Birnie, Arthur Woolsey Blacklock, William Center, Alexander Dyce Davidson, Owen Evans, James Farquharson, Alfred John Freeman, John Smith Fowler, George Garvin, Alexander Gibb Grant, Robert Grant, John Thomas Hughes, David A. Kerr, Joseph P. Lackerstein, Alfred Swaine Lethbridge, William Mackintosh, George Maconachie, William Macrae, Andrew A. Macrobin, William M'Donald, Donald M'Ewen, John Stuart M'Gowan, Thomas Milne, Douglas Moir, David Nicolson, Jas. Rodger, James Alexander Skene, Francis Snaith, Edward Sutcliff, James Taylor, Frederick John Wadd, William Abram Walker, William Leaven White, James Williamson, Horace Winboldt.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, August 25, 1864:—Shephard Thomas Taylor, Argyle square, St. Pancras; Anthony Charles Colborne, Tachbrook street, S.W.; Joseph Johnson, Hogsthorpe, Lincolnshire; Edwin Turner, Hampstead, Middlesex.

As an Assistant:—William Williams Mildren, Hayle, Cornwall.

The following gentlemen, also on the same day, passed their First Examination:—William Knight Treves, St. Thomas's Hospital; John Williams, University College.

MAP AND CENSUS 1861.—All of us have a lively recollection of an inquisitorial government paper being left at our residences in April, 1861, requiring our christian and surname, profession, and age; from which even the fair sex were not exempt. This collection was for the weal of the State, but are now agreeably surprised at the same being placed before us in a personally interesting form. This manipulation of otherwise dry figures has been brought out in the form of a Map of England, that shows on the railways the various towns, with the population according to the last census; the counties are tinted and their names prominently coloured, so that the ready student, or the interested rustic, instantly traces his native place, the rail by which it is reached, and the number of the human family there located. In addition to this instructive information, we observe that "he who runs (or rides) may read" against each place the name of the agent of Messrs. Horniman, who have caused this map of such wide-spread utility to be prepared, and exhibited for public view at the various railway stations throughout the kingdom.

UNIVERSITY OF PARIS.—D. H. Hodgkinson, M.A., M.D. of Trinity College, Cambridge, was received Docteur en Médecine de la Faculté de Paris on the 17th ult.

MILITIA HOSPITAL, NEW ZEALAND.—The militia authorities at Auckland have decided on greatly enlarging the militia hospital. At present many of the patients have to be housed in tents in the rear of the present building. A great many patients have been received with low fever and dysentery; but the largest number are men in a debilitated state of health, requiring good food, rest, and strengthening medicines. Of all these we are glad to learn that the supply is most abundant. The regular medical attendants are Drs. Goldsbro', Sam, and Carey.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 7.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 8.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 9.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 10.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 12.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 13.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Dr. Hunter's Letters on Diseases of the Throat, Larynx, and Lungs. London: C. Mitchell and Co., Red Lion court.

The Pharmaceutical Journal for September.

The Social Science Review, September.

Army Medical Department.—Statistical, Sanitary, and Medical Reports for the Year 1862.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
R. Bryden, Esq., Tiverton	0	5	0
H. Stear, Esq., Saffron Walden	0	10	0
F. F. Welsh, Esq., ditto	0	10	0
G. D. Niven, Esq., Clifton	2	2	0
E. Richardson, Esq., Whitechapel	0	10	0
Amount previously announced	53	3	6
Received at the 'Lancet' Office	3	11	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

August 31, 1864.

MR. R. BRUDENELL CARTER'S letter is inserted.

INQUIRER.—The great controversy as to the real Harvey who discovered Bantingism is of the very least possible interest to the Medical world, inasmuch as the principles of the so-called system might have been laid down by any well-educated Medical practitioner. The honour, however, such as it is, belongs to Mr. William Harvey, of Soho square.

MR. R. S.—Dr. Clay, of Manchester, has, in one case, removed the whole of the uterus and its appendages with perfect success. The disease consisted of a mass of fibroid tumours.

MR. J. D., *Cambridge*.—The letter has been received, and the mistake has been rectified.

DR. J. H.—A Medical practitioner does not require a licence from the Commissioners in Lunacy in order to receive *one* nervous patient, but if he takes two or more of such patients he renders himself liable to prosecution for a misdemeanour. If he can prove, however, that the patients are not insane, he will obtain a verdict in his favour. Even if he receives *one* insane patient he need not take a licence; but the insanity must be certified in the usual manner, and he should communicate with the Commissioners.

MR. WM. PRETTY, *Lower Norwood*.—The cases are in type, and will appear next week.

Our article on the BRITISH PHARMACOPŒIA and several other communications are unavoidably postponed until next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 136.)

The Causes, Diagnosis, and Treatment.

Retention of the Membranes.—A small portion or the whole of the membranes may be torn away from their attachment to the placenta, and left either partially attached to the uterus, or loose in its cavity. The accident is very liable to occur, if the placenta be pulled quickly away, or if it be suddenly expelled into the bed during a strong contraction. The best way of bringing the membranes away entire is stated in the tenth precaution, and it should be followed out in every case. Retention of the membranes sets up hæmorrhage by preventing the due contraction of the uterus. In some instances, the flooding is violent; more often it occurs in the form of draining, which continues for several days. Hæmorrhage is generally the first, but not the only danger incurred; after a few days, as in disrupted placenta, irritative fever sets in from decomposition of the retained mass.

Diagnosis.—If, during the extraction of the placenta, a portion or the whole of the membranes were felt to tear off, the cause of the hæmorrhage will be at once evident. The next most certain indication is the absence of the membranes on examining the placenta. If the case has not been seen for some hours after delivery, and the placenta has been destroyed, we must be satisfied with knowing that the hæmorrhage is due to the presence of something in the cavity of the uterus, from the frequently recurring afterpains, and the more or less tender condition of the uterus.

Treatment.—The retained membranes should be removed, if it be possible without much risk, by the introduction of the hand or by means of one or two fingers. Although, in most cases, the membranes are lying detached from the walls of the uterus, they cannot be expelled by external pressure as clots sometimes may be. The absence of the membranes from their usual attachment to the placenta is not a certain sign of their being retained, unless there is also hæmorrhage; for I have seen several cases where the placenta has come away without the membranes being attached to it, and yet the patients have recovered without a single bad symptom. I do not pretend to be able to explain in all the cases what has become of the membranes; but the interrupted recovery of the patients I have observed so often, that, in consequence, I now carry out the following practice:—If I feel convinced that the membranes have been left in the uterus, from having felt them first resist and then break off, I do not wait for flooding to begin, but introduce my hand forthwith, and remove them; if, on the other hand, I only suspect that the membranes are retained from their not having come away attached to the placenta, I do not consider myself justified in introducing the hand until some untoward symptom, such as hæmorrhage, presents itself. When the membranes cannot be removed, the same treatment should be followed as for disrupted placenta. A vaginal examination should be gently made daily, to see whether any portion of the membranes is protruding through the os uteri; if so, an attempt should be made to remove them by slowly drawing down the protruding piece, either with the fingers or a speculum forceps.

Illustrative Cases.

I.—I was called to see this patient by one of the pupils of the Dispensary on account of post-partum hæmorrhage, to arrest which he had tried cold, pressure, and ergot, with only temporary success. On external examination, I found the uterus was large and tender. The patient was constantly complaining of afterpains, so that it was clear that there was no inertia, and from the bulky and painful condition of the uterus that there was something within it that ought to come away. On examining the placenta, it was found to be perfect, but the entire membranes were absent. I then passed my hand into the uterus, and removed quite a handful of membranes. The hæmorrhage was arrested, and the patient felt immediate relief from the afterpains, and recovered well.

II.—The following occurred in my own practice:—Mrs. L., æt. twenty-one, a fine, healthy woman, was delivered of her second child after an easy labour of six hours' duration. The placenta came away readily by traction in about fifteen minutes, and I allowed it to drop as usual into my left hand. I then passed the index finger of the right hand to coax down the membranes. The tail end resisted considerably, and, notwithstanding every care, tore off. As the piece left behind was small, I thought it best at the time to leave it alone, but very sorry I was afterwards that I did not remove it. For the first three days the loss of blood was very great; a constant draining kept on during that time, with the expulsion every now and then of small clots. Two days after labour the discharge became offensive, and of course was accompanied by irritative fever. I made a vaginal examination every day, but could feel nothing of the retained piece of membrane until the fourth day, when I found it lying at the upper portion of the vagina, and it was easily removed. The constitutional disturbance did not abate for some days after, and it was nearly a month before she left her bed. She was fortunately a very strong young woman and could spare a considerable loss of blood, or otherwise, I doubt whether she would have fared so well as she did.

Having now considered the various causes of post-partum hæmorrhage which occurs before the delivery of the placenta, or the membranes, I shall go on to speak of those which set up flooding after the birth of the placenta. Before commencing the subject of inertia, it will not be uninteresting to study the means which Nature employs, in ordinary cases, to prevent the escape of blood from the uterine sinuses, and also to endeavour to explain what becomes, after delivery, of the blood which flows through the uterus, prior to the commencement of labour. The escape of blood through the uterine sinuses is said to be prevented by clots plugging up the open mouths of the veins, and contraction of the muscular structure of the uterus. Some medical men set a high value on the little clots, and give strict injunctions to be careful not to dislodge them in any way. I must confess I have very little faith in their power of arresting the flow of blood. When the uterus is in a state of complete inertia, I do not believe these little clots have the slightest effect in preventing the blood from escaping; and when the organ is in a properly contracted condition, they must be quite unnecessary. Contraction of the uterus, on the other hand, is an admirable means for preventing the escape of blood after delivery. It is rendered perfectly adequate for that purpose by the round-about way the vessels take through its structure before they arrive at the uterine sinuses. If the spermatic and uterine vessels were to pass directly from the abdominal aorta into the fundus, they would arrive almost at once at the open mouths of the veins, and the result would be, that the contraction of the small amount of muscular tissue, through which the vessels would have to traverse, would not prove sufficient to stem the force of the current of blood. The vessels, however, enter the uterus below the fundus. The spermatic vessels pass along the broad ligament into the uterus, and then a part of the branches ascend to the uterine sinuses, the rest descend to join the uterine vessels. The uterine arteries and veins enter the uterus at its juncture with the vagina, and have therefore to traverse its whole length before they terminate in the sinuses. The blood having to flow through such a long maze of contractile tissue is liable at every step of its course to be arrested. It may be likened to the water of a canal which has to flow through a series of locks, by the closure of any one of which it may be prevented from going any further. The blood in the uterine

vessels flows through a multitude of living locks: if one should happen to be open, another a little further on will be closed. The chief portion of the blood is derived from the veins, as the arteries are small in calibre and in number. The veins of the uterus are peculiar, inasmuch as they run in planes one above the other and have not the valves proper to veins in most other parts of the body. At the point, however, at which the vein of one plane communicates with the vein of another, the lining membranes of the two so form a sort of valve which, no doubt, after delivery assists in impeding the flow of blood towards the uterine sinuses. In natural cases, the blood which circulates in the uterus at the commencement of labour is not expelled after delivery, but by the contraction of the uterus is regurgitated into the abdominal vessels. This is gradually effected: a certain amount is regurgitated after the liquor amnii is discharged; still more with the contraction that expels the child; and the rest on the expulsion of the placenta. The very same contraction which, by expelling the child, removes the pressure from the abdominal vessels, transfuses into them the blood which previously circulated in the uterus, and thus prevents the bad effects which sometimes follow the sudden removal of pressure from large vessels. The only truly normal loss of blood after labour is that which comes away from the detached placenta; but the uterus very rarely contracts so perfectly as to prevent a small quantity of blood escaping from its vessels. Women sometimes lose a great deal after delivery without its affecting them in the slightest appreciable degree, and this fact is brought forward by those who hold the opinion that a free discharge of blood after confinement is salutary. It is true that women can bear the loss of a considerable quantity of blood from the uterus better then than at most other times, still, that is no proof of its propriety. In such cases, a large portion of the blood is not derived from the general circulation, but from that of the uterus. In the majority of cases, when women are confined with care, the amount of sanguineous discharge is very small, and they get up all the stronger from having a little extra blood transfused into them by the uterus.

EXTENSIVE ANASARCA OF THE LOWER LIMBS, ETC., CURED BY SPONTANEOUS BLEEDING FROM THE NOSE.

By Wm. Pretty, M.R.C.S.E.

Offering a little help to the assistant of a surgeon who was prevented by illness from continuing his attendance, I was asked to visit and prescribe for a patient, the particulars of whose case I shall briefly relate, and whose cure was effected by an effort of Nature (an attack of epistaxis) under circumstances usually considered unfavourable for such a remedy, especially in the present day, when bleeding is all but superseded by alcohol and stimulants.

The patient was an old man, in his seventy-third year; his previous health tolerably good; occupation that of a jobbing gardener, but he would make himself useful in a general way; had been exposed to cold and wet, and experienced shiverings and feelings of weakness, soon followed by a swelling of the feet and ankles. I found the old man sitting in a high-backed chair, which he had occupied night and day for four or five preceding weeks, because he could not breathe in the lying-down position. I tested this assertion and found symptoms of syncope soon supervene. The heart's action and the respiration became so weakened, that in two or three minutes he was obliged to be removed from the bed. He complained of no pain, coughed now and then, and expectorated a little mucus. There was nothing of importance wrong in the lungs, so far as my acquaintance with auscultatory signs would aid my judgment; percussion over the lowest part of the left side of the chest yielded some dull sound, but succussion did not give evidence of any accumulation of fluid within the chest. The pulse was slightly accelerated, but I could not discover any disease of the heart. I would, however, speak diffidently on this point, because his usual medical attendant entertained an opinion that the second sound of the heart was not normal. In the sitting posture there was no embarrassment in breathing; no feverish excitement; tongue slightly coated white; liver and kidneys rather torpid, but not diseased; no albumen in the urine. Both inferior extremities were anasarcous, from the feet to the middle of the thighs. I could not feel satisfied that there was any organic disease which I could assign as a cause for these symptoms. A dose of pulv. jalap comp. was prescribed for each other day, and diuretics three times a day. The secretion from the liver was improved, and the quantity of urine increased. Further than these, there was no amendment of the symptoms.

Suddenly and unexpectedly a bleeding commenced from one nostril, and continued slowly with intermissions for five days. His usual medical attendant being sent for, I did not see him while the bleeding was going on. At first he bled, while sitting in his chair, for one day, if not longer. I found the patient in a prostrate and exhausted condition, lying in bed, and breathing easily; anasarca almost wholly gone. The judicious administration of stimulants and nourishment gradually restored his strength; and in a few weeks he had quite recovered, a little swelling at the insteps only remaining, after being able to walk out. It is now more than two years since this old man was under medical treatment for the complaints I have described. His countenance has a healthy and rather florid appearance; he wheels a barrow of washed linen with little inconvenience, and feels as well as he did before his late illness. I did not see in this man's symptoms any indication for the loss of blood—and very few men, if any just now, would have recommended bleeding as a remedy—yet we see here, Nature did her own work, and that in opposition to the generally-received principles and practice of the present day. This man's recovery of health and strength is a pretty good proof that his illness was not the effect of organic disease. Bleeding, I am aware, has been recommended and practised by some authors as a remedy for dropsical accumulations.

The happy termination of this case forces upon me the question—What was the cause of this man's inability to breathe in the recumbent position, and the syncope which attended it? Surely it was not effusion into the cavity of the pleura, pulmonary congestion, or bronchitis? Was it effusion into the pericardium? I am inclined to think not. There existed no puffing of the eyelids or of the hands, or anasarcous swelling of the upper part of the body. A simply overloaded and oppressed heart—as suggested by a much-esteemed medical friend and physician—relieved by the loss of blood, seems scarcely a satisfactory explanation of all the phenomena. It is pretty certain that exposure to cold and wet was the cause of some change in this patient's general state of health and productive of the dropsical affection. However doubtful may be the cause of the failure of the heart's action and of the function of respiration in the recumbent position, there can exist no doubt whatever that the occurrence of an attack of epistaxis cured this old man of all symptoms of illness when other means were unavailing.

"It is now said that dropsy has subsided into the rank of a symptom, the cause of which is to be sought in structural though often insidious changes in important vital organs, and the treatment of which is to be guided by the light of modern pathology."—Review of Dr. Basham's 'Letters on Dropsy' in Medical Circular. I have briefly stated the facts of this, to me, interesting case, and any further explanation of the why and the wherefore I must leave to abler and younger hands.

A BRIEF STATEMENT OF A CASE OF VERY SEVERE RHEUMATIC IRRITATION OF THE URINARY BLADDER.—RECOVERY, ETC.

By Wm. M. Pretty, M.R.C.S.E.

The patient, a lady aged seventy-four, of inactive habits from a weak heart, easily excited and hurried respiration, with corpulency, moderate in food, and usually drinking only

four or five ounces of mild ale per diem, subject to pains in the sides, back, and loins, was attacked with rheumatic pain in the left hip and outer part of the thigh, rendering movements of the limb very painful. After ten days' suffering, the pains rather suddenly left the affected parts, and an irritable condition of the urinary bladder commenced. Micturition was painful, generally of a smarting, cutting, and straining character, the discharge of the few last drops being often quite agonising, and leaving a sensation that more must be parted with. The calls to evacuate urine varied in frequency—from one to three hours; on several occasions they were almost incessant for a shorter or longer time. No mucus or blood was passed, and there was no albumen in the urine, but it was abnormally acid, with a large deposit of fawn-coloured lithates inclining to red, the specific gravity ranging from 1020 to 1035; quantity varying from eight to twelve ounces, in twenty-four hours; odour often like that of decaying fish—on one occasion or two decidedly ammoniacal, but generally strongly reddening litmus paper.

A fit of feverish heat, of one, two, or three hours' duration, almost daily, either in the morning or afternoon, frequently preceded by chilliness and as frequently accompanied or followed by moderate perspiration; an occasional dry and coated white tongue, with some thirst; pulse often excited, and beating from sixty-five to ninety strokes per minute.

These symptoms continued with more or less severity for a period of twenty weeks. The pain, loss of sleep, and loathing of all kinds of food produced great weakness, with several rather alarming fits of faintness, and a reduction of corpulency.

Now, a few words as to the treatment pursued:—Early in the complaint it was thought there might be a partial retention of urine, and an elastic catheter was twice introduced into the bladder, each time drawing off about two ounces of urine. A third time, immediately after passing all the urine the patient could, a silver catheter was passed and the bladder found empty. Each of these operations was attended with almost unendurable pain, rendering an opiate enema immediately necessary, and the effects were not beneficial. A few weeks passed, and no improvement taking place, it was thought by an old friend and practical physician, and also by myself, that there might be a small calculus in the bladder not discovered by the catheters. An examination was therefore made with a sound, but no stone was detected. This operation was likewise very painful, but was relieved by a strong opiate enema. Fomentations over the bladder were used with some benefit; a warm-bath was not manageable. From ten to sixty minims of laudanum in an ounce and a half of liquid starch were administered as an enema every night, and when the irritation and pains required it, a second and a third in the course of the day. These were always productive of essential benefit, by relieving pain and moderating the violent expulsive contractions of the bladder, without affecting the head or adding to the derangement of the digestive organs. All kinds of medicine were administered—alkalies, tonics, astringents, mineral acids, sedatives, and stimulants—without any decided and certain beneficial results.

I should also state that at one time tenesmus was very urgent, in addition to the other symptoms; and latterly some pressure to the anus was necessary to insure the retention of the injection. The urethra and vagina were very sensitive of pressure, but no complaint existed in either the uterus or rectum. Over the bladder and upon the kidneys pressure was painful. Pain and irritation of the bladder were at times equally severe when the urine was acid and depositing lithates, and when it was only acidulous or neutral and a little turbid.

That rheumatism in a gouty constitution (for there were concretions on two fingers, though the patient had never had a fit of the gout) should have caused such sufferings for so long a period seemed rather improbable; but a kind friend, consulted by letter, thought otherwise, saying that such cases were always very refractory, and he was of opinion that there was no stone. A plain generous diet, with spirit-and-water for drink, was recommended; but throughout the illness appetite was greatly defective, and a natural distaste for spirits, which were also found to increase the fever and produce headache, limited the consumption of the latter to one bottle only with one of wine during the whole illness. It cannot, therefore, be said that much feeding and stimulation, or support from alcoholic drinks, aided the recovery materially. This was chiefly effected by time, a tolerably good constitution, and laudanum. The abnormally acid condition of the urine was evidence of the disordered condition of the system (a blood disease if you like), and not the cause of the sufferings, for it was present in a less degree after the irritation of the bladder had ceased. Could the function of the bladder have been superseded for a time, the painful symptoms would scarcely have existed.

The complaint commenced in October, and did not leave the patient till the middle of March following.

I once attended an elderly man for a like complaint. He had been for several years subject to attacks of rheumatic inflammations of the joints, both large and small, and sank, after a fortnight of severe suffering, with an affection of the brain. The mucous membrane of the bladder in one small portion was found softened and partially disorganised.

SCIENTIFIC ARTICLES.

NOTES ON THE LATE CASES OF POISONING BY CALABAR BEANS IN LIVERPOOL.

By J. BAKER EDWARDS, Ph.D., F.C.S.,

Lecturer on Chemistry and Medical Jurisprudence at the Royal Infirmary School of Medicine, Liverpool.

1. About seventy children were poisoned by eating the beans, of whom about fifty were treated at the Southern Hospital in this town. The quantity taken by each child was from half a bean to six beans. The nuts were cracked, and the kernel eaten without the spermoderm.

2. The children were mostly under ten years of age, and the poison generally produced nausea and vomiting in half an hour. The secondary symptoms—trembling, dizziness, and loss of power in the limbs—came on within an hour of administration. Within three-quarters of an hour to one hour after eating, the children were brought to the hospital and at once treated with emetics. In the one case which proved fatal, the emetics (sulphate of zinc and mustard-water) failed to act, and the child died by syncope within a quarter of an hour of his admission. He was said to have eaten four beans.

3. The organs were found healthy, except some tuberculous disease in the lungs. The blood was very fluid. The heart contained fluid blood and clot in all the four cavities, indicating death by paralysis of the muscles of th e heart. Although there was no reddening of the coats of the intestines, there had been purging, which had removed all fæcal matter, leaving only in the intestines a whitish semi-fluid emulsion of the seed. The bladder was perfectly empty and contracted. There was really nothing in the post-mortem appearances to indicate the cause of death, except the peculiar contents of the intestines; and had these been removed by purging, there would have been nothing to distinguish between death by this poison and death by cholera. From my chemical analysis I should also infer that although in this instance circumstances favoured the detection of the poison in the intestines after death, yet in a minimum fatal dose, or a prolonged purging before death, nothing would be found in the body to identify the poison or to account for death.

I am indebted to Dr. Frazer, of Edinburgh, who has investigated the subject with great ability, for a valuable communication during my analysis, and tests Nos. 3, 4, and 5 in my analysis were suggested by him.

Conclusions.

1. The bean is edible in poisonous quantities, and although slightly rough in its flavour, does not appear to

excite disgust or alarm when eaten alone, and would be undiscovered when mixed with food.

2. The symptoms are not always immediate, nor is vomiting induced, except when the dose is excessive ; nor would the secondary symptoms—viz., dizziness, faintness, and loss of power in the limbs—excite sufficient alarm to call for medical assistance until life was really in immediate danger.

3. The symptoms would scarcely be distinguished from sudden indigestion or English cholera in time to save the life of the patient.

4. In criminal cases, nothing might be detected by autopsy or by chemical analysis to reveal the cause of death.

5. So insidious a poison should not only be stored, but also handled with great caution ; its alcoholic solutions or extractive, when introduced into the circulation, acting as a slow but certain poison, leaving no trace in the body which can be identified by chemical tests in our present knowledge of the poison.—' Pharmaceutical Journal.'

We subjoin Dr. Edwards' evidence given at the inquest, together with some of the Coroner's remarks :—

Mr. John Baker Edwards deposed,—I am an analytical chemist and lecturer on medical jurisprudence at the Royal Infirmary School of Medicine, Liverpool. On Friday, the 12th instant, I attended a post-mortem examination of the remains of the deceased Michael Russell, and removed the stomach, intestines, and parts of the viscera of deceased in jars, which I conveyed to my laboratory at the Royal Institution for chemical examination. On the same day I received from Inspector Moore a parcel of beans, said to be similar to those of which the said Michael Russell had eaten. The beans are those known in medicine as Calabar or ordeal beans (*Physostigma venenosum*). I proceeded to make an alcoholic extract of the beans, also of the contents of deceased's stomach, and of the contents of deceased's intestines. The stomach contained only five fluid ounces of fluid, consisting of a few fragments of the bean and the remains of a mustard emulsion which had been administered shortly before death. The quantity of alcoholic extract from the stomach was therefore very small, and its reactions were obscured by the mustard. After further purification by ether, an extract was obtained which caused marked contraction of the pupil in the eye of a rabbit when applied to it externally. From the intestines of deceased I obtained seventeen fluid ounces of an emulsive fluid, which, after digestion with the alcohol, yielded an extract, which was then purified by ether and evaporated. This ethereal extract corresponded in its reactions with a similarly-prepared extract of the beans under examination. The chemical reactions on a watery solution of the ethereal extract are as follows :—1. A pink colour, struck by caustic potash, which gradually increases in intensity to a deep red, and when mixed with chloroform forms a deep red chloroformic solution, which separates from the clear yellowish supernatant liquor. 2. A red colour, struck by strong sulphuric acid, with separation of a resinoid coagulum. 3. A violet colour, changing to red by sulphuric acid and crystals of bichromate of potash. 4. A similar colour, with sulphuric acid and binoxide of manganese, retaining the purple colour for a long time. 5. A yellow precipitate, with solution of iodine in iodide of potassium. 6. A purple colour, with terchloride of gold and reduction of metallic gold. 7. A yellow colour, struck with caustic ammonia, which, exposed for some hours to light, turned green, and finally a deep blue. I applied a few drops of the aqueous emulsion of this ethereal extract obtained from the intestines of deceased to a frog's back, by insertion under the skin. In a short time the animal manifested an indisposition to movement, and became very quiet. In the course of an hour it became unable to jump, or to remove the position in which its limbs were placed, and in about two hours it became perfectly flaccid and insensible to any external irritation ; although stimulated by strychnine, it was incapable of being roused to muscular exertion, and soon expired, having previously exhibited very irregular respiration and pulsation. A second portion of the emulsion was exhibited to a mouse, which became soon paralysed in its limbs, and died after a few hours. A third portion was introduced into the circulation of a mouse by the ear, and after twenty-four hours the poison operated fatally, by complete paralysis of the limbs and senses, and the animal died by syncope. A fourth portion of the emulsion from the intestines of deceased, applied to the eye of a rabbit, caused strong contraction of the pupil after three-quarters of an hour. Similar results were obtained by an ethereal extract of the bean itself.

The Coroner, in addressing the jury, remarked that the case was one of a distressing character, there being no doubt from the evidence that the death of the deceased was occasioned by the poisonous action of the Calabar beans which he had eaten. The only question for the jury was, whether there was negligence on the part of any one who was connected with the beans. It appeared by the account of the carter, that 2s. was to be given to him for taking them to the north shore ; but that, as this was too far, considering the price he was to receive, he had deposited the beans in the piece of waste land in Greenland street, this being nearer, and he thought there was no harm in doing so. He also said he was not aware that there were any of the beans amongst the rubbish. Care should be taken in discharging ships whose cargoes contained articles of a poisonous character, because children would play about rubbish to which they could have access, and serious results might follow. In this instance 46 children ate of the beans and were carried to the Southern Hospital, though only one had died. It was a singular fact that the one who died was not sick ; he must therefore have retained a portion of the poisonous bean in his stomach. The Coroner then read an extract from the 'Transactions of the Royal Society of Edinburgh,' containing a description of the plant that produces the ordeal bean of Calabar. The extract was from a paper read before the Society by Professor Balfour, of the University of Edinburgh. It was as follows :—"It has long been known that in various parts of Africa the natives are in the habit of subjecting to the ordeal of poison parties who are suspected of crimes. On the east coast we meet with *Tanghinia venenata*, yielding the Tanghin poison-nut of Madagascar, and on the west coast seeds and barks of different kinds have been employed as ordeals, the sources of which, however, have not been hitherto fully ascertained. Dr. Kirk, naturalist to the Livingstone expedition, states that the Manganja tribe, in the south-east of Africa, believe in a god and in medicine, or the ordeal which he directs as the means of discovering crime. If the ordeal causes vomiting, it shows innocence ; if it acts by the bowels, crime ; and the person is put to death. But the doctors have a good knowledge of which to give, for there are different plants used. In the district of Old Calabar a bean is used for an ordeal poison, to which the name of Eséré is given. It possesses extraordinary energy, and the attention of the missionaries of the United Presbyterian Church of Scotland in that quarter was directed to this poison several years ago. The Rev. H. M. Waddell, one of these missionaries (now in Edinburgh), brought some of the beans to this country ; and of late numerous specimens of them have been sent or brought to Edinburgh by other missionaries." There was no doubt, the Coroner observed, that the beans were brought as part of the cargo of a ship, and extreme caution should have been used in disposing of the rubbish amongst which a part of the cargo might have escaped. There was no law that he knew of affecting any of the parties in this case, as the poor boy had injured himself by eating the beans. He thought, however, that more caution should have been used.

RATING CHARITABLE INSTITUTIONS.—The authorities of the United Parishes of St. Andrew, Holborn, and St. George the Martyr have, in consequence of the decision in the case of "The Queen *v.* Stapleton," decided that the various charitable institutions in the united parishes are liable to the parish rates. On an appeal to the justices in petty sessions, their liability was confirmed. It is expected, however, that an appeal will be made to the Court of Queen's Bench.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ST. GEORGE'S HOSPITAL.

Cases under the Care of Mr. Pollock and Dr. Fuller.

On the occasion of our last visit to this Hospital we saw Mr. Pollock perform amputation of the foot, the operation being necessitated because of the disintegration of the ankle-joint and an implication, not inextensive, of the astragalus and os calcis, the former bone being affected with necrosis and the latter with caries. The synovial lining had become in some places pulpy and thickened, in others it had fallen into a yet more advanced stage of disintegration, being softened and ulcerated, while again, in other places, it was wholly removed.

In such a case as the present, Pirigoff's operation could not have been performed, as the os calcis was too much diseased to permit any hope being entertained of a good result were the posterior portion of that bone allowed to remain.

The object of Mr. Syme's operation is the removal of the entire foot, except a portion of the tissues that enter into the formation of the covering of the os calcis, and which are retained in order to form a soft cushion, which would serve as a protection to the extremity of the stump, and a kind of pad upon which he could rest the entire weight of the body, without any pain or inconvenience to the patient.

In the performance of this operation an incision is made from one malleolus to the other, carrying the knife across the under surface of the heel, the soft tissues of which must all be cut through till the bone is reached; the instrument is then brought in front of the joint, and then another incision should be made to extend sufficiently deep to reach the bone and to divide the ligaments. When these steps have been taken and the joint well laid open, the operator proceeds to dissect out the os calcis from its berth, taking every care, while so doing, to prevent the knife from wounding the heel flap or cutting the plantar arteries disadvantageously. By the term "wounding the heel flap," we mean cutting holes in it with the edge of the knife, or perforating it with the point of the instrument.

The plantar arteries should always be cut of such a length as to maintain a regular and sufficient supply of blood for the nourishment of the flap, in order not alone to preserve its vitality, and thus prevent sloughing, but to procure its rapid and complete union when brought into apposition in the site which we desire.

The os calcis having been removed, the malleoli are sawn off; and should the diseased bone attack the tibia, it will be necessary to remove the affected portion of that bone before the operation can be considered at all completed.

When removing the os calcis, it will be found needful to twist the foot about in several directions, so as to loosen the bone somewhat from its connections and aid us in our dissections with the knife. On approaching the plantar arteries, it is best to keep the knife as closely as possible against the bone.

In making the heel flap we should avoid bringing the knife too near the phalanges, because by so doing we cut the flap too long, and leave behind a cup-shaped cavity to form the extremity of the stump, and in which blood and purulent matter will accumulate. Should such an error be committed, the ulterior effect will be retardation of the healing processes.

No matter how well this operation may be performed, there is always a tendency to the collecting of matter in the extremity of the stump; this may, however, be prevented by *firmly* and *evenly* bandaging the entire limb as high up as the surgeon may deem requisite, the folds of the bandage being laid with especial care on the very extremity of the member.

Instead of having anterior and posterior flaps, instances may occur in which deviation from the general mode of performing the operation will be advantageous. The deviation may be demanded either because of violence done to the joint and to the soft parts or from disorganisation, the consequence of diseased action. In such cases as these, the flaps may be made from the side coverings of the joint; but when it is at all possible it is far better to fashion the stump in the ordinary method, inasmuch as the integuments of the heel are, owing to their density, the best covering for the end of the stump, and the best basis on which the body can rest.

This operation, introduced by Mr. Syme, and by him reduced to a recognised surgical measure, has been most successful in its results. Many limbs have been saved that might have been condemned to removal, and patients have been given good and useful members, instead of being obliged to hobble about upon a wooden pin.

As regards the mortality resulting from the operation, we would say that many figures cannot be ranged on the side of the death-rate.

When the operation has to be performed for severe injuries done to the foot, it is very liable to be followed by excessive suppuration or even by sloughing; but in those cases where resort to this surgical measure is demanded by disease such unfavourable results are not to be expected, no do they often supervene.

The great modification of Syme's operation, and which has been introduced by Pirigoff, the eminent Russian surgeon, is done in the following way:—The heel flap is fashioned in the same manner as it is in Syme's operation—that is, by sweeping the knife from one malleolus to another across the sole of the foot; this done, the soft tissues are dissected from the bone, but not at all so far back as in the original or Syme's method, the dissection being continued for a distance of only about two lines. The incision on the dorsum of the foot is then made, and disarticulation of the astragalus is subsequently effected. The operator next applies the saw immediately behind the astragalus, and to the upper and back part of the os calcis, through which the saw must be made to cut obliquely downwards and forwards; the malleoli are sawn off, as is also a thin slice of the extremity of the tibia; the cut surface of the os calcis is brought up against that of the tibia, and is, together with the flap containing it, maintained in its position by means of strips of plaster, wetted lint, and a few turns of a bandage; the knee bent upon itself so that the leg is flexed on the thigh and the tendo-Achillis relieved of any strain. The limb should be laid on its outer side.

The advantages connected with this operation, when compared with Syme's, are as follow:—First, a longer stump is given to the patient—the length being proportionate to the amount of os calcis allowed to remain; secondly, the stump is better able to bear pressure and to sustain the weight of the body; thirdly, the plantar arteries can be cut long; fourthly, less danger of wounding the internal tibial artery, and so of not cutting off the supply of blood to the heel flap; fifthly, the rapid union of the freshly-cut osseous surfaces; sixthly, the less likelihood of profuse suppuration in the wound or of sloughing in the stump.

The disadvantages of the operation are—first, that there is a risk of pyæmic poisoning of the blood and of the osteo phlebitis, owing to the division of the os calcis on the one side and of the tibia on the other. Instances are on record in which death has resulted from these untoward circumstances.

Secondly, when the operation is practised for disease, there is the liability to a return of that affection in that portion of the bone which is allowed to remain.

At a time when scarlatina is so prevalent, it will be of interest to our readers to know that Dr. Fuller's medicinal treatment is in every uncomplicated case as follows:—

℞ Tincturæ ferri sesquichloridi, ℥xx.;
Quinæ disulphatis, gr. ij.;
Acidi hydrochlorici, ℥vj.;
Potassæ chloratis, ʒj.;
Aquæ, ℥j.—ter in die.

In the course of some observations which Dr. Fuller made on a case of dropsy resulting from cardiac disease, he mentioned the case of a lady, which had occurred in his private practice, and to which he had been called in consultation:—The kidneys would not act; the lower ex-

tremities were enormously distended with fluid; diuretics of every description had been administered by the two gentlemen in attendance before Dr. Fuller had been summoned; and, indeed, all the ordinary, if not almost all the extraordinary means for the removal of the dropsy had been tried, but with no success. Dr. Fuller advised that the patient's legs should be tapped, and that when the fluid had been allowed to drain itself away diuretics should be employed. The advice was acted upon; the kidneys were called into play by the diuretics which were administered, and the dropsy was removed.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XXV.

FERRI OXIDUM MAGNETICUM.—This oxide was formerly officinal in Ireland and Scotland only. It is usually regarded as a compound of protoxide and sesquioxide of iron, and is prepared by precipitating a mixture of a proto- and persalt with an alkali.

Six ounces of sulphate of iron are taken, and two-thirds—that is to say, four ounces—are dissolved and converted into persulphate by the addition of sulphuric and nitric acids in the manner already described; the remaining two ounces of proto-sulphate, are then dissolved in water and added to the solution of persulphate; solution of soda is then added to the mixed liquors as long as a precipitate is produced, and the whole is boiled for five minutes. Lastly, the precipitate is collected on a filter, well washed, and dried *without heat*. The drying is to be effected by putting it under a receiver or in a small cupboard, with a capsule containing sulphuric acid.

The chemical change occurring in the process is very simple. By peroxidising two-thirds of the quantity of proto-sulphate taken, we obtain a solution containing one atom of persalt to one atom of proto-salt; the alkali then acts as follows:—

$$Fe_2 O_3, 3 SO_3 + FeO, SO_3 + 4 NaO = Fe_3 O_4 + 4 (NaO, SO_3)$$

Instead of writing the formula of the oxide so precipitated as $Fe_3 O_4$, it may be represented as $(FeO, Fe_2 O_3)$; the name ferroso-ferric oxide has been applied to this body to express the latter hypothesis.

This oxide is perfectly black when precipitated, and is strongly attracted by the magnet; hence its name of magnetic oxide.

By varying the proportions of the per- to the proto-salt, an oxide identical with this in all its properties may be obtained, having the composition $Fe_4 O_5$, or $(2 FeO, Fe_2 O_3)$. Indeed, the magnetic property of the oxide does not appear to depend at all upon its chemical composition; for when completely changed into sesquioxide, it is still as powerfully attracted as before. Mr. Robbins has shown that when the black oxide is heated to redness, or even fused with nitre, whereby, in either case, it at once passes into the red peroxide, yet the latter retains the full power of being attracted to the magnet.

Magnetic oxide of iron is defined in the Materia Medica as consisting of peroxide of iron, $Fe_2 O_3$, with about nine per cent. of protoxide of iron, FeO, and twenty-two of water. A liberal allowance is therefore made for peroxidation during the washing, drying, and keeping. It is described as brownish black, destitute of taste, and strongly magnetic. It dissolves without effervescence in hydrochloric acid diluted with half its bulk of water, and the solution thus obtained gives blue precipitates with ferrocyanide and with the ferrid-cyanide of potassium.

There are two tests given: one consists in moistening twenty grains of the oxide with nitric acid and heating to redness; the residue should weigh 15·8 grains. The second requires that twenty grains, dissolved in hydrochloric acid, should continue to give a blue precipitate with the ferrid-cyanide of potassium until 8·3 measures of the volumetric solution of bichromate of potash have been added.

This latter test is, in fact, a determination by a volumetric process of the amount of protoxide present.

To conduct it, twenty grains of the oxide are dissolved in hydrochloric acid; an alkalimeter tube is filled to 0 with the volumetric solution of bichromate of potash; a white plate is taken and a number of small drops of a fresh solution of ferrid-cyanide of potassium distributed over its surface; then the bichromate solution is dropped in successive portions from the burette into the acid solution of the oxide, and after each addition a drop of the solution is taken out by a glass rod and added to one of the drops on the white plate. At first the mingling of the drops produces a blue precipitate, which becomes less after each addition of bichromate, until finally it is not produced at all. This indicates that the reaction has ended, and the amount of bichromate solution which has been added is then read off.

The Pharmacopœia directs that 8·3 measures should be required for twenty grains of the oxide.

The volumetric solution of bichromate of potash is made by dissolving 129 grains of bichromate in one pint of distilled water. One hundred measures of the solution contains one-tenth of an equivalent of the salt in grains. One atom of bichromate of potash converts six atoms of a proto-salt of iron into persalt, when a free acid is present—

$$6 FeO + 2 CrO_3 = 3 Fe_2 O_3 + Cr_2 O_3.$$

Consequently one hundred measures of the solution are capable of peroxidising exactly one-tenth of six atoms of a proto-salt of iron. This process is one constantly used in analysis for estimating iron in the state of proto-salt, and admits of very great accuracy.

FERRI CARBONAS SACCHARATA.—The process for this preparation is practically the same as the one given by the three previous Pharmacopœias. Separate solutions of sulphates of iron and carbonate of soda are prepared, then mixed; the precipitate of carbonate of iron formed is allowed to subside, and washed once by decantation; it is then collected on a calico filter, the excess of water squeezed out, and the moist carbonate rubbed in a mortar with the sugar. The whole is then dried by a water bath. The operation requires quickness and expertness, so as to allow of as little oxidation of the carbonate of iron as possible.

The following is the reaction by which the carbonate of iron is formed:—

$$FeO, SO_3 + NaO, CO_2 = FeO, CO_2 + NaO CO_2.$$

The precipitate, when first formed, should be white; it rapidly, however, becomes greenish from the absorption of oxygen. The sugar is supposed to act as a mechanical envelope, protecting the particles from oxidation.

Saccharated carbonate of iron is defined, in the Materia Medica, as carbonate of iron, FeO, CO_2, mixed with peroxide of iron and sugar, and forming, at least, fifty-seven per cent. of the mixture. The tests given are—that its solution in hydrochloric acid should give but a very slight precipitate with chloride of barium; and that twenty grains, dissolved in excess of hydrochloric acid, and diluted with water, should continue to give a blue precipitate with the ferrid-cyanide of potassium until at least thirty-three measures of the volumetric solution of bichromate of potash have been added. This latter test is identical with the one given for magnetic oxide of iron, and should be conducted in the manner there described.

FERRI ARSENIAS.—This compound is now introduced into the Pharmacopœia for the first time. It is produced by double decomposition between arseniate of soda and proto-sulphate of iron. Four ounces of arseniate of soda, which has been dried at 300°, and three ounces of acetate soda, are dissolved in two pints of water, while nine ounces of sulphate of iron are separately dissolved in three pints of water; the two solutions are mixed, and the slaty white precipitate which forms is collected on a filter, well washed,

squeezed, and dried on porous bricks in an air-cupboard at 100°.

The object of using acetate of soda in the process is to prevent loss of product. If simple solutions of arseniate of soda and sulphate of iron were mixed, a portion of sulphuric acid would become free, as shown in the following equation :—

$$3\,(FeO, SO_3) + 2\,NaO, HO, AsO_5 = 3\,FeO, As\,O_5 + 2\,(Na\,O, SO_3) + HO, SO_3.$$

Now, as arseniate of iron is freely soluble in dilute sulphuric acid, a portion might be held in solution in the acid liquid and would pass away in the filtrate. By having acetate of soda present, acetic acid is set free in the place of sulphuric ; but the arseniate of iron is practically insoluble in acetic acid and consequently none passes away in solution. The reaction when acetate of soda is used may be thus expressed :

$$3\,(Fe\,O, SO_3) + 2\,Na\,O, HO, As\,O_5 + Na\,O, \bar{A} = 3\,FeO, As\,O_5 + 3\,(Na\,O, SO_3) + HO, A.$$

The arseniate of iron, when first formed in the liquid, is nearly white, but it rapidly becomes green by contact with the air ; somewhat resembling carbonate of iron in appearance. It is defined in the Materia Medica as being 3 Fe O, As O_5 partially oxidated. It is a tasteless amorphous powder, of a green colour, insoluble in water, but readily dissolved by hydrochloric acid. This solution gives a copious light blue precipitate with the ferrid-cyanide of potassium, and a still more abundant one, of a deeper colour, with the ferro-cyanide. A small quantity boiled with an excess of caustic soda, and filtered, gives, when exactly neutralized with nitric acid, a brick-red precipitate on the addition of solution of nitrate of silver. This last test is characteristic of the arsenic acid.

Twenty grains dissolved in an excess of hydrochloric acid, diluted with the water, should give a blue precipitate with ferrid-cyanide of potassium, until at least seventeen measures of the volumetric solution of bichromate of potash have been added. This test determines the proportion of proto-salt of iron present, and should be conducted as described for magnetic oxide.

FERRI PHOSPHAS.—This compound, like the arseniate of iron, is a new constituent of the officinal Materia Medica. Owing to the close relationship subsisting between arsenic and phosphoric acids, the iron compounds of these bodies closely resemble each other ; they are produced by precisely similar processes, their appearance is identical, and their chemical properties are perfectly analogous.

The phosphate of iron is obtained by mixing a solution of phosphate and acetate of soda with a solution of protosulphate of iron, collecting the precipitate on a filter, and washing and drying at 100°. The precipitate when first formed is white, rapidly becoming green. The action of the acetate of soda is the same as it is in the case of the arseniate. By adding phosphate of soda alone to sulphate of iron, phosphate of iron is formed, together with sulphate of soda and sulphuric acid :

$$3\,(FeO, SO_3) + 2NaO, HO, PO_5 = 3FeO, PO_5 + 2\,(NaO, SO_3) + HO, SO_3.$$

Phosphate of iron is freely soluble in sulphuric acid, and the mother-liquor, therefore, would be capable of holding a small portion in solution, but the phosphate is almost insoluble in acetic acid ; and by using acetate of soda, acetic acid only is liberated—

$$3\,(FeO, SO_3) + 2\,NaO, HO, PO_5 + NaO, \bar{A} = 3\,FeO, PO_5 + 3\,(NaO, SO_3) + HO, \bar{A}.$$

Phosphate of iron is defined in the Materia Medica as 3 FeO, PO_5 partially oxidated. It is a slate-blue amorphous powder, insoluble in water, soluble in hydrochloric acid. The solution yields a precipitate with both ferrocyanide and ferridcyanide of potassium ; and when treated with tartaric acid and excess of ammonia, and subsequently with the solution of ammonio-sulphate of magnesia, lets fall a crystalline precipitate. This last character indicates the phosphoric acid.

The only test given in the Pharmacopœia is one intended to indicate the absence of arsenic. If the phosphate be digested in hydrochloric acid with a lamina of pure copper, a dark deposit does not form on the metal.

SYRUPUS FERRI PHOSPHATIS.—This preparation, although new to the Pharmacopœia, has long been known and extensively used under the name of syrup of super-phosphate of iron. It consists, in fact, of a solution of phosphate of iron in dilute phosphoric acid sweetened by the addition of sugar.

It is made by taking a definite quantity of sulphate of iron, precipitating it by a solution of phosphate and acetate of soda, collecting and washing the precipitated phosphate of iron, pressing it between folds of bibulous paper, and then dissolving it in a definite amount of dilute phosphoric acid, filtering the solution and adding the sugar, which should be dissolved without heat. Lastly, the syrup is made up to a given volume.

It is important to waste as little of the precipitate as possible during the washing and pressing, as otherwise the syrup will be deficient in strength.

This syrup is liable to undergo several changes when kept. The free acid acting upon the cane sugar will sometimes cause its conversion into the less soluble condition of grape sugar ; and may also even occasion a slight production of caramel, giving a brown tint to the syrup. The iron also absorbing oxygen from the air, forms the perphosphate, which will sometimes deposit.

These results, however, are to a great extent avoided by the non-employment of heat in the preparation of the syrup, and by excluding the air from it when made.

THE BRITISH ASSOCIATION MEETING AT BATH.

The programme of the proceedings for nine days, as at present arranged, is annexed :—

Wednesday—Meeting of the General Committee in the Guildhall, at 1 p.m., for the election of sectional officers, &c. ; first general meeting in the Theatre at 8 a.m., when Sir W. G. Armstrong, C.B., LL.D., F.R.S., will resign the chair, and Sir Charles Lyell, Bart., M.A., D.C.L., F.R.S., &c., will assume the presidency, and deliver the inaugural address.

Thursday—The eight sections will open at 11 a.m., in the rooms mentioned above. A *conversazione*, in the Assembly Rooms, commencing at 8 p.m.

Friday—The sections as usual. Professor Roscoe's lecture, in the Theatre, on "The Chemical Action of Light," at 8·30 p.m.

Saturday—The sections as usual. Excursion to Frome, Holwell, and the Vallis ; excursion to Stanton Drew and Radstock. Evening banquet in the Guildhall, given by the Mayor.

Monday—The sections as usual. Meeting of general committee in the Assembly Rooms, at 3 p.m., to decide upon the place of meeting in 1865. Dr. Livingstone's address concerning his explorations in Africa during the last six years, in the Theatre, at 8·30 p.m.

Tuesday—The sections as usual. Microscopical Soirée in the Assembly Rooms, at 8 p.m. The instruments collected will be insured during their railway transit for not less than 6,000*l*.

Wednesday—Concluding general meeting at 3 p.m., in the Assembly Rooms. Evening banquet in the Guildhall, given by Mr. W. Tite, M.P.

Thursday—Excursion to Bristol and Clifton ; excursion to Salisbury, Old Sarum, and Stonehenge.

W. SALT, ESQ., banker, Lombard street, and of Park square, Regent's park, formerly of Russell square, has bequeathed to the Stafford Infirmary, and the Northern Dispensary, Euston square, each 200*l*., free of legacy duty.

THE PRINCESS LOUIS OF HESSE.—Professor Priestly, of King's College, has been appointed to attend the Princess Louis of Hesse at Darmstadt in her approaching confinement, which is expected to take place about the end of October or the first week of November.

*** *In our next number we shall commence publishing a Special Report of the Meeting of the British Association for the Advancement of Science, to be held at Bath; with particular reference on our part to such proceedings as may be connected with Medicine or the Collateral Sciences.*

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 14, 1864.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON UNDER THE TUDORS AND THE STUARTS.

The state of Medicine in its relations to the public is pretty much the same in all ages of the world; for as soon as it emerges from the darkness of barbarism, and engages the attention of the learned, so soon does it come into conflict and opposition, not only with the ignorant multitude, but with those who hold authority in high places. In the present day, as is well known, quackery is rampant, and is encouraged both by high and low; while the laws, which in the reign of Henry the Eighth and those of succeeding sovereigns, were enacted for the purpose of encouraging and defending legitimate practice, have fallen into desuetude, if they are not yet actually repealed. At first sight it seems sufficiently just that persons who pretend to the possession of skill in any particular art or profession should give evidence of their attainments before some competent tribunal, and receive from it a licence to practise; while those who ignorantly pretend to knowledge which they do not possess should be punished like any other impostors. Such appears to have been the view taken by the advisers of King Henry the Eighth, or of the monarch himself, when he granted his charter to the London College of Physicians, and such appears to have been the spirit in which the charter was interpreted for several centuries by the office-bearers of the College. Those who imagine that we have improved very materially upon our ancestors would do well to compare the absurdities of the present day with those prevailing in the time of the Tudors and the Stuarts; and we think it must be admitted that although we may not, perhaps, place much confidence in the king's touch as a remedy for scrofula, or in the mysteries of alchemy or astrology as charms to alleviate the general diseases of mankind, yet that the follies of homœopathy and hydropathy, to say nothing of Kinesipathy, table-rapping, clairvoyance, *et hoc genus omne*, are to the full as contemptible and ridiculous as those which were gravely examined, and sometimes repudiated, by such men as Linacre, Caius, Harvey, and Sydenham, and other less renowned dignitaries of the College of Physicians.

These remarks have been suggested by the perusal of a work 'On the Royal College of Physicians of London,' published in the year 1684, and which gives an historical account of the proceedings of the College against empirics and unlicensed practitioners in every prince's reign from the incorporation of the College by Henry the Eighth until the decapitation of Charles the First. From this curious and very amusing record, it appears that the College was engaged in a chronic warfare against quackery and unlicensed practice in all shapes, the delinquents being sometimes ignorant pretenders like the quacks of our own day; and sometimes surgeons, apothecaries, or even foreign graduates, who did not possess the licence of the College, and were therefore prohibited by law from practising. It must, however, be remarked that the surgeons of that day were mere mechanical operators, and the apothecaries were very little more than vendors of drugs; while foreign diplomas were often given with as much laxity as is occasionally done in our own time. Another amusing feature in the proceedings of the College is the opposition it often met with, in carrying out the objects of its charter, on the part of the great dignitaries of the State, the Queen's or the King's Secretary often interfering to protect an offender from punishment, precisely in the same manner as an Old Bailey jury in the present day always takes the part of the quack, when empiricism and legitimate medicine happen to come into collision. It must be stated, however, to the honour of the College, that when such interference was offered on the part of the State, the College strenuously and successfully defended its rights and maintained its position, and hence the analogy between Queen Elizabeth's Secretary and an Old Bailey jury of the nineteenth century by no means holds good; for whereas the former had the good sense to abandon the quacks and to protect the College in its just proceedings, the latter always take the part of the empiric and accord him an easy triumph.

As an amusing instance in corroboration of the above remarks, we find that the College, in the reign of Queen Elizabeth, having prohibited one Margaret Kennix, who is represented as "an outlandish, ignorant, sorry woman," from practising Medicine, the Queen herself, through the medium of her Secretary of State, thus petitioned the College in her favour. We may remark, by the way, that female practitioners in Medicine appear to have been numerous at that time, and that the College examined such women as to their skill and ability in the science and practice of Medicine, but often with the result of prohibiting them. It would seem, however, from some passages in the following letter, that the College did sometimes allow women to practise:—

"To my very loving frendes the President of the College of Physicians in London &c.

"After my very harty commendacions unto you, Whereas heretofore by her Majesties commandment upon the pityfull complaint of Margaret Kennix I wrote unto Dr. Symondes then President of your College and fellowship of Phisitions within the city, signifying how that it was her Highness pleasure that the poore wooman should be permitted by you quietly to practise and mynister to the curing of diseases and woundes, by the means of certain simples, in the applying whereof it seemeth God hath geven her an especiall knowledge, to the benefit of the

poorer sort, and cheefly for the better maintenance of her impotent husband, and charge of family, who wholy depend of the exercise of her skill: Forasmuch as now I am enformed, she is restrained either by you, or some other of your College, contrary to her Majesties pleasure, to practise any longer her said manner of ministring of simples, as she hath doon, Wherby her undooing is like to ensue, unles she maie be permitted to continue the use of her knowledge in that behalfe. I shall therefore desire you forthwith to take order amongst yourselves for the readmitting of her into the quiet exercise of her small talent, least by the renewing of her complaint to her Majesty thorough your hard dealing towards her, you procure further inconvenience therby to yourselfe, then perhaps you woold be willing shoold fall out. Whereas contrariwise it will be well taken, that you affoord her the like favour she hath found at the hands of your predecessor. And so not doubting but that you will therfore accordingly consider to leave the poore wooman satisfied in this behalf, I bid you hartely farewell. From the Coorte the VIIIth of December 1581. Your loving frend Fra. Walsingham."

To this most unconstitutional interference on the part of the Queen, and the threats which are held out as to the consequences which might ensue in case of non-compliance with her Majesty's wishes, the College of Physicians sent a very respectful, and at the same time a most dignified answer, refusing to reverse their decision in the case referred to, and pointing to the danger likely to arise by leaving the practice of Medicine in the hands of ignorant and unqualified persons. The College also referred to the "straight band of their Oth and Conscience, which they esteemed of greater weight then that they can release themselves thereof at their pleasure;" and they beg the Secretary not to think the College culpable "for not suffering ether her, or any other whatsoever (being not qualified accordingly) to intrude themselves into so great and dangerous a vocation (as Medicine), not onely against good order, priviledge and conscience; but also to the evident daunger of the lief and health of such her Majesty's most loving subjects, as shall be abused by their notorious and wilfull ignorance:" and the College conclude by professing themselves to be "most willing and content to abide any inconvenience whatsoever may ensue, rather then to be brought to allow of so disorderly an attempt, ether in her or in any other her lyke" (*i. e.*, Margaret Kennix).

It does not appear that Walsingham pressed the matter any further, and the College came off triumphant. But on several subsequent occasions we find the same Secretary of State interfering on behalf of other persons whom the College had condemned to fine and imprisonment for illegal practice, and who were mere ignorant pretenders. In all cases, however, the College maintained their privileges, and in one case we find that, on a personal interview with Walsingham, the latter assured the deputation from the College that he would never act anything against the benefit or dignity of their Society (the College); adding that "if at any time by the importunity of frends, he did write upon such an occasion, he notwithstanding left them to act what they thought most prudent."

Those were the days of superstition and ignorance, when kings and queens were supposed to govern by divine right, and when the will of the monarch was law. But those were also the days of the dawn of the Reformation; they were the days of Lord Bacon, of Sir Walter Raleigh, of Sir Philip Sidney; they were the days of Spenser and of Shakespeare; they were the days of Linacre and of Caius. We are now living in the blaze of the illumination of the nineteenth century, when the principles which Bacon and Newton inculcated are supposed to prevail in the minds of mankind; and can it be said that, in medical matters, either the ignoble common people or the ignoble of some of the aristocracy are a whit better informed than they were in the days of Queen Elizabeth and her Secretary Walsingham?

SUMMARY OF THE WEEK.

VACCINATION AT WHITEHAVEN.

We have received a copy of the 'Whitehaven Herald,' of Aug. 27, containing the report of a meeting of the Whitehaven Board of Guardians on the subject of the payment of the vaccinators for the certificates to be furnished by them to the Registrars. As we understand the matter, all the Medical practitioners of Whitehaven were, a few years ago, appointed vaccinators in that town, but a new arrangement has lately been made by which only a limited number of vaccinators has been appointed, and the other practitioners feel aggrieved that they are called upon to furnish certificates of vaccination to the Registrars without receiving any remuneration, either for that service or for the vaccination itself. An application was, therefore, made to the Board to revert to the original arrangement, and appoint all the Medical practitioners as vaccinators. To this request the Guardians declined to accede, but gave no reason for their refusal. In our opinion, although we have no information before us except the newspaper report, the Guardians were perfectly right in limiting the number of vaccinators, as it is only by such a plan that efficient vaccination can be secured and the operation duly superintended. But, on the other hand, we do not see why those who vaccinate gratuitously should be obliged to furnish gratuitous certificates to the Registrar; and we think that some provision should be made by which the certificates should be paid for. The duty of registration is almost as essential as that of vaccination, inasmuch as one is the necessary supplement to the other; and without the registration there is no evidence that the operation has been performed; but still the signing of such certificates is a public act, and ought to be paid for out of the public funds.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The British Association for the Advancement of Science commences its meeting this day at Bath, under the presidency of Sir Charles Lyell, Bart., who will deliver his introductory address this evening. The meeting promises to be one of the most numerous and successful ever held by this flourishing Association; and the central position of Bath, and its easy access from London, render the locality

peculiarly well adapted for the purpose. But besides these adventitious circumstances, the geological structure of the soil in and around Bath, and the numerous remains of extinct animals found in the vicinity, render the spot intensely interesting to the geologist and palæontologist, while the numerous manufactures at Bristol will no less engage the attention of the votary of mechanical science. As is usual on such occasions, the profession of Medicine will be numerously represented, its members not only taking part in many of the purely scientific sections, but a sub-section of Physiology, under the presidency of Dr. Edward Smith, will be proposed in the General Committee. Among the other members of our Profession who will take a prominent part in the ensuing meeting of the British Association, Dr. Odling will be the President of the Section of Chemical Science, and Dr. William Farr will appropriately preside over that of Economic Science and Statistics.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. C. H. MOORE, in an "Abstract of Clinical Lectures on Surgery," under the head of "Perforations of the Pharynx," remarks that the formation of unnatural openings in the pharynx is a subject which has not yet been sufficiently commented upon by surgical writers, although the most serious and even fatal consequences sometimes result from the ejection of foreign matters into the cellular tissues of the neck, under the powerful action of the muscles of deglutition. Mr. Moore then relates the history of four cases, one of which was that of a patient under his own care, and in which openings of greater or less size had been made in the pharynx, the results in two of these cases being fatal. When such an accident as that described has occurred, and the foreign body can be traced, it should be removed as soon as possible.——Dr. HORACE DOBELL contributes a paper "On the Assimilation of Fat in Consumption." The observations contained in the paper are founded on the examination of cases at the Royal Infirmary for Diseases of the Chest. Dr. Dobell's experience agrees completely with that of Mr. Hutchinson, that, as a general rule, persons suffering from consumption dislike fat. In order to test by direct experiment whether the dislike to fat is due to a defect in the emulsifying properties of the pancreatic secretion, Dr. Dobell treated a series of cases of consumption with an emulsion of beef-fat and the pancreatic juice of the pig, and the results were on the whole favourable; for out of thirty-three cases many were considerably improved by the plan pursued.——Dr. T. CHAPLIN concludes his paper "On the Fevers of Jerusalem," and, in relation to ague, he observes that nearly every variety of intermittent fever is met with in the Holy City, and of 1,666 cases of febrile disease attended at the English hospitals in the year 1862, 1,147 or 68·8 per cent. were intermittent. The cure of this form of disease is by no means easy in Jerusalem, where people all the year round are exposed to the causes of ague, especially malaria, previous attacks, and a low state of vital power. Quinine, according to Dr. Chaplin, is the only remedy to be relied on, and arsenic and decoction of olive bark have both failed in his hands. The prophylaxis consists in strict attention to diet, exercise, bathing, and general hygiene. Typhus fever has been rare in Jerusalem during the last three years, and typhoid has also been less frequent than might be expected from the filth and bad odours with which the city is pervaded. Europeans and other immigrants appear to be more liable to this form of fever than the natives. In the summer of 1862, a fever of a bad type broke out in the Abyssinian convent and carried off between thirty and forty of its 120 inmates. The fever disappeared after the building was thoroughly cleansed and whitewashed.——Dr. WILLOUGHBY F. WADE contributes a paper "On Retro-Uterine Hæmatocele," by which term he means an effusion of blood into the cavity of the peritoneum, to the lowest part of which the blood falls by gravitation; and the point to which it falls is the pouch formed between the rectum and uterus, known as "Douglas's space." The chief object of the paper is to show that the contents of this pouch may find their way into the vagina through the Fallopian tubes and uterus, and thus be expelled; and several cases are quoted which seem to support this view.

THE OPHTHALMIC REVIEW: A Quarterly Journal of Ophthalmic Surgery and Science. Edited by J. Z. LAURENCE and THOMAS WINDSOR. No. 2. JULY, 1864.

The present number of this learned Journal contains papers "On a New Ophthalmoscope for photographing the Fundus Oculi," by Dr. ROSEBRUGH, of Toronto; "On some Ophthalmic Instruments," by Mr. J. Z. LAURENCE; a clinical lecture "On Exophthalmos," by A. VON GRAFE; a short note "On the Terms Sclera and Sclerotica (in which the writer prefers the term *Sclera*), by Mr. WINDSOR; a "Retrospect of British and Foreign Medical Journals" (in which the foreign greatly preponderate), by the same writer; and Reviews of some English and foreign medical works on ophthalmic science and practice. The articles are distinguished by the same excellence as characterised those of the first number; while the criticism is somewhat moderated in its tone. The first number certainly contained too much vinegar and too little oil, and the second number is a great improvement in this respect.

THE 'SOCIAL SCIENCE REVIEW.' EDITED by B. W. RICHARDSON, M.A., M.D. SEPTEMBER, 1864.

Dr. RICHARDSON contributes an article "On Alcoholic Phthisis, or the Consumption of Drunkards," a term which he thinks is fairly applicable to the peculiar disease of the lungs induced by the immoderate use of alcohol in persons of originally sound constitution. The apparent anomaly of administering alcoholic stimulants in the treatment of consumption, while it is admitted that the disease itself is often caused by excess in alcohol, is easily explained by reference to the use and abuse of any given drug or aliment. The subjects of alcoholic phthisis whom Dr. Richardson has

noticed have all been at least thirty-eight years of age; but their average age is about forty-eight, and they are generally good-looking and well-built persons who enjoy life. No form of consumption, according to Dr. Richardson, is so fatal as that caused by alcohol, and remedial measures are of but little service. Change of air is of no value, at least to any distance from home; although some salubrious outskirt is better than a crowded town. The diet of such cases consists chiefly in the administration of alcohol, which, although it has caused the disease, compensates for the absence of other aliments, and suspends, though it does not avert, the fatal termination.——Mr. J. N. RADCLIFFE contributes an interesting paper "On West-End Milliners," describing the physical condition, the food, the dwellings, the hours of work, the wages, and other particulars in relation to this class of operatives. The result of the inquiries made by Mr. Radcliffe was, that the occupation was injurious to health, and that the number of hours mployed in work overtaxed the physical power of the women employed.——The other articles in the present number of the Review are on subjects of general interest.

PARISIAN MEDICAL NEWS.

HOSPITAL OF THE SCHOOL OF MEDICINE.—PROFESSOR NELATON'S WARDS.

Syphilitic Sarcocele.

A patient recently applied to M. Nélaton to be treated for hydrocele, and at first sight the tumour might certainly have been mistaken for dropsy of the tunica vaginalis. Several concomitant circumstances suggested, however, to the Professor another view of the disease. The swelling, although very considerable, had formed with extreme rapidity, and hydrocele generally requires six or twelve months to attain its full development. Now, in itself, this fact imparted to the case an unusual aspect, and any unusual feature in disease should awaken the suspicions of the practitioner. On further and more careful examination M. Nélaton soon discovered other particulars which strengthened his doubts. A small amount of effusion, for instance, was detected in the side of the scrotum which was least enlarged, and pointed to the probability that the double hydrocele might be symptomatic of disease of both testicles. Now, syphilis generally attacks simultaneously or in succession both testicles, and the Professor having punctured the tumours and removed the serous effusions, was enabled to examine the organs with all desirable minuteness, and found that on one side one-half of the gland was included in an indurated mass about three lines in thickness, which surrounded the testicle like the cup of an acorn. Incipient signs of a similar affection were plainly perceptible on the side least affected, the epididymus being tumefied, and granulations existing on the surface of the organ. The testes presented, therefore, a complete conspectus of the anatomical changes characteristic of syphilitic sarcocele.

We have stated that the disease seldom occupies one of the glands only. When this seems to be the case, the apparently healthy testicle is really in the incipient stage of the affection, and by careful examination granulations, or even an indurated patch, may be discovered on the surface of the tunica albuginea, and often also a slight effusion in the vaginal cavity. In the present instance, M. Nélaton sought for a symptom which has been pointed out by M. Notta, of Lisieux—viz., the absence of the peculiar sensation caused by pressure of the testis. This sign existed on the most severely implicated side only; and this is frequently the case. The analgesia indicated by M. Notta is often absent in the earlier stage of the disease, but invariably supervenes in the course of one or two years.

In the patient who suggests the present remarks a peculiar and not unfrequent anomaly was observed. The epididymis was situated at the upper and anterior part, instead of lying as usual along the posterior and inferior region of the gland. The consequence of this inversion was that the liquid had accumulated behind, and not in front of the testicle.

As an additional element of diagnosis, we may further remark that the man acknowledged having been affected with chancre, for which he had undergone appropriate treatment. But the most rational measures instituted for primary and secondary syphilis do not always succeed in averting tertiary symptoms.

M. Nélaton also briefly alluded to the hydrocele, which coincides with syphilitic disease of the testes. It is an entirely passive effusion, of which a complete cure may be effected by merely puncturing the tunica vaginalis with a trochar. In the present instance, however, the liquid formed again, because the sarcocele had not yet been brought under the influence of specific remedies, and because the morbid condition of the seminal gland was of a persistent character.

The treatment, as we have stated on various occasions, consists in the exhibition of proto-iodide of mercury, and iodide of potassium, the former in alterative doses of one-fifth, one-third of a grain, and the latter in fifteen-grain doses or more daily. Under the twofold influence of these drugs prompt absorption takes places; and if the testicle be not atrophied, it soon recovers the integrity of its functions. M. Nélaton has known several instances in which the disease had lasted two, three, and four years, and in which the patients entirely recovered, and subsequently had children. Beyond this limit a cure may yet be effected, but the function is seldom restored. M. Nélaton adduced a case in point, the interest of which is enhanced by the fact that the favourable issue alluded to was obtained by mere accident. M. B——, a banker, had consulted several eminent practitioners for a tumour situated in the epigastric region. It was pronounced to be cancerous; M. Nélaton formed a different opinion, and considered it to be a syphilitic node imbedded in the abdominal muscles. He prescribed an appropriate course of treatment, and a cure was promptly effected. The patient, some time after, informed M. Nélaton that he had formerly been attended by Dupuytren for hydrocele, coincident with swelled testicle. Dupuytren had merely reassured him, and recommended him not to interfere with the enlarged testicle, which was not affected with cancer. M. B—— followed this advice, and for twenty years had paid no further attention to the tumefied condition of the testis, when, to his great surprise, he found it returning to its natural size and consistency, under the influence of the remedies successfully prescribed for the abdominal tumour.

Dupuytren was well acquainted with the syphilitic nature of this kind of sarcocele, for both he and Sir A. Cooper have thrown much light on the true character of the disease, evidently indicated in the writings of Astruc and B. Bell. This momentous question, however, was not yet sufficiently elucidated, and the only effect of the treatment, then confined to the exhibition of mercurials, was to induce a cachectic condition, highly unfavourable to the ultimate cure of the sarcocele.

M. Nélaton concluded with some interesting remarks on a state of hypertrophy of the testis, peculiar to certain climates, which is calculated to mislead the practitioner's judgment. In Brazils, for instance, hydrocele is of extremely frequent occurrence, and often affects both sides of the scrotum. When the liquid is drawn off, the gland is found in an enlarged condition, its shape is irregular, and syphilitic sarcocele might be supposed to exist. This, however, would be an error; the anomaly is not referable to morbid action, but to mere hypertrophy of the testis or its envelopes. This fact should, therefore, be remembered, and, especially in the case of a foreigner, the diagnosis should be guarded, and the specific treatment instituted

chiefly as a means of clearing all doubts as to the true nature of the affection.

Inflammation of Venous Tumours.

We remarked above that M. Nélaton recommends caution whenever disease presents very unusual features. The Professor again illustrated this precept in the case of a man suffering from varicose veins in the left leg; the affection was perfectly uncomplicated, the varicose network originating in the divisions of the internal saphena vein, and forming about the knee and on the inner parts of the leg enormous convolutions. Despite the size of the vascular dilatations, the patient suffered no pain. This is not anything unusual, the large varicose veins of the leg and thigh seldom causing any distress, whereas when the disease invades the smaller ramifications around the malleoli and on the dorsal aspect of the foot, the pain is sometimes intolerable, especially in persons whose occupations compel them to stand much, such as printers, washerwomen, &c. The man, therefore, complained of no pain and attended to his usual avocations, when he accidentally injured the lower part of his leg. The entire limb soon presented red swellings of various degrees of hardness. The veins were evidently turgid, and the greenish brown hue which marked their course beneath the skin showed that they contained coagula, and that the colouring matter of the blood transuded through the ambient tissues.

The diagnosis of course offered no difficulty, because the inflamed veins were situated in the leg; the direction of the swellings sufficiently indicated their nature, and the caution inculcated above by the Professor did not therefore apply to this case. But if, instead of being situated in the lower extremity, the inflamed veins had occupied some other region—the axilla, for instance—the diagnosis would have been far more obscure. The patient was a young clergyman, who bore in the right subclavian and axillary regions an enormous bilobated tumour, hard in some parts, softer in others, and surrounded by a considerably enlarged venous network. This mass was regarded by several surgeons as a cerebriform cancer on the eve of ulceration. Some difference of opinion existed as to the expediency of surgical interference, but extirpation was decided on when M. Nélaton was called in; he differed in opinion from the other practitioners who had examined the case, and pronounced the growth to be an inflamed venous tumour, a phlebitis with coagula of different degrees of consistency, attended with inflammatory swelling and distension of the peripheric vascular network; he further opined that in all probability a spontaneous cure would be effected in the course of three months. M. Nélaton's opinion proved correct: three months later the coagula was found to have been absorbed, and the alleged cerebriform cancer, for the removal of which a most dangerous operation was on the point of being performed, was reduced to the proportions of a varicose tumour, liable to produce discomfort, it is true, but not likely to endanger life. Now, in this case, M. Nélaton acknowledges that, on a first impression, he shared the erroneous opinion expressed by other surgeons, and believed the mass to be cancerous; he was, however, guided in the right direction by the reflection that, if this were a case of cancer, its symptoms were singularly unusual. The tumour, for instance, had not existed more than six or eight weeks, a period generally insufficient for the development of cerebriform growths. In the early stage of the disease, severe pain had also been present, a sign not easily reconcilable with the idea of a cancer. M. Nélaton, on the other hand, inquired whether, previously to the development of the tumour, the patient had noticed anything peculiar in the axilla or beneath the clavicle, and received for answer that varicose veins existed in these regions, and that the arm became blue whenever suspenders were worn—an indication which, of course, greatly assisted his diagnosis. The greenish hue of inflamed varicose veins is, in M. Nélaton's opinion, a sign of much value. If the veins are rendered turgid by exercise or by any other circumstance, this colour becomes apparent when the limb is placed in a strong light; it is almost exclusively observed in melanic growths covered with a thin integument, but other symptoms are then present which do not admit of misinterpretation.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

A Companion to the British Pharmacopœia: comparing the Strength of the Various Preparations with those of the London, Edinburgh, and Dublin, United States, and other Foreign Pharmacopœias. With Practical Hints on Prescribing. By Peter Squire, F.L.S. Pp. 208. London: Churchill and Sons. 1864.

One great object of a national Pharmacopœia, as has often been observed, is to consolidate into one uniform system the preparations and compounds employed in the treatment of disease, and to define the weights and measures by which the relative doses of each article may be estimated. As far as the British Pharmacopœia is concerned, these objects, at least, are already accomplished, and it is no longer necessary for the Medical Practitioners of England, Scotland, and Ireland to make use of different preparations and formulæ in order to attain the same object, or to perplex themselves by adjusting the doses of each medicine to suit the views of the compilers of three different pharmacopœiæ. But although as far as the British Empire is concerned, this amount of uniformity has been at last attained, the weights and measures used in Great Britain, together with the drugs themselves, are very different from those employed in foreign countries, and in consequence of the great intercourse prevailing among the different nations of the world, great confusion must still prevail in prescribing and dispensing medicines for the natives of different lands. Mr. Squire has long been devoting himself to the task of reconciling the conflicting elements to which we refer, and to the pharmaceutical calling his labours must have been especially valuable.

It is known that the Medical Council have adopted the avoirdupois pound as the weight to be used in the Pharmacopœia, and this pound is divided into sixteen ounces, each of which contains the inconvenient number of 437·5 grains. As this number is not divisible by 20 or 60, the scruple and the drachm weights are necessarily abolished, although in practice we apprehend that they will still be employed, from their great convenience.

As it has not yet been considered expedient to weigh all liquids as well as solids, the division of quantities into weights and measures is still retained; and hence arises another source of practical difficulty. Mr. Squire cuts the Gordian knot by discarding weights and measures alike, and in his directions for the preparation of medicines he merely expresses the formulæ in parts, as is done with the atoms or equivalents in chemistry. But here another practical difficulty presents itself, for the atoms and equivalents all represent *weights*, and hence the introduction of *parts* into practical pharmacy is of very little service. For instance, we have the preparation of syrup, and we are told by Mr. Squire to take refined sugar, 6; distilled water, 3; but we are not told whether the water is to be weighed or measured: and although we are directed at the top of each page "Solids by Weight, Liquids by Measure," yet, as there is no relationship either by weight or measure between sugar and water, we cannot tell whether 3 means 3 ounces, or 3 pints, or 3 quarts of the fluid; or whether 6 means 6 ounces, or 6 pounds, or 6 hundred-weights of the solid.

We might have made some objection to the doses of medicines recommended by Mr. Squire; but as we find that a second edition of his work, thoroughly revised, enlarged, and improved, is announced for almost immediate publication, we reserve any further remarks for a future occasion, merely observing in the meantime that Mr. Squire's present volume is very creditable to his talents and his industry.

The Insane in Private Dwellings. By Arthur Mitchell, A.M., M.D., Deputy-Commissioner in Lunacy for Scotland. Pp. 97. Ediuburgh: Edmondston and Douglas. The Lunacy Laws of England differ most materially from

those of Scotland; and hence the little work before us will hardly be intelligible to an English reader without some preliminary explanation. In England, the policy of the Lunacy Laws is to congregate the insane in huge lunatic asylums; while in Scotland the law recognises two classes of lunatics—namely, those *in* the asylums, and those *out* of them; and the insane in private dwellings are divided into two classes—namely, paupers and non-paupers—and these again are sub-divided into those who live with their relatives and those who live with persons not related to them. It is found that in Scotland 44 per cent. of all the insane are out of asylums, and that 33 per cent. of the whole number of the pauper insane are thus situated, and 65 per cent. of the whole number of non-paupers. The object of Dr. Mitchell is to show, that although many instances of neglect exist in the case of patients kept in private dwellings, yet that the condition of those persons has been much ameliorated in late years, and that it may be made still better by careful supervision. The congregation of lunatics in large, overgrown asylums is deprecated as being injurious to the patients themselves, and as entailing a heavy and often needless pecuniary tax on the community; and it is recommended that the harmless class of cases should be more generally sent into private dwellings, where they may receive individual care, and where they may be able to enjoy a certain amount of freedom and have some scope for the exercise of the affections.

GENERAL CORRESPONDENCE.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

To the Editor of the Medical Circular.

SIR,—How often do we find a fruit bearing the seed of its own destruction; but this is not a wanton caprice on the part of Nature. The imago of an insect seeks to deposit her eggs where the larvæ may find sufficient food; and though sometimes this destroys the fruit long ere either are matured, yet mostly, in this seeming destruction, Nature accomplishes one of her ever-noble objects—giving life out of seeming waste. But man's imitations of nature are mostly signal failures: he may make engines of destruction with the determined object of destroying themselves and everything near them, but his attempts to copy parasites but too clearly show his incapacity; and if he makes an organ bearing the elements of its own decay, its only issue will be a wanton and profligate destruction of itself.

Such an instance is brought before our notice in the weekly publication of a useless sheet of print, the parasite of a most valuable society, swallowing up almost the whole of its substance.

The British Medical Association is one of the most noble and most useful institutions we possess, but its weekly Journal is the most useless compilation that is set to type. We cannot even write of it as though we were discussing the merits of a periodical seeking to emulate the existing Medical Press in position, importance, and circulation, for such it is not. Its numbers never come into competition with those of any other Journal, and a copy is rarely or never sold. The numbers are forced on the members only to give them continued annoyance; for instead of reflecting their views, either scientific or political, it vaunts itself against those with whom it cannot compete, and with the boastful, envious tone it bears towards the enterprising press of private speculation it makes angry all who waste a few moments in looking through it. Surely this is not the spirit for a private Journal to assume.

The British Medical Association, like the fairest fruit, is about to fall, because its inner self is eaten away by the destructive canker. The parasite has sucked up the fruit's life, and the fruit will fall, but the parasite must die with it.

The British Medical Association has a handsome income, but, like a schoolboy with a sovereign, has squandered it in rubbish, not knowing how to spend it. Now, however, its true claims call, and its past experience, we hope, has taught it the value of money. A Provident Fund, a Widows' Fund, and Science itself have just claims on its support. Let the British Medical Association die as the nourisher of a sickly parasite, let it relinquish its useless toy, and let it assume its real position; not by its weekly sickly effusion, but by its usefulness. A Provident Fund can be established, giving aid far and wide to the needy sick, without the restriction of age or the proposed examination of the unfortunate man's constitution. The Widows' Fund might be supported and maintain its present sphere of usefulness without its present subscription list, or enter upon a very much more extended scale; while a handsome income may be left, not only to pay the working expenses, but also to publish a yearly volume of Transactions. Then, at the annual meetings, papers of infinite value would be brought forward, and those members whose arduous labours are rewarded by bright discoveries would be proud to communicate their observations, knowing they would be preserved. Now, however, it is rare for able workers to report any facts of importance, as they well know that the fate of their treasures would be to be buried among the mouldering leaves of the Association's weekly print; while, for the sake of encouraging and supporting discussion at the meetings, they prefer making a few extemporary remarks—perhaps making their notes on the backs of their admission cards, as we saw in the late meetings held in the Senate-House of Cambridge. What could more strongly than this prove the opinion of those extenders of information, as to the medium through which they were about to make known their discoveries?

A noble example is set by the British Association now holding its meeting in Bath. Let the British Medical Association follow that example, and remodel itself, having cast off its cankering caterpillar. Let it hold its yearly meetings, and vote its funds to proper objects. A Provident Fund may receive a handsome income, a Widows' Fund may become the pride of the Association, and its Transactions will become the mirror of its significance. Thus we would wish to see the British Medical Association, and joyfully would congratulate it the moment it assumed its new colours.

I am, &c.,

14th Sept. A MEMBER OF THE ASSOCIATION.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your giving insertion to the following correspondence, which will inform the Poor-law Medical Officers that there is a prospect of some relief being yet afforded them; whether that relief will be of a substantial character, or not, time will disclose. A liberal measure on the part of the Poor-law Board may tend to allay much of the present dissatisfaction which prevails amongst their medical officers; the reverse will, most certainly, drive us to lay our grievances before the House of Commons next Session; and woe betide those members, at the general election, who turn a deaf ear to our complaints. I have votes in two counties and a borough, and it is my intention to give my support to those six members only who will promise their aid to an equitable adjustment of the system of Poor-law Medical Relief. If all the medical men would do the same, the grievances of the Poor-law Medical Officers would quickly vanish.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
3rd September, 1864.

12 Royal terrace, Weymouth,
22nd August, 1864.

MY LORDS AND GENTLEMEN,—On the 11th of last March the Select Committee on Poor Relief recommended "that, in future, cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board."

As some months have elapsed since the recommendation was made, I take the liberty to ask the favour of your informing me if it is your intention to issue any order on

the subject, or whether you propose to bring the recommendation of the Committee before Parliament next Session? I make this inquiry on public grounds, as many Poor-law Medical Officers have written to me respecting the recommendation.

I have the honour to be,
My Lords and Gentlemen,
Your obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

Poor-law Board, Whitehall,
2nd September, 1864.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd ultimo, and to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the Guardians of the different Unions to take, with reference to the resolution of the Select Committee on Poor Relief, as regards the supply of expensive medicines.

The question, however, will receive the attention of the Board forthwith. I am, Sir, your obedient servant,
H. FLEMING, Secretary.

Richard Griffin, Esq.,
12 Royal terrace, Weymouth.

POST-PARTUM HÆMORRHAGE.

To the Editor of the Medical Circular.

SIR,—In the several communications I have seen recorded in your valuable journal "On Post-Partum Hæmorrhage" and its varied treatment, I feel somewhat surprised that mention is not made of the mode adopted by me now twenty years since, cases of which are recorded in the 'Medical Times' both by myself and others at different periods. It is very evident that your respected correspondent, under the head of "Original Communications," who writes so clearly and so well on the subject generally, does not allude to my practice, which has succeeded so well, not only in my own, but in the practice of several of my professional brethren, the treatment of which consists of intra-uterine injections of *alcoholic stimulants*—such as spt. vini rect., brandy, rum, &c., or others which may be in readiness when occasion requires. They may be diluted with water or even otherwise, as the urgency of the case demands. The mode adopted is by attaching an elastic tube to an enema syringe, similar to the one used for the stomach; injecting the mixture into the cavity of the uterus; at the same time outward pressure to be made on the abdomen over the region of the uterus, when contraction speedily follows, and the flooding is restrained. Moreover, should any portion of the placenta have been retained, it will very soon be expelled, and the sufferer rendered safe from such impending danger.

It is alike applicable in all cases of hæmorrhage from the uterus connected with, and during, utero-gestation, and otherwise. In fact, I am not aware that the treatment thus practised has ever failed to produce the desired results.

I am, &c., THOS. R. TORBOCK, M.D.
Darlington, Sept. 2nd, 1864.

SCURVY IN THE MERCANTILE MARINE.

A correspondent of the 'Medical Times and Gazette' makes the following remarks:—"The public will be surprised to learn, from the statistics of the Dreadnought Hospital ship, that, during the last twelve years, the entries on account of scurvy have remained at a fixed average; that eighty-six cases were admitted last year; that Liverpool ships take unenviable precedence in sending the largest number; and that fifty-four are already entered on the books of the Dreadnought for the present year. Inquiry has also elicited the following particulars:—That many vessels have no lime-juice on board; that in many more the lime-juice is so bad as not to be drinkable; that from 30 to 70 per cent. of the crews of vessels are frequently disabled from scurvy, so as to reduce the manual power at least one-half; it being, too, tolerably well known that most ships are under-manned. *Apropos* of bad lime-juice, we are told by a letter from a Liverpool correspondent in the 'Times' of August 29 that a large proportion of so-called lime-juice shipped at that port contains no juice of the lime or lemon at all. Two cases of scurvy have, during the past week, been received on the Dreadnought from a vessel that assisted to swell the number of admissions from this disease last year, and similar instances could be quoted by which ships have gleaned a reputation (?) for scurvy. In thus briefly remarking upon this Report, we have but to remind our readers that for many years the Royal Navy has been entirely free from this malady, and that two or three lines of ships, sailing from the port of London, would, in the persons of their owners and captains, deem it almost an insult to be asked if cases of scurvy ever existed among their crews. It never occurs on these ships, and they finish a voyage to and from India and China with their men in as healthy a state (*in re* scorbutic diseases) as when they started from Gravesend outward-bound. These facts show very clearly indeed that there is ample scope on this head for the exertions of our sanitary reformers. The work would be good in every way, for it would soon obliterate from our sick returns a disease the existence of which is a national disgrace, and it would lessen, in a superlative degree, the severity of other ills to which flesh is heir, and the causes of which are beyond the control alike of the physician and health officer. But the law must aid this cause as it has aided others; the remedy can, and ought to be, so effectual that cases of scurvy would be almost unknown, and we should then establish a sanitary prestige for our mercantile marine."

THE MEDICAL OFFICER OF HEALTH FOR ST. MARYLEBONE.

RETIREMENT OF DR. HASSALL.

Dr. Hassall has retired from the candidateship for the appointment of Medical Officer of Health for Marylebone. He has addressed the following remarks *inter alia* to a contemporary:—

"When I first entertained the idea of offering myself as a candidate for the post of Health Officer for St. Marylebone, it was in the belief that the appointment of a certain individual had not been predetermined, and that each candidate would have both a fair field and fair play. I supposed that the choice would be determined by qualifications, and that the best man would have the greatest chance of success; that a majority of the vestry understood the duties and functions which properly belong to an officer of health; and, finally, that the officer selected would be treated with that consideration and respect which he individually had a right to look for, and which it was necessary that he should receive to enable him to perform his duties in an efficient and independent manner.

"I find that on all these points I have been mistaken; that the appointment has already, and I may say, indeed, has long since been virtually bestowed upon another who is himself a vestryman; that, with a majority of the vestry, qualifications are allowed to prevail scarcely to the extent of a feather's weight; and that, so far from desiring to choose the man most qualified for the office, their choice has already been determined mainly by private and personal considerations. I find, further, that great ignorance prevails in the minds of many vestrymen as to the proper qualifications and duties of a sanitary officer: special scientific attainments and sanitary knowledge they regard with marked disfavour, and consider that his sphere lies in the detection of bad odours and the use of chloride of lime and whitewash. They know nothing about, and many of them are incapable of appreciating, the subtle influences which induce disease, or the nature of those means which should be employed to obviate its occurrence. Lastly, the fact has been impressed on my mind that but few men could hold the appointment of officer of health for St. Marylebone without being subjected to indignities to which no gentleman ought to be called upon to submit, and which few men would be willing to

encounter. The late Dr. Thomson, I am grieved to learn, was at times sorely tried by conduct which only an individual of a very forbearing disposition, and one actuated by a high sense of duty, could have tolerated; while for myself, I have been informed that even less consideration would be shown in the event of my election."

The following remarks are on the same subject from the 'Social Science Review':—

"In the absence of other political strife in the metropolis, the election of Medical Officer of Health for Marylebone is exciting interest. This important office has become vacant, owing to the death of the distinguished physician and chemist, Dr. Robert Dundas Thomson. Considerable feeling has been elicited from the circumstance, that, previous to the death of Dr. Thomson, a large number of the members of the Vestry, which holds the power of selection in its hands, pledged themselves to the support of one particular candidate. Against this proceeding two hundred of the leading physicians and surgeons of the parish have sent in a protest, in which they maintain that the office ought to be given to a man of scientific standing, whose learning and skill would insure confidence—a suggestion which, in the abstract, no one can reasonably dispute. Unhappily, too strong a personal interest has been evoked, and it is to be feared that, under this impulse, the duties and value of the office will be forgotten. With all respect and sympathy for the principle of local self-government, we should be false to our position did we not express the opinion that, if exhibitions such as are now being made in the Marylebone district become frequent, some legislative measure must be introduced by which the elections of the guardians of the public health will be placed on a fairer and more satisfactory footing."

AMERICAN VIEWS OF THE PSYCHOLOGY OF FRANZ MULLER.

A correspondent of an American journal writes:—"I have carefully studied Muller's appearance while in court, and have closely noted his actions, to see whether I could detect anything in his deportment bearing upon the question of his guilt or innocence. During all the proceedings he maintained an aspect of stolid indifference. While the council for the Crown was detailing the circumstances of the atrocious crime which it seems certain that he committed, and even when those mute but eloquent evidences of his guilt—the hat and watch—were produced, not a muscle of his face moved, nor did he betray in any manner the slightest interest in the progress of the proceedings. And yet this indifference could not be attributed to a want of intellectual capacity or a lack of acquaintance with the English language. When addressed by the Commissioner, he rose from his chair with much more self-possession and composure than did his counsel when either of them had occasion to address the court, and replied to the questions which were asked with such a degree of readiness which indicated that he could understand all the proceedings sufficiently to appreciate their significance and importance. Such continued and maintained indifference could be assumed only by a hardened criminal, and this Muller certainly does not seem to be. Only one other hypothesis could account for it, and that is that there is something lacking in his mental organisation. He appears like a man who might become possessed with some monomania, such as that which certain of the witnesses examined by the coroner's jury hinted at—that he might dwell upon the idea that he must become possessed of a gold watch, for instance, and finally sacrificed everything to the attainment of this object. He has the light complexion and hair, with the blue eyes common to all Germans, and when I saw him yesterday his eyelids drooped drowsily, and the balls were bloodshot, as if he had been deprived of his usual rest. When sitting his head falls forward slightly, and his countenance is not at all striking. I am sure that the oldest criminal lawyer in the court room yesterday would have hesitated before selecting him from the crowd as the probable culprit; but when he stands you see his chin is of the square, bull-dog type; his mouth is quite wide, and his thin, closely-set lips give his countenance a determined tenacious expression which is almost repulsive. Although he has certain type and grade of intellectual capacity, it will not do to give him too high a rank. No murderer certainly who had been so favoured by fortune as was Muller after the commission of the crime—no man possessed of ordinary foresight, who had deliberately taken the life of his fellow from paltry motives of gain—ever so deliberately threw away chances of escape which promised so well, and walked so straight into the hands of the officers of the law. It seems incredible that he should have dared to dispose in London of the watch-chain which he had just taken from his victim, that he should finally have taken passage for this country in a sailing vessel, which he must have known could be anticipated by a steamer, although the former had three weeks the start. That Muller could perpetrate such stupid acts as these when his life was in the balance argues a mental deficiency of some kind."

The 'New York World' says:—"Eye hath not often seen, nor hath ear heard of, nor hath it entered into the heart of man to conceive of a more consummate booby than this wretched creature appears to be. That the man just captured on board of the Victoria packet ship is really the assassin of the unfortunate Mr. Briggs appears hardly to admit of a doubt. But the combination of circumstances by which this conviction is pressed home upon the mind argues a degree of mental as well as moral obtuseness in the criminal which is at least quite as extraordinary as the history of his detection, pursuit, and seizure. It has been commonly held that crime sharpens the wits; and as commonly that in one educated under the restraints and in the habits of civilised life there will generally be found to be some proportion between the motive of a crime and its gravity. Both of these tenets are thoroughly upset in the case of Muller, so far as it is now before the public. Here is a journeyman tailor, not less well educated than most German workmen of his class, sufficiently social in his habits, surrounded by all the influences which are thought most sure to repress the savage instincts, if not to develop the better attributes of man, who is yet so absolutely in the same moral condition with a Papuan or a Zooloo that he suffers himself to be tempted by the mere desire of possessing a shining bauble into committing an atrocious murder in the very midst of the teeming population of the largest city in the world, and at a time and in circumstances which, to a person of his experience, must have suggested a thousand probabilities of discovery and of punishment for one chance of success and escape. The deed done, he goes on to drop as many signs and tokens of his movements about him as if he were another Hop-o'-my-thumb trying to put his brothers on his track. No detective could have laid a better plan to entrap him than he laid himself for his capture This fatuity clung to him to the last moment. Even after it had become apparent to him on board of the ship in which he was sailing to his doom that suspicion was in the air about him, he continued to wear his victim's watch, which a single turn of his hand might have sent to the bottom of the unrevealing sea, and his victim's hat, which he might so easily have sent after it. This is the most striking, and, for the matter of that, the most alarming feature of this singular tale of crime. Upon what an age have we fallen if murder has come to be regarded, in the midst of the most civilised communities, and by men brought up in the fear and obedience of the law, as no more startling an offence, nor stimulating to any greater concern for its consequences than petty larceny or a breach of trust."

QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Foster has been elected Professor of Anatomy in this College on the recommendation of the medical faculty. They have recommended that Mr. Lloyd should succeed Dr. Foster in the Chair of Descriptive Anatomy. Dr. W. Wade has resigned his appointment of the Chair of Practical Medicine, on the ground of increasing private duties.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst. :—Sykes Bramhall, Clifton ; William Samuel Britton, Acacia road, St. John's wood ; Charles John Grellett, Lloyd street, Lloyd square ; James Hickenbotham, Birmingham ; David Hughes, Charing cross Hospital ; Benjamin Lamb Powne, Billingborough, Lincolnshire ; Thomas Greville Thursfield, Broseley, Salop ; William Foster Vise, Spalding, Lincolnshire.

The following gentlemen also on the same day passed their first examination :—Arthur Hy. Pitcher, St. Thomas's Hospital ; Henry Cripps Rogers, St. Bartholomew's Hospital.

SOCIAL SCIENCE.—The programme of the National Association for the Promotion of Social Science, for the eighth annual meeting, which will begin at York on Thursday, September 22nd, has been issued. On the first day there will be afternoon service in the Cathedral, and a sermon will be preached by the Archbishop. At five p.m. the council will meet at Guildhall, and at eight there will be a general meeting of members and associates in the festival concert-room, the opening address to be delivered by the Right Hon. Lord Brougham. On Friday, at 10·30 a.m., the president of the first department (Jurisprudence), Sir James Wilde, will deliver an address to members and associates in the festival concert-room, immediately after which the business of the several departments will commence. At eight p.m. a working men's meeting will be held in the festival concert-room, at which Lord Brougham has consented to preside. On Saturday the business of the several departments will be continued. On Monday, the president of the second department (Education), the Archbishop of York, will deliver an address to members and associates in the festival concert-room. On Tuesday, the president of the third department (Health), Sir Charles Hastings, M.D., will deliver an address to members and associates in the festival concert-room. At eight p.m. there will be a *conversazione* in the assembly rooms (evening dress), open to members, associates, and ladies holding associate tickets. On Wednesday the president of the fourth department (Economy and Trade) will deliver an address to members and associates in the festival concert-room. On Thursday there will be a meeting of the general council at the Guildhall ; and at two p.m. the concluding general meeting will be held in the festival concert-room.

INSANE PRISONERS IN IRISH PRISONS.—The Inspectors-General of County and Borough Prisons mention a most remarkable practice prevailing in Ireland, and sanctioned by law—the practice of employing sane prisoners to act as keepers over lunatic prisoners, rewarding these keepers by extra diet and other indulgences incompatible with the discipline of a place of punishment ; and, strangest of all, the governor has no power of selection, but must accept any prisoners who volunteer to discharge the duties. The average of dangerous lunatics in the prisons in the year 1863 was 353, and they were entrusted to the care, not of skilled attendants, but of fellow-prisoners, most of them persons convicted of grave offences, for which they had been sentenced to hard labour—many for homicide, rape, burglary, or brutal assaults, these persons being bribed by a remission of punishments to take charge of patients frequently unable to complain of any ill-treatment which they may receive.

ELECTION OF PROFESSOR TO THE CHAIR OF SURGERY IN THE EDINBURGH UNIVERSITY.—A meeting of the curators of the University of Edinburgh was held on Wednesday—the Lord Provost presiding—for the purpose of electing a Professor to the Chair of Surgery, rendered vacant by the death of Professor Miller. There were two candidates for the office—Mr. James Spence, Senior Surgeon to the Edinburgh Royal Infirmary ; and Mr. Joseph Lister, Professor of Surgery in the University of Glasgow. The curators who were present at the meeting held within the College on Wednesday were the Lord Provost, Sir William Gibson-Craig, Mr. David Mure, Mr. Adam Black, and Bailie Johnston. Letters were read from the Right Hon. W. E. Gladstone, Chancellor of the Exchequer, and Sir David Brewster, who were prevented attending the meeting. In their communications both these gentlemen intimated their intention of voting by proxy for Professor Lister. A long discussion took place in regard to the legality of receiving votes by proxy in the Curators' Court ; but ultimately it was decided to receive the proxies and proceed with the election. The Lord Provost moved that Mr. Spence be elected to the vacant chair, and this motion was supported by Mr. Mure, Mr. Black, and Bailie Johnston. For the election of Mr. Lister, Sir William Gibson-Craig voted, and the claims of this candidate were also supported by the proxies of the Chancellor of the Exchequer and Sir David Brewster. Mr. Spence was accordingly declared elected by a majority of 4 to 3.

DR. COLENSO.—Dr. Colenso, Bishop of Natal, writes :—"A paragraph has been going the round of the Journals to the effect that I have 'received and accepted an invitation from the authorities to attend the approaching meeting of the British Association,' to which it is now added that I am about to 'take part in its proceedings.' Will you allow me to say (in order to prevent mistakes) that I have received no such invitation ; that I purpose being present at the meeting of the Association, as any other member might be, and that I hope to derive pleasure and profit by 'taking part' in its proceedings as an attentive listener ?"

A NEW CONVALESCENT HOSPITAL.—Mr. Banting, whose name has been associated with the treatment of obesity, has issued an appeal to the public for the erection of an hospital to be named the "Middlesex County Hospital," as a thank-offering for himself. Mr. Banting heads the list with the liberal donation of 500*l.*

BARON LARREY.—In a letter to a non-medical contemporary, Mr. A. M. McWhinnie relates the following interesting particulars connected with the history of this celebrated surgeon :—"A statue having been lately erected in honour of Larrey, a few incidents in addition to those published relating to this famous surgeon may be particularly interesting at this moment. The ardour, intrepidity, and endurance of this great man were proverbial, and he was tried in all, whether, as General Petit says in his *Eloge*, 'under the fire of a hundred batteries, or in the silent perils of pestilence and famine.' He was ever undismayed by fear in any danger, and his genius and humanity commanded the respect and admiration both of his own and of hostile armies. He suffered many very severe wounds, especially when engaged with the army of the Rhine in 1793, as well as at St. Jean d'Acre and at Waterloo. He constantly saw his professional companions fall by his side ; and in the sanguinary campaign in Syria he lost thirty of his surgeons and assistants. Whilst serving in Italy, he induced General Bonaparte to order the construction of the *ambulance volante*. 'The mere sight of these *ambulances*, always attached to the advance guard,' says Larrey, 'encourages the soldiers, and inspires them with the greatest courage.' The monument at Tarbes, Larrey's birthplace, is not the only one erected by his grateful and admiring country, for a statue in bronze, by David d'Angers (the famous sculptor of those of Ambroise Paré and Bichat), cast from the cannon taken in the different great battles in which this heroic surgeon immortalized himself, was raised to his memory by subscription in Paris ; and Marshal Soult, Duke of Dalmatia, then Minister of War, decided upon its being erected in the *cour d'honneur* the grand square of the Hôpital du Val de Grace. Larrey is represented in his uniform pressing to his heart the will of Napoleon, on which is incribed the sublime eulogium of the Emperor—'*C'est le plus vertueux et le plus honnête homme que j'aie connu.*' Whilst attending the service at the Military Hospital during the three glorious days of July, 1830, amongst other interesting incidents connected with those events M. Larrey himself told me, when assisting him in dressing the wounds of one of the Grenadiers of the Garde Royale, over whom he delighted at that moment to throw the protection of his popu-

ty, that, on the eve of some of the battles during the pire, in which many of these very wounded had been ıged, he had frequently slept in the tent, wrapped in same cloak, with Napoleon."

MEDICAL MEMBER IN THE BELGIAN PARLIAMENT.—ong the returns to the new Belgian Parliament which secured a majority to the liberal over the priest party, name of a distinguished member of our Profession, M. ninckx, President of the Academy of Medicine, is com-d. A man of great determination and influence, of uent speech, and well versed in all the requirements of Profession, he is likely to secure a fair hearing in the ian Chambers of the complaints of the Profession, h are no less urgent than are our own.

APPOINTMENTS FOR THE WEEK.

NESDAY, SEPT. 14.—*Operations* at Middlesex Hospital, p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's spital, 1½ p.m.; Great Northern Hospital, Caledonian d, 2 p.m.; University College Hospital, 2 p.m.; London spital, 2 p.m.

SDAY, SEPT. 15.—*Operations* at St. George's Hospital,).m.; Central London Ophthalmic Hospital, 1 p.m.; ıdon Surgical Home, 2 p.m; West London Hospital, 2).; Royal Orthopædic Hospital, 2 p.m.

ıY, SEPT. 16.—*Operations* at Westminster Ophthalmic spital, 1½ p.m.

ıDAY, SEPT. 17.—*Operations* at St. Thomas's Hospital, .m.; Lock Hospital, Dean street, Soho, Clinical Demon-ıtions and Operations, 1 p.m.; St. Bartholomew's Hospital, p.m.; King's College Hospital, 1½ p.m.; Royal Free spital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

ıAY, SEPT. 19.—*Operations* at St. Mark's Hospital for tula and other Diseases of the Rectum, 1½ p.m.; Me-politan Free Hospital, 2 p.m.

DAY, SEPT. 20.—*Operations* at Guy's Hospital, 1½ p.m.; stminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Form of Bronchitis (simulating Phthisis) which is peculiar Certain Branches of the Potting Trade. By C. Parsons, D. Edinburgh: Maclachlan and Stewart. London: R. rdwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

; is requested that all Communications intended for the ıtor may be sent to the office of the Journal, No. 20 ıg William street, Strand.

ler to obviate the recurrence of disappointments, we beg state that all communications intended for this Journal ıuld be sent to the Office *before noon* on Monday, as we are npelled to go to press on the afternoon of that day.

UBSCRIBERS.—Gentlemen who receive the MEDICAL CIR-LAR direct from the Office, and who have not paid their ɔscriptions, are respectfully reminded of the omission. Post-office orders should be made payable to Mr. Thomas lfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further re-ived on behalf of the above Fund:—

	£	s.	d.
eorge May, Esq., Reading	0	5	0
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tum in last impression—Read, "E. Richardson, Esq., s. 6d.," instead of 10s.

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Sept. 7, 1864.

MR. GRIFFIN.—The letter is inserted.

A MEMBER OF THE ASSOCIATION.—The letter is inserted.

WE have received the two numbers of the 'Schwäbische Volks-Zeitung,' containing articles on what is termed "Die Hirn-wuth, or Rabies Anglica," and, after perusing them, we find them to be a mere farrago of absurdity, without a particle of medical or scientific interest. The supposed relationship existing between vaccination and cerebral excitement is a dream which could only have been inspired by potations of indifferent German beer or the fumes of bad tobacco.

DR. T. R. TORBOCK, *Darlington*.—The letter is inserted.

A CONSTANT READER will perceive that we have made use of his communication.

PARACELSUS.—Kakodyle is a compound of arsenic and of carbon and hydrogen, the two latter in the proportions to form methyle. The oxide of kakodyle is called also *alkarsin*. Both alkarsin and kakodyle are highly poisonous, and their smell is very offensive; and hence the name, κακος, bad, and οζω, I smell. Kakodyle has been proposed, we believe, as an ingredient in shells to be thrown into an enemy's ships or fortifications in time of war.

EXPECTANS.—There is no prospect of the appearance of a new edition of the British Pharmacopœia under a year at the least.

R. B.—The paper was not received at the office, or it would have been acknowledged in due course.

THE 'Whitehaven Herald' of Saturday, Aug. 27, has been received.

MR. HENRY H. MUGGERIDGE.—1. It is not illegal to charge for a certificate of death, but we do not know whether payment for such a document can be enforced. 2. The certificate may be withheld under the circumstances mentioned.

A VOICE FROM LIVERPOOL.—The parties named are members of a gang of notorious quacks, and we warn you to have nothing to do with them.

FOR some weeks past we have not received copies of the 'American Medical Times,' which were formerly sent with great regularity.

DR. L.—The newspaper was received.

A SUBSCRIBER.—The party mentioned has acted with so much arrogance and selfishness that he will not receive much sympathy in his present rather uncomfortable position.

MR. H.—The discussion of the subject does not fall legitimately within our province.

Royal Free Hospital.

THE PATHOLOGICAL PRACTICE OF SURGERY—according to the "Principles of Surgery—Clinical, Medical, and Operative"—in a Systematic Course of Original Lectures, illustrated, chiefly, by Cases in the Wards. By FREDERICK JAMES GANT, F.R.C.S., Surgeon and Pathological Anatomist to the Hospital.

INTRODUCTORY LECTURE—Monday, October 3rd, at 3 p.m.

University College, London.—The

SESSION of the Faculty of MEDICINE will OPEN on MONDAY, October 3. INTRODUCTORY LECTURE by Professor QUAIN, F.R.S., at Three p.m. Subject, "Medical Education.

LECTURES FOR WINTER TERM.

Anatomy—Professor Ellis.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.
Chemistry—Professor Williamson, F.R.S.
Comparative Anatomy—Professor Grant, M.D., F.R.S.
Medicine—Professor Jenner, M.D., F.R.S.
Practical Physiology and Histology—Professor Harley, M.D.
Surgery—Professor Erichsen.
Dental Surgery—Mr. Ibbetson, F.R.C.S.E.

SCHOLARSHIPS, EXHIBITIONS, AND PRIZES.

Three entrance exhibitions, of the respective value of 30*l*., 20*l*., and 10*l*. per annum, tenable for two years, will be awarded on competitive examination to gentlemen who are about to commence their first winter's attendance in a medical school. The examination will be in Classics, Elementary Mathematics, Natural Philosophy, and in either French or German, at the option of the candidate.

ATKINSON MORLEY SCHOLARSHIP for the Promotion of the Study of Surgery, 45*l*. tenable for three years.

LONGRIDGE EXHIBITION for general proficiency in Medicine and Surgery, 40*l*.

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DR. FELLOWES' and LISTON'S MEDALS for Clinical Medicine and Clinical Surgery.

Prospectuses and the regulations for scholarships, exhibitions, and other prizes may be obtained at the office of the College.

GEORGE HARLEY, M.D., Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1864.

The lectures to the classes of the Faculty of Arts will commence on Thursday, the 13th of October.

The Junior School will open on Tuesday, the 20th of September.

A department for pupils between 7 and 11 years of age, separate from older boys.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS. Under Her Majesty's especial patronage. ROYAL GERMAN SPA, BRIGHTON. STRUVE'S Pump-Room, offering every facility for a course of Mineral Waters as perfect and beneficial as the natural springs, is now open for the Fortieth Season, and will close in November. A Prospectus, with the highest medical testimonials, may be obtained gratis at the Pump-Room, and from GEORGE WAUGH and CO., Pharmaceutical Chemists to the Queen, 177 Regent street (west side), London, and numerous other respectable houses in London and the provincial towns, where orders for Struve's Bottled Waters continue to be executed.

CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "BRIGHTON Seltzer," "BRIGHTON Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition.

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and Cubebs are doubtless the best remedies, but are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering them perfectly innocuous by increasing all their curative properties. It has been adopted by the Paris Academy of Medicine after more than a thousand trials in Paris and the different London hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Legros Clark. —'Lancet,' Nov. 6, 1857. The Copahine, which is in form of a pretty pink sugar plum, effects a cure in about six days. 100 Capsules, 4s. 6d.; post-free, 5s. 2d.—At G. JOZEAU'S, French Chemist, 49 Haymarket, London; 22 Rue St. Quentin, Paris; and all Chemists.

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attention of the Medical Profession is requested to be given to the many advantages of this article as a floor covering, for the Wards of Hospitals, Surgeries, Nurseries, &c. It is non-absorbent, quiet, and warm to the tread, will not hold dust, is very easily and quickly cleaned and will stand any amount of hard wear. It has already been adopted in several hospitals.

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CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effective means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited.

The Medical Circular.

BRITISH ASSOCIATION

FOR THE

ADVANCEMENT OF SCIENCE.

MEETING AT BATH.

The proceedings of the British Association for 1864 were commenced on Wednesday last, by an address from the President, Sir Charles Lyell, Bart., who took for his subject the ancient history and geology of Bath, with especial reference to the nature and origin of the mineral springs which have made the city famous for many generations.

The business of the different sections commenced on Thursday morning, and they were more or less well attended, according to the more or less popular character of the papers read and the questions discussed. The attendance of ladies was very great, in some of the sections exceeding that of the other sex; and even in the sections devoted to Zoology and Physiology, where topics altogether of an anatomical and physiological character were introduced, they patiently held their ground and appeared to take considerable interest. The Mathematical and Physical Science Section, which is considered by the learned as the highest in rank of all the departments, and where subjects of so lofty a character were introduced as the structure, the chemical composition, and the probable population of the planets, was but thinly attended, the speculations of the writers and speakers being probably beyond the comprehension of most ordinary mortals, even although they were members of the British Association; but the sections on Geology, on Zoology and Botany, and on Geography and Ethnology, were very numerously attended, although the meetings were held in very large rooms. The Chemical Section was also numerously attended; but that of Physiology, which is made a sub-section of Zoology and Botany, was not very well supported, although the papers and discussions were of considerable merit.

We have printed below abstracts from some of the papers and discussions on subjects connected with Medicine and the Collateral Sciences. In Section B, which is devoted to Chemistry, Dr. Daubeny made the following remarks upon

THE PROPERTIES OF THE BATH WATERS.

As some of the older inhabitants of Bath may recollect that I was engaged for more than a month in 1832 in investigations connected with these thermal waters, and that the results I had arrived at were deemed worthy of a place in the 'Philosophical Transactions' of that year, it will perhaps be expected that I should take this opportunity of communicating to one of the sections some of the facts and conclusions to which I had arrived at the period alluded to, since those who are not acquainted with my original memoir may desire to have its principal contents briefly laid before them on this occasion; and those who are, may still be curious to learn whether my own later and more matured experience, or the subsequent observations of others, have tended to modify or overthrow the theory which at that rather distant period I have ventured to propound. Now, although the origin of thermal waters is a question which belongs more properly to the domain of Geological Science, as will indeed be appreciated more fully after the masterly exposition of their nature which we have just received from a professed geologist, yet, as the only claim I have ever had to be considered one is founded on my attempts to apply the principles of chemistry to the explanation of physical phenomena, and as the reasonings which I have to submit to you on the present paper will only be appreciated by chemists, I have deemed it most appropriate to offer these remarks on the thermal waters of this place to the section which I have now the honour of addressing. I should state, in the first place, that the investigations to which I allude have no reference to the medicinal virtues for which the Bath waters have so long been celebrated. These, which, in the eyes of most of my audience, naturally figure as the foremost of the questions which can come before us in connection with the thermal springs alluded to, must, I suspect, be assumed merely upon the testimony of the many persons who have from time to time experienced benefit from their use, as they could not have been deduced *à priori* from a knowledge of the properties belonging to their ascertained constituents, whether individually or collectively taken. In this respect, however, Bath only stands upon the same footing with other thermal waters of established reputation, some of which even, such as the far-famed springs of Gastein, in the Tyrol, are, so far as we know, entirely destitute of any mineral ingredient that could affect the system; so that in their case we seem only to have the alternative of concluding that the benefit derived from their use arises from the change of air, the physical elevation, the cheerful society, and the like, to the beneficial influences of which the patient is subjected, or else that some as yet undiscovered principle lies latent in the waters. Under the impression that the latter might probably be the case with those of Bath, I have lately concentrated by evaporation considerable quantities of this water, and have tested the residuum with the view of ascertaining whether, besides the ingredients determined by previous analysts to exist in it, certain other principles might not also be present, at least in infinitesimal quantities. I was encouraged to make this attempt by the success obtained from their labours in that direction by Bunsen and Kirchhoff, who, by evaporating about 12,000 gallons of the mineral water of Durckheim, in Bavaria, extracted from the solid residue two metals before unknown, which had first revealed their existence in the water to these chemists, by the application to them of their method of spectrum analysis. I could, however, discover no trace either of barytes, of strontia, or of lithia in the solid constituents obtained from the Bath waters, although, with regard to the latter, I availed myself of the same delicate optical test for which we are indebted to the above-named experimentalists, by which it is well known the minute quantity present in the ashes of tobacco is readily detectable. The only new substances of which I found reason to suspect the existence were phosphoric acid and bromine; the latter indeed one which, from researches carried on by myself many years ago, on a number of mineral waters belonging to this county, as may be seen reported in my paper in the 'Philosophical Transactions' for 1830, might have been conjectured as likely to exist, from finding iodine also in them, and indeed even from this element being so commonly associated with chloride of sodium, a salt which forms so large a part of the mineral constituents, prevailing in the Bath waters. I do not indeed infer from these experiments the entire absence of the ingredients which I failed to detect, but only their not being present in quantities sufficient to communicate medicinal qualities to the water; for Professor Roscoe, whose skill and experience in the use of the spectrum apparatus is so well known, informs me that he has detected lithia, barytes, and copper in these springs. To him, therefore, I must refer you for further information on this subject, merely remarking that these substances in minute quantity are so greatly diffused throughout nature, that we should not be justified in attributing any medical efficacy to their presence, unless they had been found in larger quantities than those in which Professor Roscoe appears to have detected them. Despairing, then, of being able to throw any additional light upon the cause of the efficacy of those springs in the case of disorders, or of adding anything

material to the information already supplied by competent authorities as to the nature of the salts which impregnate them, I confined my attention to one point of scientific rather than of medical importance, namely, the quality and quantity of the gases which are disengaged through the same apertures or fissures in the earth from which the thermal springs themselves issue. As the results of the examination I undertook for this purpose in the summer of 1832 are given in full detail in the 'Philosophical Transactions,' vol. 124, I will not detain you further on this point than by stating that the quantity of gas disengaged from the King's Bath oscillated between 530 and 80 cubic inches in a minute, averaging, however, in the course of the month during which the observations were continued, 267 cubic inches per minute, and the usual range of variation being from 339 to 207. From these dates, therefore, I inferred that the quantity of gas issuing from this source alone could not be less than 222 cubic feet in twenty-four hours. Nor did the disengagement appear to be affected by the changes of atmospheric pressure or other meteorological conditions which occurred during the period at which the observations were conducted. The phenomenon, too, is not of recent origin. We at least know that it was exhibited in full force a century and a half ago; for Guidot, who wrote on the Bath waters in 1696, seems to allude to it, when speaking of the manner in which they "bubble up, as if from a cauldron." Indeed, analogy would induce us to assign a much longer duration than this to the gaseous emanations of Bath. We are assured that in other instances, when such phenomena present themselves in apparent connection with volcanic operations, no change has been noticed in their intensity from a period anterior to the Christian era. Thus the *Amsaneti Valles*, situated in the Apennines, midway between the active volcano of Vesuvius and the extinct one of M. Vulten, were celebrated in the time of Virgil, on account of the same copious evolution of carbonic acid gas, which renders the access to them in certain spots perilous at the present time. The description given of them, and of the lake or pool which they contain, by the poet, fully bears out this inference. The same remark applies to the phenomenon exhibited at the Lago Naptia, a pool, or small lake, situated about twenty miles from Catania, in Sicily. Here, as I myself witnessed, the water is in a state of continual ebullition, owing to the escape of gases, chiefly consisting of carbonic acid and sulphuretted hydrogen, accompanied with the vapour of petroleum, from which the substance Naphtha is derived. Now, it is well known, from classical writers, that this very spot was, from the same cause, an object of popular superstition in the early ages of Greece, and that an altar was there erected, upon which human sacrifices were at one time offered, dedicated to the Palici, the twin sons of Jupiter by the Nymph Thalia, who, according to the fable narrated by Ovid, was concealed by the god from the vengeance of Juno by being buried underground, and who, when the time of her delivery was come, emerged from the earth with her two infants at the spot from which these mephitic gases proceed. Now, even in places beyond the range of existing volcanic action, we appear to have evidence of gases being given out at times as remote as those of ancient Greece, on the very spots at which travellers have recognised them at the present day. Thus, Dr. Clarke, in his travels in Greece, tells us that the hot springs which gush out from the foot of Mount Ætna, in Thessaly, and at the pass of Thermopylæ, emit, at present, bubbles of sulphuretted hydrogen gas. Now, this same spring is noticed by more than one of the writers of antiquity; and according to Dr. Clarke, the allusion made by Sophocles, in his 'Trachiniæ,' to the fable of the poisoned tunic which Deianira presented to Hercules, implies that the same evolution of gas took place from the spring at that period as at present. For the poet describes some of the wool of the garment, on being thrown down on the site of these hot waters, as causing frothy bubbles to rise from the earth. From this and other facts of the same kind, which time alone prevents me from bringing forward, it may be inferred, reasoning from analogy, that the evolution of gas from the Bath waters is not due to any adventitious cause, but is essentially connected with the very existence of the heat which characterises them; and this inference is confirmed by the peculiar nature of the gases which are here brought to the surface. Of these, a variable quantity, rising sometimes as high as 13 per cent. of the whole, but in general only amounting to 4·5, consisted of carbonic acid, the explanation of which I am disposed, for want of time, to reserve for another opportunity. Confining myself, therefore, to the consideration of that larger proportion, averaging about 55 or 96 per cent. of the whole quantity which rises from the spring, I may state that it is made up of the two constituents of the atmosphere, only in very different proportions from those in which they there exist; for whereas in the air we breathe the oxygen bears the proportion of one-fifth to the nitrogen present, the gas exhaled from the Bath waters did not amount to more than four per cent., leaving for the nitrogen associated with it the whole remaining quantity. Thus, the composition of the gas may be represented as follows:—Carbonic acid, 4·5; oxygen, 3·8; nitrogen, 91·7 (95·5); total, 100: whereas in common air there would have been present in the 95·5 parts—oxygen, 3·8; nitrogen, 76·4; total, 95·5. If, therefore, the gas emitted be derived from atmospheric air, the latter must have parted with four-fifths of its oxygen before it reached the surface of the earth. One is also disposed to attach greater importance to this phenomenon, from finding that it is not limited to this one particular case, and cannot therefore be referred to any local peculiarity, but that it is common to all natural springs whose temperature presents any marked excess over that belonging to the locality in which they present themselves. I have been enabled, in the course of several journeys, embracing most parts of Europe, and likewise parts of North America, to examine the greater part of the thermal springs occurring in both these continents, with reference to this particular phenomenon, and in scarcely a single instance have I failed to detect bubbles of gas issuing from the source, which, upon analysis, generally proved to consist chiefly of nitrogen, with a variable quantity indeed of oxygen, but are rarely approaching in amount to that present in atmospheric air. In some instances, indeed, the presence of nitrogen was marked by the predominance of carbonic acid or of sulphuretted hydrogen, and in a few cases no gases of any kind were emitted. This last, however, only happened in those localities where the heat of a volcano still in a state of activity had pervaded the sub-soil to such an extent as to cause it to elevate, in a marked manner, the temperature of any water which had reached it from the heavens. Such was the case with the thermal waters existing in the island of Ischia, near Naples, the well-known site of modern volcanic action, and therefore, in all probability, still affected by the processes which we hear to have been going on only a few centuries ago in the island by the overflow of the lava at Capo d'Arso in 1308, if not by those manifested in its immediate vicinity under reservoirs on the Solfatara, at the present time.

SUB-SECTION D—PHYSIOLOGY.

ON THE PRESENT STATE OF THE DIETARY SYSTEM.

This section was presided over by Dr. Edward Smith, LL.B., F.R.S., who read a paper "On the Present State of the Dietary Question." He adverted to the fact that out of 700 poor-law dietaries of paupers in workhouses not two were alike. The condition of the dietary of the army and navy was until recent years most deplorable. At the latter part of the last and early part of the present century scurvy, due to ill-selected food—biscuits which could not be broken, and salt meat that could not be cut—was rife even in our national navy, and inquiries made by Dr. Budd some twenty years ago, and by Dr. Barnes this year, had shown that this disease was still not infrequent in the fore-cabins of our merchant navy, but it was not found in the master's cabin, nor amongst the well-fed officers, but amongst the ill-fed seamen. The state of the dietary in our prison population was not only less satisfactory than that of our army and navy, but was very unsatisfactory. He referred to several instances in which it had been found requisite to diminish

the allowance of food to convicts, and to others in which it had been increased—changes made under the mere influence of public opinion by medical gentlemen on grounds which were illogical, and without making use of the only plan by which the fitness of the change could be proved—that of scientific inquiry into the condition in which the dietary was to be used; and he suggested that a Government officer should be appointed to make the requisite scientific inquiries. With regard to dietary in hospitals, an approach to uniformity was possible, but at the present there was a great difference. There was the best reason to believe that the dietary of our private schools and colleges and charitable institutions for the maintenance and education of the young had greatly improved, but it was a subject which should demand public attention. There were multitudes of cheap schools in the country in which the sum paid by the pupils was manifestly inadequate to remunerate the proprietors of the schools. A consideration of the dietary of the general community must have regard to two classes at least—viz., the well-fed middle and higher classes and the moderately-fed or ill-fed labouring classes; but time would not permit him to refer to the former further than to offer a few observations on Bantingism. He was not concerned in the medical question as to whether it was desirable to reduce the bulk of a given individual—a circumstance which must always be left to the medical man in charge of the case—but he thought it would be an evil to this nation, both bodily and mentally, if the system of reduction were to become at all general; and that, on the contrary, regarding the whole population, we needed to add to rather than take from the weight of the body. Even in the well-fed classes he had seen very serious diminution of both bodily and mental vigour follow the working out of the plan. There was no necessity for the absolute exclusion of fat and sugar, and the extreme reduction in the quantity of bread, any more than for the great increase in the quantity of meat. The bulk of the body might be reduced simply by lessening the amount of the kinds of food usually taken, and as the reduction was more slowly effected, it was a process attended with less danger to the health. Turning to the question as affecting the labouring classes, he observed that an inquiry of a character unique at least in extent had just been completed by him for the Government, which would afford a clearer insight than had hitherto been obtained into the dietary of our labouring population. It had been made at the houses of the agricultural labourers in every county in England, in Wales, the west and north of Ireland, and the west and south of Scotland, at the houses of certain town populations, silk and cotton weavers, &c., with all the care and minuteness which science could suggest, and the details of which might be found in the Sixth Report of the Medical Officer of the Privy Council. The coarse kinds of bread which were in ordinary use by our forefathers even to the early part of the present century were now very rarely eaten. Barley bread was still eaten in the houses of labourers in South Wales, and in the farm-houses of North and South Wales and Anglesea; also in Northumberland and Cornwall and Devon, and in the southern parts of Scotland; but except in certain poor districts in South Wales it was not now used as the principal member of the class of breadstuff. Rye bread was nowhere eaten alone. Oatmeal was used by 20 per cent. of the farm-labourers in England. Indian corn was used exclusively in the south of Ireland. Peameal was never eaten alone as a bread, but in the north of Scotland it was sometimes added to oatmeal for that purpose. Rice was used by about 58 per cent. of the population, but never in the place of bread as a breadstuff. The average weekly dietary of farm-labourers was—for each adult and child 13¼ lb. of breadstuff, 6½ oz. of sugar, 5 oz. of fat, 14 oz. of meat, 52 oz. of milk, 5 oz. of cheese, and ½ oz. of tea; whilst in-door labourers obtained 9½ lb. of breadstuff, 8 oz. of sugar, 5 oz. of fat, 13½ oz. of meat, 18 oz. of milk, and ¾ oz. of tea, for each adult weekly. In reference to public institutions he was of opinion that there should be a Government officer of the highest repute upon dietary questions, to whom such questions should be referred by the Government; that in the dietaries of the poor the wives and children are ill fed, much more so than the husbands; that a large part of the infant mortality and the deaths at puberty from consumption are due to a deficient supply of milk and of other good food, and the almost exclusive use of slops. He also insisted that a man's first duty was to provide sufficient nourishment for his family, even if it were only dry bread, and that until this had been effected nothing should be spent merely to please the taste; and in order to turn the labourer's overtime to profitable account it was desirable that he should have the opportunity of growing plenty of potatoes. Dr. Smith concluded by reference to the present state of the question considered as a science, and pointed out what science had done and what were still the most important defects.

INDIGO IN PURULENT DISCHARGES.

Dr. W. B. Herapath read a paper "On the Presence of Indigo in Purulent Discharges," in which he spoke, as a generally admitted fact, of its presence in the clear or yellow form, but entered fully into the details of the case of a coachman suffering from an enlargement of the knee-joint, where the blue pigment was present in a serous discharge.

Replying to a question, Dr. Herapath said there could be no doubt, in the case he referred to, though the pigment appeared externally to the body, it must have been present in the serum of the blood, in the yellow principle, and probably assumed the blue colour by oxidation.

A Member suggested that the appearance might have been due to some salts of iron, and not indigo at all.

Dr. Herapath had not had the opportunity of submitting it to the most rigid examination, but he was satisfied, by the chemical tests he had applied, that, if not indigo itself, the matter was of exactly analogous properties.

TEMPERATURE OF THE SEXES.

Dr. Davy, in a short paper, gave the results of some experiments he had made as to the relative temperature of the two sexes. The theory of Aristotle, that a man possessed more warmth than a woman, had been disputed; and it had been held by some, as the result of modern research, that the temperature of women was slightly superior to that of men. Notwithstanding this, however, from such observations as he had been able to make, he considered the early opinion the more correct. Taking the average, it appeared that the temperature of males and females was as 10·58 to 10·13. He had more recently made some additional observations, using a thermometer of great delicacy, and taking for the purpose of his experiments six persons, three men and three women, all in good health. The result was, that the temperature in the case of the men varied between 99 and 99½; that of the women was between 97¾ and 98. An examination of other animals gave a somewhat higher temperature for the male than the female; six fowls showing the proportion of 108·33 for the former to 107·79 for the latter.

The President thought that whatever difference of opinion there might be with respect to the accuracy of the author's conclusions, all would agree, he was sure, that if men were more warm-bodied than women, the women were the more warm-hearted. ("Hear, hear," and cheers.)

Dr. Ransom asked whether Dr. Davy had made any experiments as to the power of resisting variation and temperature in the sexes, and whether he had noticed any connection between that and the usual average temperature; if males consumed more carbonic acid, were they able to resist alterations of temperature better than females? No doubt men were more exposed to influence of weather in their various avocations, but, on the other hand, he believed it was a matter of observation that females did not clothe themselves so warmly as men.

Dr. Davy said the probability was, that women did not resist cold so well as men, and that the greater the strength and energy, the larger the quantity of blood flowing, the greater would be the power of resistance. Generally speaking, he believed that women suffered more from cold than men, and really required a warmer dress than men.

Dr. Haydon remarked, that the conclusion to which the lecturer arrived at was only a verification of what *à priori*

reasoning would have led to, from the larger quantity of carbonic acid taken by men, and their probable larger consumption of sugar.

The President said it was a matter of fact, and not a theory, that they were dealing with; and if it was true that the amount of heat generated in the case of a man was greater than with a woman, there was a greater expenditure of heat with the male than the female.

THE FUNCTIONS OF THE CEREBELLUM.

Mr. T. S. Prideaux submitted the following paper:—The magnitude and position of the cerebellum both proclaim the importance of its office in the nervous system. Strange to say, what this office is has remained up to the present time a matter of doubt. Vivisection has been the ordinary mode of study resorted to by those seeking to discover its functions, and in the unsatisfactory character of the means employed we see, at least, one explanation of the barrenness of the results obtained. I confess, the more I consider the nature of these experiments, the less likely it seems to me that they will ever be productive of utility. How can we practise destructive mutilations on the most vital organs of highly organised living beings without producing an amount of general disturbance and derangement which must mask the special indications of which we are in search? Such are, in reality, the results; and the uncertainty and variability of the phenomena manifested render such experiments, as a test of the seat of the conscious and voluntary powers of animals, all but entirely worthless. How is the destruction by boring and cutting of one part only of the nervous structures to be effected without injury to the parts adjacent? Is it possible to perform twice in succession exactly the same extirpation as to cause only the same amount of hæmorrhage? When the very multiplied relations which the nervous centres have with each other are considered, and that the protecting bones and membranes have to be cut and lacerated before access to them can be obtained, the insurmountable difficulty of isolating such lesions must be apparent to every anatomist. Instead of taking for the subjects of our studies the manifestations of animals in a state of suffering and restlessness produced by wounds, irritation, and inflammation of the brain and its membranes, how much better to resort to those natural mutilations which Nature so bountifully offers us, if for the solution of physiological problems in comparative anatomy and physiology. If, for example, in comparing one class, or order, or species of animals with another, we find that the first possesses, in extraordinary vigour, functions existing in the second in a comparatively nascent or rudimentary condition, whilst an equally marked contrast is presented by the relative development of some certain portion of the various systems of the two, the office of which is unknown, a presumption arises that the evidence is accidental, and that there may possibly be some connection between development and function, and that the coincidence is more than accidental. Now, if we examine the cetacea we find them characterised by an extraordinary and peculiar development of nerves, which more or less pervade the whole of the layer of blubber interposed in this family between the skin and the muscles, and form a network of extreme minuteness on its external surface. In harmony with this organisation, the sense of feeling in these animals is so fine, as to enable them to communicate with each other at long distances by the vibrations of the water. A friend, who once saw an embayed porpoise put to death by some fishermen, assured me that the cries of the animal, when wounded, were heartrending, and conveyed the idea of the most acute suffering. In striking contrast to the cetacea, with reference to the development of the cuticular system of nerves, and the sense of feeling, stands the class of birds clothed with feathers—the beak horny and little sensitive, the toes scaly above, with a callous skin underneath, the sense of feeling is evidently at a very low stage. In fact, any extraordinary sensibility in the skin beneath feathers, which must necessarily render the sense of touch indefinite and feeble, would manifestly be thrown away. Now, if we examine the development of the cerebellum in these two classes of animals, we find as great a contrast in its structure as we do in their respective manifestations of the sense of feeling. In the porpoise, the size of the cerebellum, compared with that of the cerebrum, is as one to two and a half; whilst its unusual bulk is entirely occasioned by the enormous development of the great lateral lobes, which are equal in absolute size to those of man, and far surpass his or any other animal's in the proportion they bear to the other nervous centres. In birds, on the contrary, the development of the lateral lobes may justly be described as rudimentary, apparently consisting of little more than the root of the fifth pair of nerves. The median lobe, or vermiform process, however, attains in this class to an unusual magnitude, so much so, that the weight of the cerebellum, as a whole, compared with that of the cerebrum, is not inferior to that of mammalia, and varies from one to four to one to twelve. Seeing, then, that in the cetacea the extraordinary development of the cuticular system of nerves and cutaneous sensibility coincide with the extraordinary development of the lateral lobes of the cerebellum, whilst in birds an equally remarkable absence of these nerves and want of cutaneous sensibility is associated with an equally marked deficiency of the same parts, the presumption arises that these nervous masses and this function stand in the relation of cause and effect, and that the lateral lobes of the cerebellum are the ganglia of the cuticular system of nerves. The question now presents itself, what power birds possess in a degree as commensurately greater than other vertebrata, as the median lobe of their cerebellum surpasses that of the latter in size? To be able to support themselves for long periods in a medium of so much less specific gravity than their bodies indicates an extraordinary muscular power, whilst the ease and grace of motion which many display in their flight show the possession of great ability for balancing the body, with an extremely delicate sense of resistance. If we pursue our investigations by comparing different species of birds with each other, we shall find amidst all the diversities of relative size of cerebellum to cerebrum which present themselves, a close, and I believe invariable, association of the larger cerebella with greater locomotion, and *vice versâ*. In the crow, whose motions are neither rapid nor elegant, the weight of the cerebellum is 11¼ grains, and that of the cerebum 129, 1 to 11½; whilst in the common gull, which floats through the air in graceful curves, skims with rapid wing the surface of the waves, or sports with the wind in zigzag flights, the weight of the cerebellum is 14 grains, with a cerebrum of only 63, or 1 to 4½. The swift sparrow-hawk possesses a cerebellum of 6½ grains, and a cerebrum of 36½, or 1 to 56; the slow grey owl a cerebellum of 9 grains, and a cerebrum of 120, or 1 to 13½. In the swallow tribe, who live on the wing, the cerebellum reaches proportionately to the cerebrum, the largest development to be found in the class, as 1 to 4. These facts seem to point to the median lobe of the cerebellum as being the ganglion of the nerves of muscular condition or resistance, and through which we are always automatically conscious of the position of the extremities and of the centre of gravity—the centre, in fact, of a system of semi-motor nerves playing so important a part with regard to thefunctions of ingestion and egestion. Habit renders muscular acts so automative that we are almost totally unconscious of the great extent to which they are stimulated by the sensation of resistance, and how necessary this stimulus is to their long continuance without fatigue. When a boy, just learning to swim, I was much puzzled by the fact that, after swimming across a small pond, which I could cross in about twenty strokes, I felt fatigued. The expenditure of muscular power must, I knew, be very small, yet the fact of fatigue being experienced was equally undoubted. The explanation I am now inclined to offer is, that although some allowance must be made for the motion being a novel one, the grand source of the fatigue was that,the semi-motor nervous system being unused to respond to a stimulus offering so little resistance as water, the whole task of keeping up the exertion fell upon the volition. If a strong man, capable of walking forty miles in ten hours without resting, were suspended by a belt round the waist, and required to go through the

action of walking, although moved forward through the air artificially at each stride, was to keep the centre of gravity in a proper position in advance, yet I am convinced he would be thoroughly fatigued with ten minutes of this exercise. The question arises, In what direction shall we extend our inquiries in search of further evidence to assist our judgment in forming a conclusion either in favour of or against these? Fortunately, Nature comes to our aid, and presents us in the Cheiroptera an order of animals, the organisation of which may be supposed to be specially designed to assist us in the determination of our problem, and which combine the sensibility of skin of the cetacea with the agility and locomotive power of the bird. The surface of the body in bats, including the wing, presents, for the size of the animal, an enormous extent of nearly naked membrane, endowed with a sensibility so marvellous that they avoid obstacles in their flight with great precision, even after their eyes have been removed, and in places to which they are strangers. Although blind, they will fly rapidly through apertures only just large enough to allow of their passage, and even avoid small threads stretched across the apartment, their only apparent means of guidance being the diversity of the aerial undulations. Now, in striking confirmation of the views of the functions of the cerebellum which have been suggested by the comparison of birds with cetacea, the bat, in combining the acute tactile sensibility, agility, and locomotive power possessed singly by each, combines also the large lateral cerebella lobes of the latter class with the large median lobe of the former, the cerebellum being in the bat, proportionally to the other nervous centres, larger than in any other animal.

INSANITY.

Dr. Boyd contributed a paper containing observations on the measurements of the head and weight of the brain in 696 cases of insanity, examined at the Somerset County Lunatic Asylum, of which the author is the physician and superintendent.

Tables of the weights of the human body and internal organs at various ages in the sane and insane of both sexes, by the author, have appeared in the 'Philosophical Transactions,' 1861. The tables now laid before the members of the British Association relate to the insane only, and include a greater number of cases. The forms of the disorder are given under eight heads, at ages in decennial periods. The average measurements and weights of the body and cerebro-spinal organs are also given, and the numbers from which those averages are taken. The first table shows the average measurements of the head at decennial periods of life, under the different specified forms of insanity, in 403 males and 293 females examined in the Somerset County Lunatic Asylum. The specified forms of insanity are mania, dementia, melancholia, monomania, general paralysis, epilepsy, epilepsy and idiocy, idiocy. Of these, mania is the most common, One-third of the females and more than one-fourth of the males are classed under this head; it includes twelve cases of recurrent, and seven of puerperal mania. Dementia, which includes cases of fatuity in both sexes, altogether amount to 16 per cent. in males, and 20 per cent. in females. Melancholia is much more frequent in females than in males; the proportion is 9 per cent. in males, and 18 in females. Monomania embraces only a small number; 3·9 per cent. in males, and 3·7 per cent. in females. General paralysis is very frequent in males, but not nearly so much so in females; it is combined with various forms of mental disorder, but these are not distinguished in the tables: 25·6 per cent. males come under this head, and 7 per cent. females. Epilepsy is also combined with various forms of insanity, but these, as in the case of general paralysis, are omitted; the numbers are 14·6 per cent. males, and 14 per cent. females. The two remaining forms include a small portion of these cases. Epilepsy, with idiocy, 3·2 per cent. males, and 2·2 per cent. females; idiocy, 2·2 per cent. of males and females. The periods of life are also under eight different heads in the tables. In the first (under 20 years), the affections of children, idiocy and epilepsy, 16 in males and 3 in females, and 2 of melancholia in females, include the whole mortality at that period. In the second, from 20 to 30 years, the percentage is 12 for males and 12·5 for females, the largest proportion being still of epileptics and idiots. In the third period, from 30 to 40 years, mania prevails, especially amongst females, and general paralysis in males; in this and in the next period, from 40 to 50, are included all the forms of insanity. In the fifth period, from 50 to 60, the number of cases of epilepsy and idiocy are less. From 60 to 70 the relative numbers were greater of females—12 per cent. males, and 17·1 per cent. females. In the seventh period, from 70 to 80, no case of general paralysis occurred. The proportions of each sex were nearly equal in the last period, upwards of 80; the cases were principally dementia and fatuity. The three measurements of the head, as shown in the first table, are in inches and decimal parts of an inch. Taking the whole of the cases, at all ages and in all forms of the disorder, the average circumference, from the centre above the nose and *superciliary* ridges over the great tuberosity of the occipital bone behind, round to the same point in front, is, in males 21·9, and in females 21·1 inches; the antero-posterior measurement, from above the nose to the great tuberosity of the occipital bone, is 12·7 inches in males, and 12·5 inches in females; the transverse measurement, from one external auditory meatus over the head to the other, is 12·6 in males, and 12·3 inches in females. The measurements are greater in males than females. In idiocy the measurements are below the average in both sexes, also in epilepsy combined with idiocy in males—the measurements are slightly below the average in general paralysis. In melancholia and epilepsy the measurements are greatest; after 50, there is a decrease. The circumference of the head denuded of the scalp is one inch less, and each of the other measurements half an inch less. The second table shows the average weight of the several parts of the brain in ounces avoirdupois and decimal parts of an ounce, at decennial periods, in the different forms of insanity. The weight of the several parts of the brain is more in males than females, and, as a general rule, the left cerebral hemisphere is larger than the right. The average weight of the right cerebral hemisphere in the males, 19·89, and the left 19·96; in the females the average weight of the right cerebral hemisphere 18·53, and the left 18·61. The greatest inequalities in the hemispheres are observed in epileptics and idiots. The maximum, minimum, and average weight of each cerebral hemisphere, in ounces avoirdupois, in the eight different forms of insanity in males and females, at all ages, is shown in a short table. The average weight of the other portions of the brain, the cerebellum, pons, and medulla oblongata, of the encephalon, and also of the spinal cord, in males and females at all ages, in the different forms of insanity, is also shown in another table. The average weight of the encephalon was greatest in mania in males, and in epilepsy combined with idiocy in females, but these cases were few; only seven in number. The average weight of the encephalon was least in idiocy, in both males and females. The average measurement of the head was also least in idiocy in both sexes, and greatest in dementia and epilepsy in males, and in epilepsy, and idiocy, and general paralysis in females. The average weight of the encephalon in the whole number was 3¼ ounces more in males than in females, the average circumference of the head, as already stated, being eight-tenths, the antero-posterior two-tenths, and the transverse measurement three-tenths, of an inch more in males than in females. The relative proportion of admissions into the Somersetshire asylum has been 55·5 per cent. males, and 48·5 females; the relative mortality, 58 males to 42 females.

CRANIAL DEFORMITIES.

Wm. Turner, M.B. (London), read a paper of his own upon this subject. In this paper a peculiar form of head was described, in which the frontal eminences were completely absent, and in consequence the forehead above the eyebrows and orbits was flattened, or even concave. In the middle line, however, the forehead projected forwards and formed a sort of beak, narrow below at the root of the nose, but swelling out laterally at the line of the hair. Looked

at from above, the head was broadly ovate, or even somewhat triangular; the apex being at the forehead, the rounded base at the occiput. The peculiar shape of the head was noticed in the case described at the time of birth; the child was well-grown and intelligent. The head evidently corresponded to the form termed Trigonocephalus, by Welker. The mode of production of this form of head was discussed, and the conclusion was drawn that it was due to a fusion of the two centres of ossification of the frontal bone, and consequent premature obliteration of the frontal suture.

CONVERSAZIONE AT THE ASSEMBLY ROOMS.

In the evening of Thursday a conversazione was held in the Assembly Rooms, the time-honoured spot where Beau Nash once reigned supreme, and where beauty, rank, and fashion once collected in multitudes, before the peace and the steamboats and the railroads scattered the card-players, the dancers, and the health-seekers over the watering-places of the Continent. The crowd that thronged the Assembly Rooms on Thursday was very different, indeed, from that which once made the Bath Assembly Rooms celebrated in the annals of the fashionable world, although there is still in the city a remnant of a population which perpetuates the traditions of the past; and as we watched some rather antiquated ladies sitting upon the sofas, we were insensibly reminded of the days when the seniors were assembled round the card-tables, and the juveniles joined in the fascinations of the dance. Well, those days are past, the giddy throng of youngsters and the inveterate old maiden card-players have all melted away into the abyss of time, and a new generation has sprung up—of gentlemen who speculate upon the millions of years which the crust of the earth has taken to mould itself into its present form, and of ladies who listen to the anatomical descriptions of the anthropomorphous apes, or to the moderns plans proposed for the utilisation or deodorisation of the sewage. We must not analyse motives: perhaps many of the ladies who assembled at Bath last Thursday came to flirt and to talk and to show their new dresses, just as their grandmothers came in days long gone; and perhaps some of the speakers and writers of the other sex were not insensible to the pleasure of addressing the glittering throng before and around them. However, there was a crowd of human beings, and there was a multitude of objects for them to inspect, although inspection was almost impossible, owing to the pressure and the heat. Refreshments, also, were liberally supplied to those who were fortunate enough to reach them, though, in the majority of cases, the attempt terminated in disappointment. Bishops and Deans and many of the inferior clergy were hustled along among the miscellaneous crowd, the costumes of the visitors varying from full evening dress to the rough railroad attire in which many had reached the city. The medical element was not very numerously represented, and the peerage, the army, and navy still less so. Everybody seemed pleased, and perhaps the ladies liked the *soirée* all the better for the terrific squeeze to which they had been subjected.

SECTION B—CHEMICAL SCIENCE.

THE SEWAGE OF TOWNS.

Dr. Stevenson Macadam read a paper "On the Pollution of Rivers by the Sewage of the Towns." His investigations had been directed to the water at Leith, which was supplied to Edinburgh. The especial part of the inquiry to which he directed attention was the composition of the gases found in the water which conveyed sewage. The water at its source in Leith had 9½ cubic inches of gases in the gallon; consisting of two parts of carbonic acid, 29 of oxygen, and 69 of other gases. After the water had passed through several paper-mills, where it received washings from rags and the works, it was found that the proportion of gas was not materially changed; it contained 9½ cubic inches, but the composition differed, being 7½ of carbonic acid, and 22 instead of 29 of oxygen, and 70 of other gases. After passing Edinburgh the water contained 7⅔ cubic inches of gases, consisting of 18½ parts of carbonic acid, 7 of oxygen, and 74½ of other gases. This small proportion of oxygen caused the water to be so deadly to fish, as there was not enough for respiration. They had not found the irrigation system practised there to be efficacious in extracting the noxious material from the water. In answer to a question put to him, Dr. Macadam said that, after the water had been contaminated by sewage, he found small traces of sulphuretted hydrogen, but so small that he did not consider it necessary to test the proportion. There were greater traces of it when the sewage came into contact with sea-water.

Mr. Biggs read a paper by Dr. Henry Bird on

THE UTILISATION OF SEWAGE.

To utilise the contents of the sewers, and to restore to the land nitrogenous and inorganic principles which are abstracted from it in the growth of crops for the food-supply of man and animals, is one of the most important questions of the day. Some laborious investigations by Parliamentary Committees and Government Commissions have indeed shown that many of the methods hitherto proposed for this object are not sufficiently remunerative to stimulate commercial enterprise in the application of sewage to the soil; but they have at the same time established the fact that an enormous amount of natural wealth is being constantly dissipated, and finally lost to the country. Nor is this extravagance the worst feature of the case; for the continual abstraction of valuable inorganic matters from the soil steadily impoverishes it, rendering it yearly less able to maintain the life and vigour of an increasing population, and gradually, though surely, turning a fertile country into an unproductive desert. Even, therefore, at some temporary sacrifice, to redeem these valuable materials and apply them to their obvious and natural destination would ultimately prove highly advantageous to every district of the kingdom. The benefit of such a measure would not be limited to the production of food. The same works which would secure the utilisation of sewage would protect rivers and watercourses from that defilement and injury which are now progressing *pari passu*, with the advance of town drainage and the extension of chemical works, and which, if uncontrolled, must at no distant period destroy all our fresh-water fish, obstruct the channels of rivers by indurated deposits, and render river water wholly unfit for domestic use and human consumption—this, too, at a time when, owing to the clearance of forest and wood lands, and agricultural improvements generally, the available supply of water from springs is rapidly diminishing, and becoming quite insufficient in many places for the wants of the people. Not less important is the sanitary aspect of the question. So much information has been obtained and circulated on this subject that it is almost needless to remind this Association that many diseases are called into activity by foul accumulations in drains and ditches, and by the contamination of running water with the excreta of populous districts. Experience has shown that all diseases are aggravated, and especially that epidemics and pestilences extend and become more fatal in communities and families which breathe impure air and drink foul water. Blood poisoning is a common result of poisoned air and water. It is under such circumstances and conditions of atmosphere and water supply that scarlatina, typhoid, or intestinal fever and cholera break out, spread, and destroy. The subject is, therefore, one of deep interest to all persons concerned in the management of the sick poor; and who is not so concerned? Thus, on sanitary, as well as on economical grounds, the right use of sewage is inseparable from the public safety, and essential to the public prosperity. In this matter, however, legislation is indispensable. The most fanatical advocates of voluntary action and personal liberty will hardly venture to assert that the difficulty of the case can be met by individual effort. Where this fails, in any such public emergency, the municipal authority, the magistracy, or the national government must act, or the whole population must suffer. Parliament should, therefore, be asked to facilitate the extension of sewage works in the neighbourhood of towns

and villages, in order to distribute and apply their excreta to the surrounding land, by irrigation and by other means; and at the same time to prevent, by stringent enactments, the fouling of rivers and brooks by sewage and other town refuse. The plan now to be submitted to your consideration has never been tried on a large scale, but it has been tested by a limited experiment, and has been found to answer the purpose satisfactorily. It is founded upon the physical properties of sewage, and on a few well-known chemical and mechanical principles. The following series of propositions and axioms embodies these principles and the leading features of my plan :—1. Sewage flowing slowly through pools, or tanks, or confined in vessels separated into three portions—the floating, the precipitated, and the intermediate fluid. 2. The process of precipitation may be promoted by the use of cheap, simple, and easily procurable deodorants, to be hereafter specified. 3. Sewage, from the nature of its composition, rapidly undergoes putrefaction, which injures its fertilising qualities and causes deleterious and offensive emanations. The same fermentation may be produced by allowing fresh sewage to filter through masses of old sewage in tanks, drains, and more rapidly in large sewers. 4. This process of decomposition may be arrested, and its injurious results prevented, by removing the more solid matters of the sewage, and drying them at a low temperature with antiseptic chemicals. 5. In the decomposition of sewage, ammonia and other volatile compounds are evolved, and are soon dissipated and lost. That if old sewage be dried by simple exposure it will be found to possess but a low fertilising power, which, if dried with sulphuric acid, the ammonia becomes fixed, decomposition is arrested, and the fertilising principles are retained. 6. The ashes, sweepings, and other refuse of large towns may be rendered available in the fertilisation of poor land by percolating fluid sewage through them for two or three weeks and by drying the mass with sulphuric acid ; this compost may, with little trouble or expense, be made worth at least ten shillings per ton. 7. All manures prepared from sewage should be kept dry, and protected from sun, heat, and rain. 8. Fluid sewage, however treated, contains in solution and suspension fertilising salts and organic matters. [The chemical composition of sewage is well known, and its varying quantities and qualities may be easily ascertained from published tables. It is, therefore, unnecessary to dwell upon this point.] 9. Fluid sewage can, in every case, be used for the irrigation of land. It should never be allowed to flow into the sea, rivers, or brooks. 10. The more solid portions of sewage may be easily separated from the fluid by allowing the whole to flow slowly through tanks and culverts, fitted with sluices or tubes to be constructed upon the plan of models now exhibited—the current being directed through the middle level without disturbing the surface or bottom of the tank. The separation would be accelerated by the use of sulphated clay. 11. Clay, especially the more ferruginous clay and sulphuric acid, mixed in the proportion of one part of the latter with nine parts of the former, in a dry state, forms a cheap and efficient precipitant for sewage ; it acts at the same time as a deodorant. It does not in the slightest degree injure the manure, but, in fact, adds materially to its fertilising quality. 12. In the tanks already mentioned, the floating matter should be daily skimmed off the surface of the fluid sewage, then placed in a reservoir, and treated with diluted sulphuric acid. The precipitated matters should be also removed as often as the divisions or spaces between the sluices and bottom of the tanks become filled, and treated in the same manner with sulphuric acid. These matters so prepared may be dried quickly, at a temperature not exceeding 150 degrees, by spreading the mass upon heated beds of fine ashes or clay, in covered sheds. When sufficiently dried, the compost should be crushed, to make it fit for drilling or spreading on land. 13. When the more solid portions of the sewage are thus intercepted by sluices or traps and removed (as above directed), offensive emanations are materially lessened, if not prevented, and the fluid portion passes tolerably clear out of the tanks. By this method the fœtor caused by the passage of fresh sewage through masses of semi-solid putrefying matter is altogether prevented. It deserves to be repeated, that, in order to preserve the supernatant and precipitated portions of sewage, the most efficient and economical antiseptic is sulphuric acid, for it fixes the ammonia, converts the vegetable matter into glucose, and checks fermentation ; and all the resulting salts are known to be excellent manures for crops of clover, roots, &c. As before said, sewage which has been dried by simple exposure to the air possesses but very low manuring power, the ammonia and its carbonates having escaped. But when dried as above, with sulphuric acid, the nitrogenous principles and the phosphates are retained, unless the temperature be raised so high as to disengage fœtid gases and decompose the sulphate of ammonia. Another method of preparing sewage for agricultural use, after treating it with sulphuric acid, would be to distribute it among a number of cylindrical draining tiles placed over a bed of coal ashes or clay. These pipes being filled, the fluid filters into the ashes or clay, and water also evaporates from the surface of the pipes. The process should be repeated until the tiles are filled with solid residuum, which may then be removed for use. The irrigation of land with fluid sewage has been practised successfully and profitably in many places ; but it is said to be sometimes attended with offensive smells, perceived at some distance. This, as I have explained, is in consequence of an undue amount of the more solid matters being left to decompose upon the surface of the land; and the objection does not hold good when those matters have been separated (as before shown) from the liquid before it is used for irrigation. But if, without that preliminary measure, the contents of sewers be mixed with ashes or porous earth, and exposed to the weather, the compost increases in temperature and decomposes rapidly ; the heat of the mass drives off the ammonia, and, after it has been washed with rain, it is hardly worth the expense of carriage. Again, the more solid matter of sewage may be readily indurated and dried, by mixing it with common plaster of Paris, a valuable mineral manure, which in no way lessens the fertilising properties of sewage. Indeed, the value of both is increased by combination. It only remains for me to exhibit the action of sulphated clay, both in its dry state and in solution, as also models for tanks, &c., and other means by which percolation through town rubbish may be advantageously effected. A solution of the sulphated ferruginous clay, which may be called "liquid sulphate of alumina, with sesqui-oxide of iron," was sent for analysis to that eminent authority, Professor Taylor. When this deodorant is required to purify house-drains and sewers, it should be applied at the very commencement of the drainage system—namely, in the waterclosets, sinks, cesspools (if any), and scullery traps, of every house communicating with the common sewer half an ounce of the liquid mixed with water should be used on each occasion, once or twice a day, or more frequently, by means of a simple apparatus. It would prevent the disengagement of ammonia and sulphuretted hydrogen. It would precipitate the phosphoric acid of the phosphates. If it did not destroy the specific germs of certain infections—as those of scarlatina, or typhoid fever, &c.—it would, doubtless, check their progress, by removing some of the worse conditions under which they multiply and spread. Once more: land may be irrigated with fluid sewage by sub-soil or underground channels. Drains may be made from nine inches to two feet in depth, either of turf, or of drain-pipes, or squares nearly on a level, keeping, however, the outlet of each drain below the inlet. The surface soil would thus be saturated with sewage, without the production of noxious smells, or disturbance of crops, or interference with the cattle-grazing of the land. So much of the sewage as might ascend by capillary attraction through the nine inches of soil to the surface would be perfeetly deodorised, and a powerful manure would be applied directly to the roots of the crops, enriching the soil to a considerable depth. The economy—not to say profit—of these methods of utilising the sewage of towns will be obvious to anyone who will impartially investigate the proposed measures. And I

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THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 21, 1864.

SIR CHARLES LYELL ON THE THERMAL SPRINGS OF BATH.

The subject chosen by Sir Charles Lyell for his inaugural address to the British Association for the Advancement of Science, now assembled at Bath, is the nature and origin of the thermal springs which have long made that city famous in Europe; and although the topic is in some measure a local one, yet it is connected with so much of geological history, and has been illustrated by Sir Charles with such a profusion of learning and research, that it becomes one of general and absorbing interest. It is well known that the springs of Bath possess a very high temperature, ranging from 117° to 120° F., and that they have been celebrated for their medicinal virtues since the time of the Romans, who, for somewhere about 400 years, held possession of our island, and who left in the city of Bath itself stupendous memorials, many of which are still preserved, of their architectural skill.

The warm springs of Bath do not, indeed, exhibit the temperature known to be attained by some of the thermal waters in different places in other parts of the world, as in Iceland, or at Aix-la-Chapelle and elsewhere; but the high degree of heat observed in the latter spots is obviously referable to the close proximity or the adjacency of volcanic mountains, whereas Bath is 400 miles distant from the Eifel in Germany and 440 from Auvergne in France, the two localities in Europe where volcanic fires, although now dormant or extinct, were once in active operation. Bath, in fact, is built upon oolitic rock, which is in no way geologically associated with the epoch of either recent or extinct volcanoes; and, moreover, there are cold springs as well as hot ones in the subjacent earth, so that any arguments adduced to account for the hot springs, derived from the general belief as to the internal heat of the globe, must be untenable. Indeed, its mineral constituents are problems alike puzzling even to the most profound geologists, and their solution is sought only by the invention of plausible hypotheses. The supposition that these waters were originally derived from an inundation of the ocean is negatived by the fact that the composition of the waters by no means corresponds to that of the sea; and hence the conclusion is drawn that the waters may have had a subterraneous origin and been projected into fissures or cavities of the earth's crust like the veins of metals which are known to traverse the solid strata.

The only explanation that can be offered to account for the thermal waters of Bath is, that, at some former and remote period in the history of the earth, there was some great convulsion or fracture which caused a separation of the strata, the vacancy thus caused being filled up by the injection of the hot streams from the centre of the globe, and their imprisonment for thousands of years between layers of the solid rock. Since the memory of man these thermal waters have preserved the same degree of heat, and, like those of Baden-Baden and of Iceland, and many others, have been welling out their thousands and thousands of gallons every year from the bowels of the earth, suffering apparently no diminution either in quantity or in temperature, and likely to pour forth their steaming floods for many ages to come.

To the limited question of the chemical constitution of the waters, and their efficacy in the treatment of disease we ought, perhaps, as medical writers, more especially to confine ourselves; and the paper of Dr. Daubeny, of which we give an abstract in another column, affords some valuable information on these points; but we feel that the topic, in its enlarged scope, is one well worthy of the deep reflection of all thinking men. It has been objected, as a kind of discouragement to geological pursuits, that the conclusions of the professors of that branch of science are merely speculative, and that the theories or hypotheses of to-day may be dissipated by the discoveries of to-morrow; but this is a reproach to which all the pursuits of natural science are liable, inasmuch as it knows no dogmatism, and rests its foundations only on the developments which are offered by advancing knowledge, enlarged experience, and more accurate reasoning. Whether, as Sir Charles Lyell supposes, the changes observed in the structure of the earth, the variations of land and sea, and the diversities of organic life, have been wrought by gradual processes operating through countless millions of ages, or whether they have been caused by sudden and violent convulsions and transitions, are matters of comparatively little importance; the progress of geological science rests upon the record and the collation of well-observed facts, and it is permitted to man only to trace as best he may the mysteries of Nature, without presuming to dogmatise upon the methods which the Creative Power may have adopted in framing the Universe.

THE PREVALENCE OF INFANTICIDE AND INFANT-MORTALITY.

The revelations made of late as to the widespread prevalence of infanticide have attracted, as they deserve, a very great share of public attention, and philanthropic efforts have not been wanting both to investigate the causes of the evil and to devise means for its prevention or suppression. In ancient times and in barbarous countries, it has often been the practice to reduce superabundant population, or to attempt to eradicate disease, either by the wholesale destruction of infants or by selecting for immolation those who, by their feebleness or their deformity, appeared unlikely to thrive in after years; but in our own age and country, while the value of human life is theoretically very great, yet it is found in practice, that infant-murder prevails perhaps to as great an extent as in ancient Sparta, although the brutal crime is abhorred by the public, and partially punished by the laws of the country.

We say partially punished, because, although the murder of an infant, in the eye of the law, is as heinous an offence as that of an adult, and renders the perpetrator liable to the same sentence, yet it is well-known that juries are slow to convict in the great majority of cases where a mother murders her own offspring, or that they return a verdict of guilty of some minor offence, in order to shield the criminal from the fate which would follow a conviction for the greater one.

Into the painful question of the motives which induce many a mother to pervert the finest feelings of female human nature, and to imbrue her hands in the blood of her own offspring, it is not our intention to enter, and, like many modern juries who have such cases placed before them, we may pity the culprit while we abhor the crime; and knowing that two parties at least must have been concerned in the steps which indirectly lead to the crime in question, we cannot but feel the cruelty of abandoning the criminal of the weaker sex to a fearful doom, while the equally or perhaps more guilty partner of her delinquency is allowed to escape. The prevention of this kind of child-murder will hardly be accomplished by the verdicts of juries, however severe, but by the inculcation of a higher tone of morality than that which at present exists, and by the visitation of severer punishments than now fall to the lot of the male delinquent.

It is a more practical question to examine into the infant-deaths which are said to arise from the culpable neglect of parents towards their offspring, from the intentional or accidental administration of deleterious drugs, and from erroneous plans of nursing and alimentation. The attention of the public has very lately been drawn by the Report of Mr. Simon, the Medical officer of the Privy Council, to the prevalence of infant-mortality from the administration of opium, either for the benevolent but mistaken purpose of allaying pain and irritation, or for the horrible design of destroying infants in order to obtain money from burial clubs. In the one case, the evil may probably be met by the diffusion of sounder views than are at present entertained by the common people, as to the injurious effects of opium upon young children and infants, and in the other, the crime committed for such base and sordid motives ought to be punished with the utmost severity of the law.

The causes of infant mortality, so far as they are connected with faulty plans of nursing and alimentation, have lately been examined with very great care by a lady, Mrs. M. A. Baines, who has written some pamphlets upon the subject, characterised by much good sense and good feeling. She attributes many evil consequences to the practice of hiring wet nurses, especially those from the "fallen;" many to artificial feeding as a substitute for breast-milk; and many to the absence of farinaceous matters in infant food.

In the primary truth laid down by this lady, all members of our Profession must cheerfully coincide, namely, that much of the fatality among children is due to the neglect on the part of mothers to perform the obvious duty of suckling their children. This neglect is sometimes caused by the obedience rendered by some females rather to the demands of fashion than to the dictates of nature; and often, among the labouring classes, it is due to the necessity, either real or supposed, of leaving the children, while the mothers are earning their living. Admitting, as we all must do, the existence of the evil, the remedy obviously lies in the province of the ladies, who, by precept and example, may prevail upon their sisters both of high and low estate to fulfil their maternal duties, even at the sacrifice of fashion or of the claims of industry. As to fashion, it is easy enough to dispense with the allegiance to such a fickle deity; and as to industry, it is alleged that the husbands among the working classes are prepared to forego the advantages obtained by the earnings of their wives in return for the greater comfort they would enjoy by the undivided attention of the women to their domestic duties. It is a remarkable fact that, during the Preston strike, there was a marked diminution of the infant-mortality, which is explained by the fact that the women were unable to obtain work at the mills, and were thus obliged to stay at home with their children, whose lives were thus preserved even at a time of extreme destitution.

Into the moral question involved in the employment of women as wet nurses, whether the latter are married or are selected from the "fallen," we are not prepared to enter; but no medical man is ignorant of the fact that many mothers are unable, from physical reasons, to suckle their own children, who, therefore, run very great danger of sinking from disease, unless some substitute can be found for the breast-milk of which they are deprived. Admitting, as we do, that each mother's milk is best suited to her own child, and that a change in this respect is often highly disadvantageous, and always hazardous, yet we are not prepared to admit that any other plan is equal to wet nursing, care being, of course, taken in the selection of the nurse, both on moral and physical grounds. Nor are we prepared to admit, with the talented and zealous authoress of the pamphlets to which we allude, that when human milk cannot be obtained the milk of the inferior animals is necessarily injurious. On the contrary, we believe that the milk of cows or goats, making allowance for the difference in chemical constituents, and correcting the composition accordingly, is a very suitable aliment for infants accidentally deprived of breast-milk, and that the addition of farinaceous matter, as recommended very strongly by Mrs. Baines, is of questionable utility. Not that we adopt the ultra-chemical views advanced by some authorities, who would reduce all physiology to the test of the crucible or the weighing scales, and reject the influence of the nervous system, the vital power, and the essential constitution or idiosyncrasy of each individual, but because we believe the opinions we advance are in accordance with experience as well as theory, and are in themselves reasonable, practical, and philosophical.

The whole question, in fact, deprived of its moral aspects (which, nevertheless, are worthy of the deepest attention), is a practical one, and must be decided by the test of ex-

perience; but we think that the public, and especially the female portion of it, owe a debt of gratitude to Mrs. Baines for the ability she has displayed in the discussion of a subject which is of great interest to the whole community. It has been truly said that "the child is the father to the man," and every measure which improves the health or diminishes the death-rate of our infant population must have a beneficial influence upon each succeeding generation of adults.

REVIEW OF THE PERIODICALS.

'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs;" this, the sixth lecture of the series, being devoted to "Urohæmatin and the Abnormal Pigments met with in White, Yellow, Green, Blue, and Black Urine: their Clinical Significance and Treatment." It is shown that normally-coloured urine is no test as to the healthy condition of that fluid, since the normal ingredients may not show themselves, owing to their combination with certain other constituents, which preserve them from detection till the compound is decomposed. The presence of urohæmatin may not be at all discoverable to the naked eye, though it may exist, and in large quantities, in the urine; but will show itself, if present, when strong nitric acid is added to urine and heat applied till the compound, formed by the addition of the acid, is raised to the boiling point. The effect will be that the urine, which before may have been quite pale in appearance, will assume an intensely red hue. The alterations produced by adding hydrochloric acid to the urine of a case of hæmaturia from diseased kidney, and to that in which urohæmatin was in excess, is next detailed, and the cause of the different effect is explained. Urohæmatin, when liberated by an acid and then taken up by ether, will solidify into a red currant-jelly-like mass. The best medicines to meet this affection are syrups of the phosphate of iron, or of the superphosphate of iron and lime. Zinc, in half-grain and grain doses, is a very valuable agent in those cases. When reference is made to blue and green urine, it must not be supposed that such colorations exist at the time of passing water, since they only result either from long exposure to the air or from the reaction of chemical agents. During disease, blue and colouring matters have been discovered even in the blood. It is a fact specially insisted upon by Dr. Harley, that all animal colouring matters spring from one colourless radical. As a rule, coloured remedies do not communicate colour to the urine. The physiology and pathology of brown and black urine next claim attention. It is shown that a substance called melanin may be found by analysis in the blood, although there may not be even a trace of melanotic disease in any part of the body.——Under the head "Original Communications," we find a paper "On Sea-sickness: its Nature and Treatment," by Dr. CHAPMAN. The treatment of this ailment is considered, and the basis upon which it rests—viz., the lessening of the amount of blood in all the nerve centres along the back—is set forth. The treatment consists in applying ice along the spine—an heroic, but successful method. Rules are laid down in order that the ice may be effectually applied, and an elastic or india-rubber bag, made in conformity with these rules, is described. It is always best that the bag should be placed in direct contact with the skin. In the case of phthisical patients the ice to the dorsal region may be omitted, and should a menstruating or pregnant woman be the subject to be operated on the utmost caution must be used in applying the ice along the lumbar region; again, when the forehead of any patient is hot, at the same time that there is headache, it is advisable, if the ice is at all applied to the cervical portion of the spinal column, that it be so with the intervention of a silk handkerchief. When, on the other hand, the head aches and the forehead is cold, the immediate application of the ice must be made, and maintained till the symptoms are relieved. The patient will, in a number of instances, be able to point out the spot or spots where there is the greatest necessity for the continued application of the ice; these spots correspond to those spinal nerve centres where most engorgement exists; and the degree of comfort experienced from the remedy will be found in exact proportion to the extent to which these engorged nerve centres are emptied. The effect of the ice is stated to be very different when applied under the circumstances which we have just been considering, and when used in the same manner, supposing the person for whom it is required to be on land. Moreover, Dr. Chapman predicts that ice may be applied to the dorsal region of persons with delicate lungs, and to the lumbar region of pregnant and menstruating women, and that, not alone with impunity, but with considerable benefit, since the engorgement of the nerve centres is protective against any untoward influences upon the lungs or upon the uterus.——Dr. ORMEROD contributes "Observations of a Direct Mitral or Tricuspid Murmur," in which he answers objections urged against his views by Dr. Gairdner. A number of cases are adduced to prove the correctness of his (Dr. O.'s) views.——Mr. CRAIG has a paper "On Acupuncture in Facial Neuralgia." He shows the value of this remedy by the good effects resulting in those cases where it was employed. Some cases are brought forward, and comments made upon them.

DEATH FROM CHLOROFORM AT SAN FRANCISCO.—A lady of very nervous temperament was placed in a dentist's chair to have her tooth drawn, and, while much excited by fear of the instruments, chloroform was administered by holding a napkin above and near the nostrils. After inhaling for a short time, she declared she could not take it, and seizing the hand of the operator removed it from her face. Without further use of it the tooth was extracted easily; but the jaws immediately afterwards became clenched, and her head thrown back by spasmodic action of the muscles. The breathing was arrested, the face grew livid, and death rapidly ensued, apparently from apnœa, due to spasmodic closure of the glottis or larynx. The masseter, respiratory, and spinal muscles, and also the flexors of the extremities, continued in a state of tonic spasm until relaxed by death. There was no disease of the heart or other organs to discourage the use of the chloroform.—'Boston Med. Journal,' May 19.

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venture to hope that these suggestions may lead to a series of experiments under the auspices of this Association—experiments which, I doubt not, will convince the most sceptical that the present unjustifiable waste of valuable elements of food ought no longer to be permitted, either by the Legislature or by the local authorities of this kingdom. But, before we conclude, let it be distinctly understood that neither lime, sesqui-oxide of iron, alumina, nor any other deodorant, except sulphuric acid, should be used with sewage when the fluid parts are intended for irrigating land, for those bodies with that one exception take some valuable ingredient from the fluid. One part of sulphuric acid to 70,000 parts of sewage would be sufficient to maintain the fertilising property of fluid sewage, until it had passed through the drains over or into the soil.

Dr. Bird then explained by diagrams the system of irrigation he proposed, and produced samples of sewage water showing the successful application or plan of deodorisation described in his paper. He said that nothing acted so well as ferruginous clay, and the perchloride of iron, which had been so much commended, was the least efficient.

Mr. Biggs said that those interested in the matter had a good opportunity of seeing it effectively carried out at the City workhouse. The whole of the sewage there was devoted to the land attached, and the difference between it and other land was very great.

Mr. Tite, M.P., said he regretted exceedingly that he was not present at the commencement of the discussion. He had been detained in the Statistical Section. The question of sewage was one which had occupied his attention. As a member of the Metropolitan Board of Health, the whole matter of the disposition of the London sewage had been before him for a considerable time. The London sewage was something enormous in quantity. It was collected in immense reservoirs, and then poured into the river at times when it would be swept out to sea. Thus, the whole of the sewage of London, containing important chemical constituents, was utterly wasted. He had no doubt that they should relieve the basin of the Thames completely of the sewage which fell into it from Chelsea to below London, but, with regard to the utilisation of the sewage, they did not see their way clearly, and on another point they were in great difficulty. This point was as to what was to become of the drainage of the large towns above their district, because it was impossible to join them with London, and it was idle to seek to drain Oxford by any lateral drainage that could reach the sea. At the present time Kingston had made arrangements to pour its sewage into the Thames, but was stopped by an injunction obtained by the conservators of the river, by which they had been taught that such nuisances could not be continued. The question then remained, What was to be done with it? Two facts had been proved. At Leicester, where the experiment had been carried on regardless of expense, it was proved that the deodorising of sewage by lime would purify water and prevent it becoming a nuisance to the stream. Since then it had been proved that fish flourished there, and the herbage and fruit, which before was poisoned, had now returned to its normal condition. This fact was also apparent, that the products which it had been thought would be sufficient to pay for these works had proved an entire failure; and except for the lime used, which was very useful for the fertilisation of land, it had proved utterly useless. The other fact was the experiment at Croydon, which certainly did appear most successful. There the river was formerly polluted by the sewage. A farm of forty acres was then taken; ordinary drains were cut, the sewage was turned into the land before it passed into the river, thus purifying it of its offensive ingredients, and proving of great advantage to the land. Croydon had thus solved the problem extremely well; but how such a system could be applied to London was a problem still unanswered. He described various propositions which had been submitted to the Metropolitan Board of Health, and that they had acted on the opinion of Mr. Rawlinson, the Government engineer and the adviser of the Government, who was of opinion with regard to London that it could never be made a commercial success, and must end in bankruptcy. Of course, in Bath they were more happily placed; they had not to deal with the excreta of 3,000,000 persons, and the experience of Croydon might be applicable to the case of Bath.

The Very Rev. the Dean of York said he understood that in the case of Croydon the sewage water was sent into the river in a comparatively pure state—so pure, indeed, that fish could live in it. He also understood that the sewage water there, though not exactly pure, was so to a great extent. Had any chemist made experiments of the drinking of such comparatively pure water on animal life?

Mr. Tite, M.P., believed that such experiments had not been made.

Professor Williamson drew attention to the fact, that when cholera prevailed lately in this country its origin was believed to be traced in many instances to the fact that the sewage drained into the pump wells.

Professor Bennett, of Edinburgh, observed that much importance had been attached to the question of deodorisation, and smells were regarded not only as a nuisance, but were supposed to be a cause of disease. He believed that effect of smells as a cause of disease had been much exaggerated, and he instanced Montfauçon, near Paris, in proof of this. The sewage of Paris was taken to Montfauçon, was there allowed to dry in open pits, and it was found not to interfere with the health of the district, though the smell was certainly terrific. (Laughter.) In Cologne and in Belgium the sewage was utilised in a similar manner, the dried deposit of the sewage was reduced to powder, and as poudrette was sent all over France, and proved the most valuable manure which had yet been discovered.

Mr. Tite, M.P., wished that the meeting should not be misled by the last speaker. In Paris cesspools were still permitted; in London they had long ago been denounced as the great cause of fevers, and were no longer allowed.

Dr. Lloyd opposed the views expressed by Professor Bennett. It had been proved that smell was noxious, and in the district near the river in Bath he had long noticed that amongst those who resided there, first came degradation, then ill health, and then premature death.

Captain Galton said he knew numerous instances of disease from the state of the River Thames.

Mr. Rumney, of Manchester, said cesspools, as in Paris, were permitted in Manchester, and there was no evidence that fever or other diseases prevailed there to a greater extent than in other towns in the kingdom.

Mr. Webster, Q.C., confirmed the statement made by Mr. Rumney.

SECTION D—PHYSIOLOGY.

The members and associates attending this section met at eleven o'clock on Friday, the President, Dr. Gray, in the chair. The section, during the day, was very largely attended, the room being crowded from an early period of the day.

THE LARYNX OF THE NEGRO.

Dr. G. Gibb read a paper upon the special differences between the larynx of the negro and the white man. After describing the larynx of the latter, he remarked that the essential point of difference between the two consisted in the invariable presence of the cartilages of Wrisberg, the oblique or shelving position of the true vocal cords, and the pendent position of the ventricles of Morgagni. "Any one familiar," said the author, "with the dissection or examination of the larynx in ourselves, cannot but perceive that these peculiarities are not observable unless we admit the occasional presence of the first in certain windpipes. Now, we may be told by some anatomists that they have commonly seen these Wrisbergian bodies, and that they are not rare, but that sort of evidence counts for very little.

These small bodies, the cartilages of Wrisberg, are either very minute and rudimentary, or wholly wanting in the white race, whilst they are large and well developed and always present in the black or coloured races. It may be mentioned also," said Dr. Gibb, "that I have dissected them in monkeys, in which, even the smallest species, they are relatively large in comparison to the size of their bodies; and, with the object of attracting attention to them in the quadrumana, I exhibited specimens before the Pathological Society of London, in March, 1861, three and a-half years ago. Those who argue that the black race are inferior to the white, and approach the quadrumana in some of their features, would naturally lay hold of what I have stated to prove the truth of this theory, especially as regards the Wrisbergian cartilages and the position of the ventricles; but I take the opportunity of declaring at once, that whatever views may be entertained by anthropologists respecting the position in the scale of beings occupied by black and white, they are discarded from this communication."

Mr. Crisp remarked on this paper, that even if Dr. Gibb was right, and these cartilages pointed out existed, it was no proof of the degradation of the negro. Extraordinary statements had been made on this subject. It might be that these particular cartilages were given to the negro just the same as a black skin was given him, and this did not imply the least degradation.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Case of Recurrent Fibroid, under the Care of Mr. Henry Smith.

We had lately an opportunity of witnessing a case of recurrent fibroid tumour, which was under the care of Mr. Henry Smith, and on which he operated for the removal of the abnormal growth.

The history attached to the case is as follows:—The lady (who had come from Dublin to have the operation performed, and to place herself under whatever treatment Mr. Smith should consider necessary) was about forty-five or forty-seven years of age, of spare habit, but in the enjoyment of good health; she was mother of seven children, some of whom were grown up, and of whom none at any time had suffered from an affection similar to that for which the present operation was required.

The tumour was first perceived about four years since, and was observed to be movable under the integument, as well as upon the tissues on which it rested; it was at that time of a very small size, not being larger than the kernel of a small filbert, and it occasioned no pain or any inconvenience. In this way it continued till about a year since, when it received an injury that caused it to take on more rapid growth. Last May it had attained such a size that it was considered advisable to have it removed, and accordingly the operation necessary for such a purpose was put into execution; as, however, the surgeon who operated was fearful of opening the knee-joint, there was some apprehension of there having been a piece of the tumour allowed to remain after the greater portion had been excised. To prevent a recurrence of the growth—if such a happy issue could at all be obtained—caustic in a fluid state, probably nitric acid, was applied two or three different times; the application had not the desired effect, and it soon became manifest that the bared surface was throwing up a new growth and that a tumour was forming afresh. This it was endeavoured to remove by the caustic; and when this plan of treatment was found to be of no avail, a second operation for removal was deemed expedient, and was advised by the Dublin surgeon in attendance.

The lady preferred coming to London and placing herself in the hands of Mr. Smith, who at once advised removal with the knife, instead of dealing with the affection in any other way.

In the performance of the operation Mr. Smith was assisted by his house-surgeon, Mr. Bell; and when the patient was brought under the full influence of chloroform, the former gentleman proceeded to sweep the knife round the base of the tumour, commencing his incision above and carrying it downwards towards the joint, taking care to cut quite into the healthy tissues, and altogether free of the diseased mass, and at the same time sufficiently deep to include the entire tumour.

This last step in the operation required great nicety of manipulation and delicacy of touch, lest the knee-joint should have been opened by the knife in the attempt to clear away every fragment of the mass, the base of which rested on the fascia covering in that joint. Mr. Smith, therefore, with his usual rapidity, at the same time that he used the utmost possible caution, dissected the tumour from off the fascia, and, where the two were in very close proximity, he lifted up the former, and isolating it as much as it would allow, he put upon the stretch the bands by which in some places it seemed to be held down and severed them with his knife. When, however, the attachments were very close, he tore the mass from its berth by means of his fingers; in order thus to avoid injuring the fascial capsule of the joint, in which effort he succeeded to his entire satisfaction.

The tumour having been removed, the edges of the wound were brought together at their uppermost part, and were maintained in this position by means of the silver-wire sutures; at their lower part they were approximated by the aid of strips of adhesive plaster, over which were placed a pledget of lint and a few turns of a roller.

It was not hoped that the wound would unite by the first intention, nor was the attempt made to procure such a result. Mr. Smith preferred to obtain the filling up of the space left after the operation by means of the granulating process, since he considered the growth less likely to recur were the wound allowed to heal by granulations.

Before removal, the tumour wore all the appearances of fungus hematodes; there were, the irregularities of surface, and the soft fungating appearance, the peculiar tint of colour, and a slight mattery discharge. There were, however, in this case now under notice, most excruciating pains when anything touched the surface of the tumour, and an entire absence of bleeding from the morbid mass.

When all the steps of the operation were completed, Mr. Smith divided the tumour, and then its true nature became apparent. It was not what at first sight it appeared to be—a true malignant growth—a fungating tumour, such an one as has received the name of fungus hematodes, but one of a semi-malignant nature, and to which is applied the term recurrent fibroid. These tumours have been particularly described by Paget. In external appearances and general characteristics they resemble the common fibrous growths, but in structure they are allied to the fibro-plastic. Cases are on record in which they have recurred as often as six times, and then terminated in death. There is an account given by Dr. Maclagan of a patient in whom the growth returned after it had been twice removed, but who continued free from it after a third excision had been practised.

The great characteristic of these growths is their recurrency; and it is to be observed that at each time of return they assume a more decidedly malignant nature, passing step by step, as each tumour becomes developed, from their original benignity of structure into the malignant form of growth.

PARISIAN MEDICAL NEWS.

DESTRUCTION OF NASO-PHARYNGEAL POLYPI BY THE ELECTROLYTIC METHOD.

Surgeons have of late years devoted much time and attention to the treatment of pharyngeal polypi. The difficulty of removing every part of such growths has even induced M. Gustave Flaubert to recommend and perform, in extreme cases, the excision of the superior maxillary.

MM. A. Robert, Michaux, Maisonneuve, and others, have adopted this practice. In order to avoid the formidable mutilation involved in this proceeding, M. Nélaton prefers opening a passage through the palate. The tumour may thus be fully exposed, and the surgeon is enabled to resort with ease to whatever measures he may devise for its entire destruction.

The selection of an appropriate agent is, however, a more difficult task than might be imagined. The slightest contact of the knife often causes copious hæmorrhage, and the blood flowing into the pharynx and air-passages is thence rejected by coughing and vomiting, which interfere in the most inconvenient manner with the performance of any effectual operation. Syncope, also, frequently supervenes, and greatly adds to the surgeon's perplexity. M. Nélaton, dissatisfied with the results afforded by ligature, avulsion, linear crushing, or every shape of cauterisation, actual or potential, has recently resorted to a mode of destruction in which electricity is a principal agent, and which he has communicated to the Academy of Sciences under the denomination of the electrolytic method.

In this procedure destruction is not effected in the same manner as with the galvano-caustic apparatus, but by an electro-chemical agency, induced by two needles inserted into the tissues, and placed in communication with the conductors of a sufficiently powerful battery. The parts situated in the vicinity of the needles are more or less extensively destroyed, and the eschar is promptly eliminated. M. Nélaton brought forward the following experiment, in illustration of the effects of the electrolytic method:—Two electrodes were inserted into the tongue of a dog at fifteen lines from the tip. An eschar formed across the organ and the extremity of the tongue was removed by gangrene. Two different modes of destruction are therefore here displayed: the electrolytic action, followed by gangrene caused by obstructed circulation.

Dr. Ciniselli, of Cremona, has supplied, in an interesting memoir, the physical and chemical explanation of the mode of operation of this new surgical appliance. But to M. Nélaton we are indebted for having introduced it into rance, and performed demonstrative experiments on Fnimals. The case which he related at the Institute was ahat of a young schoolmaster whom we had an opportunity tof examining at the Hospital of the School of Medicine, and who was admitted into the wards for a large polypus of the nose and pharynx, which bled on the slightest contact. Every kind of treatment had previously been resorted to without success, and at last M. Nélaton determined on trying the effects of the electrolytic method. The apparatus used was Bunsen's battery (nine cells), and two platinum needles one-third of a line in diameter. The first operation lasted ten minutes, and caused unimportant pain only; but some distress was occasioned by the passage into the pharynx of a sort of frothy matter resulting from the decomposition of the parts into which the needles had penetrated. A slight shock was experienced at the beginning and at the conclusion of the cauterisation, but no hæmorrhage took place. Six operations were thus successively performed, at intervals of ten days. On the 28th of May the patient was discharged. A complete cure was then effected; he had remained four months in hospital.

This interesting case encourages a hope that Ciniselli's electrolytic method will also be found serviceable for the treatment of deep-seated tumours.

HOTEL-DIEU.—M. MAISONNEUVE'S WARDS.

Extemporaneous Ligature.

We have frequently adverted to the brilliant results obtained from linear crushing, and from extemporaneous ligature. The name of the method is a matter of indifference, and it is not our intention to establish an invidious comparison between two procedures so closely allied to each other. The simplicity of the means of constriction resorted to by M. Maisonneuve invests them, however, with a certain superiority over M. Chassaignac's powerful *écraseur*. They are readily procured, and may, in a certain degree, permit the surgeon to dispense with so costly an instrument. In addition, when the field of operation is limited in extent—for instance, in the removal of polypus of the ear, of pterygium, and a host of small pediculated growths, situated on the genital organs or elsewhere—a piece of silver thread or wire, a silk or thread ligature, are more easily managed than a metallic chain-saw, endowed with mobility in one direction only, and which cannot readily embrace tumours included in narrow cavities, or lying on irregular surfaces. MM. Matthieu and Luër have, it is true, constructed on the same plan as the larger instrument very small *écraseurs*, which may be carried in a pocket-case, but their use is not general, and it is desirable that the humblest practitioner should be enabled to impart to his patients the invaluable benefits of a method founded on a principle which is not new, but the regular application of which to modern surgery gives to M. Chassaignac a strong claim on the gratitude of the Profession.

M. Maisonneuve remarks, in the first place, that in many instances no instrument whatever is necessary, and that the surgeon can apply all the constriction required with his hand or fingers. Simple metallic wire is often sufficient for the excision of vegetations or small polypi. In general, however, some sort of mechanism must be superadded, the ligature-adjuster, for instance, which consists merely in a metallic tube containing the double ligature; one of the extremities of the tube forms with the loop a circle, in which the tissues are included and crushed, whilst the tractive efforts are applied at the other end. In most cases a female catheter will answer the purpose; a small winch may be added, on which the extremities of the ligature can be coiled so as to tighten the constriction at will. Graëfe's ligature-adjuster may also be used; it consists of a metallic tube, including a screw and ring, to which is attached the ligature, and which in receding tightens the loop, so as to cut through any intervening substance.

M. Maisonneuve's pocket ligature-tighteners, which he uses for the amputation of polypi of the nose and ear, the excision of the uvula, and of hæmorrhoids, for the incision of fistula in ano, and the removal of every kind of pediculated growth, closely resemble Graëfe's instrument, with this difference, that the extremity from which issues the loop is flattened instead of being round, so as to form a narrow slit, and not a circular aperture. The constriction is generally effected with annealed iron wire, one-third of a line in diameter. This very simple contrivance might be found sufficient in most cases, and fully deserves a corner in every surgeon's instrument-case.

If greater power is required, M. Maisonneuve has recourse to his *constricteur*, an instrument constructed on the same principle, but on a much larger scale.

We shall now describe two applications of extemporaneous ligature.

The first case which occurs in our notes is the excision of an epithelioma of the lower lip and left commissure, in a man of sixty. The disease occupied the entire length and depth of the lip, and on the 6th of February M. Maisonneuve performed the operation, with a piece of common packthread. As the growth reposed on a broad basis, the surgeon resorted to the arch ligature (*en arcade*) which Récamier has recommended for the extirpation of tumours of the tongue, and of annular cancer of the rectum. With a ligature-needle three strong threads were inserted through the lip at an inch from each other, and each thread was then used as a conductor to pass through the tissues a loop of strong twine. The loops were then cut, and each extremity securely tied to the neighbouring ligature, forming a series of arches, which involved the entire base of the cancer; the free extremities of the twine were secured in the same manner, and passed through the tube of the constrictor. The growth was thus detached without any hæmorrhage whatever in less than five minutes, and no dressing was applied to the wound, which at first was perfectly dry. Suppuration, however, soon set in, and on the thirteenth day the patient was discharged entirely cured.

We noticed another case: the patient was a man affected with suspicious disease of the testicle. Chloroform was exhibited, and the testis was removed by ligature. A loop of iron wire was passed round the testis, skin and spermatic

cord; the screw was set in motion, the loop was tightened to the extreme limits of constriction, and the envelopes and cord were cut through without the escape of a single drop of blood. The wound, which was extremely small, was dressed, as it is usual, in M. Maisonneuve's wards, with the glycerine and phenol liniment (Phenic Acid, 1; Glycerine, 99), and on the sixth day after operation the lips of the division were united with *serres-fines*. In the course of three weeks a complete cure was effected.

MENINGEAL APOPLEXY OF INFANTS.

Although of not very common occurrence, effusion of blood between the membranes of the brain is yet sufficiently frequent in early infancy to have attracted the attention of observers. We may, for instance, mention the interesting researches of Dugès, Billard, Cruveilhier, Valleix, Legendre, and also a recent paper on the subject published in the *Union Médicale*, by M. Hervieux, one of the physicians of La Maternité.

Meningeal apoplexy is generally the result of difficult or tedious labour, but may also originate in a hæmorrhagic diathesis consequent on certain morbid states, amongst which M. Hervieux opines that sclerema and congenital or acquired debility are the most distinctly prominent. Fits of anger and exposure to the sun are also numbered by M. Bouchut amongst the causes of the disease, which they doubtless promote by inducing cerebral congestion.

Meningeal hæmorrhage almost invariably occupies the great arachnoid cavity, where the blood, at first in a liquid state, soon coagulates. We stated in a former number that chronic hydrocephalus occasionally originates in an effusion of this kind. Legendre describes as follows the symptoms in new-born infants, and in children under three years; in none of the cases recorded by that much-lamented observer did the patients outlive this age:—

"Vomiting may be absent, but generally occurs once or twice, when feverishness supervenes, accompanied by slight convulsive action of the ocular muscles, which usually leaves after it a certain degree of squinting. Loss of appetite and thirst are then noticeable; the motions are natural or easily induced. After a brief interval the feet and hands are permanently contracted, and paroxysms of tonic or clonic convulsions soon set in. Consciousness and sensation are abolished during the fits, and the countenance assumes a darker hue. The intermissions are marked at first by a slight amount of drowsiness, which gradually turns to torpor as the disease progresses. Fever persists throughout, and daily increases in intensity, and the intervals between the paroxysms diminish in length, until at the close of the painful scene the fits run into each other in almost uninterrupted succession."

Valleix also includes violent convulsive attacks amongst the symptoms of the meningeal apoplexy of infants. He relates the history of a male child, who, two days after its birth, was brought to the Infirmary of the Foundling Hospital for contusion of the shoulder. The little patient was progressing mostfavourably, when, four days after his admission into the wards, he was suddenly seized with convulsions. The face became turgid, the neck and limbs rigid, the breathing laborious and fluttering. These symptoms lasted about thirty seconds, but recurred four or five times in a few minutes, when they subsided, and the child appeared to have perfectly recovered. Three hours afterwards, however, a fresh paroxysm supervened, and the infant expired in the course of three minutes. On dissection copious sanguineous exudation, four or five lines in thickness, was found in the arachnoid cavity, with coagula adhering to the serous surface.

M. Hervieux opines that the symptoms most frequently coincident with meningeal hæmorrhage in infants are the torpor and immobility of the little patient, and the feebleness of the scream, coupled with convulsions, especially of a tonic or permanent character. In doubtful cases the diagnosis derives greater certainty from the presence of the signs indicative of a hæmorrhagic predisposition, such as the possible escape of sanguineous urine, the passage of blood with the fæces, or the oozing of froth tinged with blood from the mouth and nostrils. "We must not," says the author, "lose sight of the fact that, of all the morbid manifestations to which the hæmorrhagic diathesis can give rise, meningeal apoplexy is unquestionably the most frequent."

The onset of the disease is sometimes sudden, and it runs rapidly through its stages, but occasionally assumes a slower progress, in the same manner as algid sclerema, gastro-enteritis, which usher in or pave the way to its development. Meningeal hæmorrhage, neo-natorum, varies in duration from a few hours to ten days or a fortnight, but seldom lasts beyond ten days. It usually proves fatal; but while informing the parents of the extreme gravity of the case, the practitioner must not remain inactive, but endeavour to evolve the indications of treatment from a careful inquiry into the causes of the hæmorrhage.

In M. Hervieux's opinion, no other drink should be allowed but the nurse's or mother's milk, and all remedial agents should be applied externally. If algor be present, thechild should be well wrapped up in cotton wool, or in his ordinary clothing covered with oiled silk, or india-rubber tissue: shampooing should be resorted to for the dispersion of sclerema, and appropriate remedies be employed for the removal of thrush, enteritis, or general erythema. When torpor and convulsions supervene, leeches or cupping must be prescribed. One leech, for instance, should be applied behind each ear, so as to relieve, if possible, the congested state of the cerebrum. If the child is in a very debilitated condition, an interval of a few hours may be permitied to elapse between the application of the two leeches. When the muscles of the entire body are in a contracted state, pointing to hæmorrhage in the envelopes of the spinal cord, cupping should be applied over the spine. Mustard-poultices to the legs, and warm baths (94°), simultaneously with cold applications to the head, will also be found useful.

PERMANENT CURE OF ATRESIA OF THE MEATUS BY AMUSSAT'S METHOD.

Despite all their efforts, surgeons acknowledge their almost entire inability to preserve in a dilated state after incision any contracted natural orifice, when Amussat proposed a plan which he often applied with success in cases of atresia of the meatus, foreskin, anus, vulva, &c. The method consists in daily freshening the angle of the wound so as to destroy the pyogenic membrane, which has an almost unconquerable tendency to bring about union of the divided parts. The angle being thus prevented from closing, the surfaces heal separately.

M. Malgaigne ('Operative Surgery,' 7th Edit., p. 91) describes this procedure, and remarks that it often fails in effecting the desired result in the case of dry and extensive scars or bands, but that he can bear witness to its efficacy as a means of obtaining permanent enlargement of the urinary meatus. We have had no opportunity of testing the correctness of M. Malgaigne's assertion with regard to extensive and deformed scars, and adhesions, such as may result from burns, but we are in a position fully to confirm his statement of the utility of the method to secure the permanence of the enlargement of the meatus, and the following case, borrowed from M. Alph. Amussat's practice, is a recent illustration of the good effects of the procedure.

This gentleman was consulted, on the 2nd of November, 1863, by a young man of eighteen, afflicted with a kind of malformation called hypospadias. Two orifices, barely large enough to admit a style, existed on the inferior surface of the penis, on a level with the corona glandis. The anterior aperture led into a *cul-de-sac* four lines in depth, and the posterior orifice, situated about two lines further back, was the true meatus. The patient stated that the stream of water had always been extremely thin, and that when he was quite a child an operation had been unsuccessfully performed to remedy this state of things. In May, 1863, he was affected with gonorrhœa, for which the usual treatment was instituted. The emission of urine gradually became more difficult, and in October, the lips of the meatus being frequently glued together, he was often com-

pelled to use a pin to remove the obstruction. It was obvious that the natural diameter of the orifice could be restored by an operation only, and on the 3rd of November M. Amussat proceeded as follows, in the presence of M. Naudin, the patient's usual medical adviser :—

He inserted a narrow-grooved probe into the meatus, and slit it to an extent of three lines and a half ; a catheter was then placed in the passage, where it was permitted to remain for four-and-twenty hours. From this date, M. Amussat every morning freshened the lower angle of the wound with a bistoury, up to the 18th of the same month, and a conical bougie was occasionally introduced. The lips of the incision were then found to have healed separately, and the patient was advised to pass, now and then, a bougie three lines in diameter through the new orifice.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

SUMMONS UNDER THE MEDICAL ACT.

MARLBOROUGH STREET.—Sept. 14.

Mr. Francis Bearnard, "surgeon-chiropodist," No. 59 Regent street, appeared to answer a summons under the new Medical Act, for unlawfully, wilfully, and falsely pretending to bear, and taking and using the name of "surgeon," implying that he was registered under the Medical Act as a surgeon.

Mr. Talley stated that he appeared for the General Council of Medical Education and Registration, for the purpose of enforcing the provisions of the new Medical Act, and also for the protection of the public. The 40th section of the Act was as follows: "Any person who shall wilfully or falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine or surgery, or a practitioner in medicine, or any apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding 20*l*." He wished to state that, in taking these proceedings against Mr. Bearnard, there was no feeling of animosity towards that gentleman. Mr. Talley was about to read the 27th clause of the same Act, when

Mr. Lewis said he would admit that Mr. Bearnard was not registered as a surgeon.

Mr. Talley believed it would be pleaded that Mr. Bearnard was surgeon-chiropodist to the Royal Family.

Mr. Tyrwhitt said it had not yet been proved what was on the door-plate.

Mr. Talley said the words on the door-plate were, "Mr. Bearnard, Surgeon-Chiropodist to the Royal Family." Under that description Mr. Bearnard might have operated on a patient's foot, cut off a toe, and perhaps ruined him for life.

Mr. Lewis said Mr. Bearnard had been in practice for twenty-five years, during fifteen of which he had carried on business in Regent street. He would admit the words on the plate ; but he submitted that Mr. Bearnard had not brought himself within the Act. Mr. Bearnard had operated upon several of the judges, and also upon medical men, all of whom were surprised to find that he should have been made the subject of proceedings under the new Act. He had the most extensive practice in England, and had never pretended that he was a surgeon. The question to decide was, did the words "surgeon-chiropodist" bring him within the meaning of the Act? The Act said, "Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners," &c. He did not presume for a moment that it would be argued that any person cutting his own corns or those of another person must be considered a medical man. Mr. Bearnard, in describing himself as a surgeon-chiropodist, did not hold out to the world that he was a surgeon or a duly qualified medical practitioner. He intimated that he was a surgeon-chiropodist, implying by those words that he was a chiropodist by surgical means—that was, that he cut corns. No person passing Mr. Bearnard's door, and wishing to have his corns cut, would for one moment imagine, from what he saw on the door, that Mr. Bearnard was a surgeon. In his own country, Mr. Bearnard was a qualified surgeon, though he was not a member of the surgical profession in England.

Mr. Talley said Mr. Lewis omitted the circumstance of the words "Royal Family" being used on the plate.

Mr. Lewis said the present case had nothing to do with that. He contended that Mr. Bearnard had only done what was very common in these days in adding a little grandeur to his name ; not, however, with any intention of making the public believe he was a surgeon under the Act. Had Mr. Talley attacked some of the numerous quacks who infested London, instead of a gentleman who had carried on business respectably for many years, he would have done a real service to the public. If the summons was dismissed, Mr. Bearnard would be happy to meet him on a case in the Queen's Bench.

Mr. Tyrwhitt said the case was of importance, and he should like to have a little time to look into the matter. He should, however, like to know why Mr. Bearnard used the word "surgeon" at all, as that would lead people to presume he had had some medical experience, and a surgical education.

Mr. Lewis said Mr. Bearnard was a surgeon in his own country.

Mr. Tyrwhitt would give his judgment in a week.

MEDICAL NEWS.

THE POISONING ORDEAL OF THE AFRICANS.—The recent case of poisoning by Calabar beans in Liverpool has brought into publicity the particulars of a strange custom which prevails amongst the natives on the west coast of Africa. The following interesting account of the ordeal is contained in a letter, written in order to furnish some reliable information regarding the bean that caused so much distress in Liverpool :—"The Calabar bean, as an ordeal, is given in various quantities, from below a dozen to over a hundred, but a very small portion—less than half—of a bean is sufficient to destroy life ; while, on the other hand, entire dozens of the bean have been taken with impunity, being quickly rejected by the stomach and bowels. One bean halved between a brace of infatuated duellists has cut both off ; and a woman who was tried for witchcraft some years ago, and who must have taken some dozens in the process, was still living and in vigorous health last year. When used by duellists, it is customary for the challenger to bite a bean in two, consume his half, and hand the other to his opponent, who is obliged to eat it up. This is said to be a common thing among the Ibebios. When it is administered in public trial, the accused is compelled to eat up a few beans just as you see them, while others were being pounded to pulp in his presence. This is afterwards well mixed with water, and one part of the mixture given as a drink and the other administered in the form of an enema. If the poison so irritates stomach and bowels as to be completely ejected, which is often the case, the party escapes and is pronounced innocent ; if not, he dies, and is therefore guilty. The plant grows to a large size, one plant climbing sometimes over several trees, and almost entirely enveloping them in its foliage. It is often to be met with on the banks of the Calabar river. The flower is not unlike that of the sweet pea."

MEDICAL APPOINTMENT IN THE PARAGUAYAN ARMY.—The Buenos Ayres 'Standard' of June 28 says :—"The last mail from Asuncion brings intelligence that Dr. Stewart has been named Surgeon-General to the Paraguayan army, by order of His Excellency President Lopez. The importance of this promotion may be inferred from the fact that the army placed under his charge amounts to 40,000 men. Dr. Stewart was born of a respectable family in Perthshire in 1831. He made the usual medical studies at Aberdeen and Edinburgh, and took out his diploma, of M.D., at the

latter University. In 1853 he was appointed to the medical corps of the Osmanli Horse Artillery, and afterwards joined the Bashi-Bazouks at Scutari. He was medical adviser to General Vivian, and crossed the Balkan Mountains to serve in the hospital at Schumla. At the close of the Crimean war he came out with the Anglo-Italian Legion, which was destined to form a colony in the Gran Chaco. This enterprise having failed, he was engaged by President Lopez for the army medical service in 1857. Since that time he has been a great personal friend of General (now President) Lopez, and raised the medical service to a high state of efficiency, being assisted by Drs. Barton, Skinner, and Fox, and Mr. Masterman, Pharmaceutical officer. We believe that Dr. Stewart's present post is worth about 2,000*l.* per annum. The Government has also instructed him to write to Professor Laycock for three medical practitioners, to whom will be given the rank of captain, with a liberal salary, house, horses, and servants. Dr. Stewart resides in Asuncion, and has a splendid cotton and tobacco plantation at his country place near Ibicuy, some thirty leagues from the capital."

DR. LANKESTER ON POST-MORTEM EXAMINATIONS.—Dr. Lankester, last week, held an inquest on the body of Elizabeth Anne Bushnell. It appeared from the evidence of the husband, who is a fruit porter in Covent-garden Market, that his wife had been addicted to drink, and that on the day before her death she fell down and injured her head. Mr. Morritz, a surgeon, was sent for, but the woman died before he arrived. In answer to the coroner the medical gentleman said he did not analyse the stomach, as he felt certain about the cause of death. The coroner said he wished it to be distinctly understood by the Profession that when he ordered a post-mortem examination to be made, it was to be a thorough and not a partial examination; all the organs were to be tested, as poison had frequently been found when there was no suspicion of anything of the kind having existed. As a proof of the necessity for such a thorough examination as he insisted upon, he mentioned a case which came before him some time ago—that of a woman who was supposed to have died from an epileptic fit; but on the stomach being carefully analysed, it was discovered that she had taken a large quantity of oxalic acid. In the present case the jury found that the deceased died from apoplexy, accelerated by a blow and by her previous habits.

USES OF MUSHROOMS.—Enormous and almost unprecedented quantities of mushrooms have been gathered in Devonshire this season, which is accounted for by the long drought and the rains following upon it. A scientific gentleman of Exeter communicates to the 'Devon Weekly Times' some exceedingly interesting information relative to mushrooms. He says:—"The immense quantities brought into the market, as well as those brought to our doors, have suggested to me the idea of writing a short account of the properties and uses of mushrooms. People generally look upon mushrooms as a sort of luxury, and not as an actual article of food. The inhabitants of Italy, France, Germany, and Russia use large quantities of various species rejected by us as articles of food. Indeed, fungi not only constitute for weeks together the sole diet of thousands, but the residue, either fresh or dried, is variously preserved in oil, vinegar, or brine, and sold to the poor. In the Italian market, which is perhaps more largely supplied than any other with fungi, there is a regular inspector, whose business it is to look over the various lots brought into the market, and if any species or specimens of a poisonous nature are detected those are at once thrown into the Tiber. Now, curious enough, the one we so highly prize, *Agaricus campestris*, is by the Italians considered unwholesome, and is consequently rejected by them. Dr. Badham has written a treatise on the edible species indigenous to this country, and he has enumerated upwards of thirty species that might be used as articles of food, but great caution must be used by those who gather them not to pick the doubtful ones. Although, generally speaking, there is but one species brought to our markets, I have frequently seen another gathered with them. This generally grows to a much larger size, is not so tender, and has always a yellowish tinge on the top of the pileus or cap. This is *Agaricus exquisitus*, or Georgi; notwithstanding its name, denoting its exquisite flavour, it is by far inferior to *campestris* and its varieties. This *Agaricus exquisitus* is largely used for making catsup; it grows in the salt-marshes in the eastern counties in enormous quantities, and I have observed them here (Exeter) in the salt-marshes very fine. As a nutritious article of food, the mushroom, perhaps, yields to none of the higher forms of the vegetable kingdom. It is next in importance to butcher's meat. And curious enough, and which is indeed almost an anomaly, mushrooms breathe or give off carbonic acid gas the same as animals, and absorb oxygen. It is a very remarkable fact that these lowly plants come nearer to the animal kingdom than the higher forms of the vegetable world. All fungi do not absorb oxygen and give off carbonic acid, but so far as has been ascertained all the edible species do. Of all vegetable productions these are the most highly azotized—that is, they come nearer in their chemical composition to the flesh of animals than any other of the vegetable kingdom. Many of them, in addition to sugar, gum, and resin, have a peculiar acid, called fungic acid, and a variety of salts. They also furnish considerable quantities of albumen, adipocire, and osmazome; this last is the principle that gives its peculiar flavour to meat gravy. Besides the solid in mushroom diet we have what is well known to almost everybody, the expressed juice called catsup, catchup, or ketchup. This word, which is spelt in various ways, is quite a puzzle to philologists; some suppose it to be derived from Kuck-hup, a Hindostanee word for turtle. In the *Cuisinier Royal par Viart* it is mentioned among the "petites sauces" as ket-chop. If more attention were paid to these lowly forms of the vegetable kingdom many a good meal might be obtained by those who now feel the pinch, or want a dinner. I wish some cheap work could be written, with characteristic figures of the edible species inhabiting the British Isles, so that it might come within the means of those who cannot afford to purchase the more expensive works. We have shilling volumes on almost every popular subject but this, the lower forms of vegetable life. I think there is plenty of room here for a popular treatise on these useful but neglected plants. The aggregate number of fungi, so far as is at present known to inhabit the British Isles, is about 2,400 species, and these are being constantly added to; and the writer of this has discovered, in Devonshire alone, between 700 and 800 species, and there are plenty more yet to be discovered."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 21.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 22.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 23—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 24.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 26.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m

TUESDAY SEPT. 27.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

In consequence of the length of our Special Report of the Proceedings of the British Association, we are compelled to postpone several communications and answers to correspondents.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT BATH.—SPECIAL REPORT.

(Continued from page 197.)

In our last number we carried down the proceedings of the Association, so far as they are connected with Medicine and the Collateral Sciences, until the end of the first week, and we now proceed to offer a general sketch of the subsequent transactions, together with abstracts of such papers as we think may prove most acceptable to our readers. To report in full all the proceedings of the Association would be a vain and unnecessary task, inasmuch as the sphere of its operations embraces the whole range of Mathematical and Physical Science; and to offer a mere dry catalogue of the papers read, or the subjects discussed, would be as useless as it would be uninteresting.

The Sections in which subjects were introduced of more or less interest to the Medical Profession were those of Chemistry (B) and of Zoology and Botany (D), the latter including Physiology as a sub-section. In our notice of this sub-section last week, we stated that it was not very well supported in point of numbers, and such at first was the case; but, as time went on, the proceedings became more and more attractive, until the small room in which the meetings were held was inconveniently crowded; and on the last day, when this sub-section met, and when an animated discussion took place on the subject of Dr. Hughes Bennett's paper "On the Physiological Aspect of the Sewage Question," the room was thronged by an audience composed of both sexes, the ladies appearing to take as much interest in the question as the gentlemen, and listening to remarks, not always of the most savoury character, with perfect composure. We must observe, however, that no statements were offered which could in any way be deemed offensive or indelicate; and perhaps ladies have as much right to know about the construction of water-closets and cesspools, and the disposal of manure, as the other sex. *De gustibus non disputandum.*

We should state that the Physiological Sub-section, in consequence of the numerous papers offered, outlived most of the other sections by a whole day; for whereas most of them wound up their proceedings on Tuesday afternoon, it did not close until Wednesday; and on the previous Saturday, when many of the members of the Association were dispersed in joining the different excursions, the Physiological Sub-section was diligently pursuing its useful labours, undistracted by the alluring invitations of the Earl of Cork and Orrery, and of the Countess of Waldegrave and Mr. Chichester Fortescue, to partake of their hospitality, and to visit the objects of interest in the vicinity of their respective domains.

Among the remarkable incidents of the Bath Meeting were the melancholy death of Captain Speke, the distinguished and gallant explorer of the sources of the Nile, who had entered upon the business of the Association on Thursday, and was accidentally killed by the discharge of his gun on that day; and the address of Dr. Livingstone, who, it will be remembered, is a member of our Profession, and who addressed an enormous audience in the theatre on the subject of his late travels in the interior of Africa. It may be gratifying to the numerous friends and admirers of this enterprising explorer to know that he appears to be in excellent health and spirits, and that he contemplates another visit to the scene of his disinterested and now celebrated labours.

The proceedings of the Association were concluded, on Thursday last, by excursions in one direction to Bristol and Clifton, and in another, to Salisbury, Old Sarum, Wilton, and Stonehenge. In the former, the visitors had an opportunity of inspecting the geological structure of the country around Bristol, comprising the carboniferous limestone, the coal-formations, and the millstone-grit; the various manufactures which are carried on in the City, and the Cathedral, the Church of St. Mary Redcliffe, and other public buildings; and last, not least, they had the satisfaction of being the first promenaders on the splendid suspension-bridge which now spans the chasm between the St. Vincent rocks at Clifton, and of partaking of the munificent hospitality of the Bristol citizens in the Clifton Assembly Rooms. In the Salisbury excursion, the visitors were entertained by the Mayor of that City; and besides inspecting that noble edifice, the Salisbury Cathedral, and the beautiful church at Wilton, they were conveyed to the gloomy and impressive solitude on Salisbury Plain, where the stately pile of Stonehenge recalls the almost mythic period when the Druids performed their primitive religious rites and exacted their bloody sacrifices on the soil of Britain.

The late meeting of the British Association was eminently successful, and although not so numerously attended as the previous meeting at Newcastle, yet, when the respective populations of the two cities are considered, the result is most highly satisfactory. The actual number of those who attended the Bath meeting was 2,789, of whom no less than 1,059 were ladies, while at Newcastle the number amounted to 3,334; but the population of Bath is about 52,500, while that of Newcastle is upwards of 100,000: so that, in proportion, the Bath meeting was the more successful of the two.

It must be added that, although Bath has long been celebrated rather as a resort of fashion than as a centre of science, it is by no means deficient in attraction to the scientific investigator, especially to the geologist and the antiquarian; and its museum, containing a rich collection of local remains, chiefly of the Roman period, together with a most valuable and interesting series of geological specimens stratigraphically arranged, is one of the best in the kingdom. The medical men of Bath, as usual on such occasions, offered a warm welcome to their medical brethren who attended the meeting of the Association, and their hospitality will form one of the many agreeable reminiscences which will be carried away by the visitors to the British Association for 1864.

SECTION F—ECONOMIC SCIENCE AND STATISTICS.

THE COMPARATIVE MORTALITY OF LONDON AND PARIS.

Mr. Tite, M.P., read a paper on this subject, of which the following is an abstract:—

The inquirer into the mortality of the two cities cannot but perceive, at the outset of his inquiries, that they are situated under very different hygienic conditions, and that these conditions are greatly in favour of Paris. Thus, the geological nature of the soil—the kinds of food, both solid and liquid, that are there consumed—the character of the materials used in house-building—the climate—and, in fact, all that tends to make out-of-door life agreeable—are greatly superior in the case of Paris to what they are in London. Paris is situated upon the tertiary limestone formations; London is situated upon the impervious clays of the same formation; the one is dry, the other must be damp through a great part of the year; whilst the surface waters of the former are thus enabled to flow off from the ground or be absorbed in it, and the latter remain on it. The situation of Paris is higher above the level of the sea than that of London, and the strata that occur between the levels of the former city are all of them highly permeable, being mostly calcareous excepting where they are covered with the marls and clays of the gypseous formations, and where they are occasionally capped with the clays and gravels of the drift period. It would hardly be necessary

for me to point out the advantages which Paris enjoys in the character of the building materials that enter into the architectural effect of that city to so great an extent; but I must be allowed to remark upon the advantage they offer in the hygienic conditions of the inhabitants in affording them rapidly absorbing media for any dampness that may be in the air. The kind of food that the inhabitants of Paris can command is, moreover, better in many respects than that which can be met with in London, if it were only on account of the ease with which wine and fruits are obtained there; whilst the conditions of climate are as favourable to the production of animal food and the growth of cereal crops. Yet, with all these advantages, the mortality of Paris is greater than that of London for ten years from 1853 to 1862, inclusive, as Paris 2·78, and London 2·39 per cent. The London mortality, it is to be observed, presents a much more steady rate; and this is the more remarkable, that the rate of the increase of births over deaths has also been much greater in the latter city than it has been in the former. It may be said that more people die in Paris than in London proportionally to the population, from the tendency of the inhabitants of the *banlieue*, in the former case, to resort to the hospitals of Paris in all cases that are likely to terminate fatally; but the same law holds good with London, and the mortality of the latter city is still further increased by the deaths of the children who are there brought up, whilst it is notorious that the Paris children are sent away to die where their numbers do not affect the town mortality. It may, however, be necessary to make an allowance for this cause, and for the number of women who resort to the hospitals of Paris to be there confined; but the proportion of those who die away from their residence must always be small in comparison with the bulk of the population. In Paris, however, there were, in the year 1862, as many as 12,235 deaths recorded as having taken place in the civil and military hospitals, in the prisons, and bodies taken to the Morgue; when in London there were only in 116 public institutions as many as 11,313 deaths recorded. I have no means of comparing the numbers of women who resort to the means afforded them by public charity to avoid the expense, or the danger of exposure, that may attend childbirth in England, for our returns do not embrace that class of statistics; but in Paris there were as many as 6,522 births registered as having taken place in the hospitals, out of the total number of 52,312 registered as having taken place in the year 1862. It may be that the facilities that are thus offered for the indulgence of the passions have a tendency to promote immorality. In Paris, for instance, in the year above quoted, there were as many as 14,591 children born out of wedlock, or as many as 10-36ths of the total number of births. How far this may have influenced the rate of mortality it is not my province to inquire; but the fact that a greater number of children die still-born, when they are conceived in an illegitimate manner, is a known fact; and the proportion of these births in Paris cannot be left out of account. The official authorities reckoned that as many as 4,041 infants died, either before they were registered in Paris or were not brought into the world alive, in the year 1862. I cannot help attributing great part of the excess of mortality, that I have thus shown to exist in Paris over London, to the dense crowding that takes place in the houses that the population of the former city occupy; to the bad hygienic condition of these houses, as far as ventilation, the removal of refuse, and the water supply are concerned; and to the bad laying out of the town originally. In Paris, there were as many as 35·17 persons per house, according to the statistics collected in 1856; and everything that has been done in that city has had a tendency to increase the number, by driving the poor from their lodgings, and forcing them to crowd themselves into the places left for them. In London, the number of inhabitants per house is certainly less than 7·72, and the consequence is that they attain much nearer the nominal conditions that are observed to take place in France in country districts. It is hardly possible to define the density of the population of London, so widely do its limits extend; but I do not think that I should err much if I said that the population of London occupied four times as much space as that of Paris. On this point, however, the official statistics fail us, and I am left to the indications of analogy and comparison, and to M. Legoyt's observations, which certainly are unfavourable for the inhabitants of Paris, who are crowded into lodgings that hardly allow for their breathing uncontaminated air. The hygienic conditions of the houses of Paris seem to me to be very defective, in respect to the ventilation of the apartments that lie at the back of those fronting the streets, to which access is attained from a court-yard. It is notorious that the police regulations on this score are very deficient, and that while they carefully prescribe the width and height to be followed upon the elevation towards the thoroughfare, the proprietor is left almost without control as to the buildings that he may erect away from public gaze. It is by no means rare to find blocks of houses that are fourteen mètres high towards the street separated from a back building by a court-yard of only six mètres wide, and the air of the inhabitants of the latter is forced to be renewed in this well. But the worst of this state of things is, that the ventilation that is thus provided (and be it remarked that the courts that are built upon these conditions are those of the best houses in the new quarters of Paris) is very far indeed from being of a nature that is conducive to health, as the courts are always more or less tainted with the air of the places, or provisions, for removing the refuse of the population. The habits of the best class of France, in this respect, are surprising, and I cannot but attribute much of the excess of mortality that prevails in Paris to this cause. In almost all the court-yards that it has been my fortune to have visited in Paris, or elsewhere in French cities, there has been a "villanous smell" that must interfere with the healthy exercise of some of the most important functions of the body. This is particularly the case with the houses in the quarters of La Villette, the Temple, the Faubourg St. Antoine, the quarters Latin and Mouffetard; but the remark may be extended to all Paris. In the old parts of the city, too, the streets are narrow; they are badly planned; they want light and air; and though much has undoubtedly been effected in the way of improvement in these respects in the alterations that have of late been made, still much more remains to be done before Paris would be able to compare with London as to the ventilation or the salubrity of its houses. As to the drainage and water supply of Paris, it is, as I stated some time ago, still in a very rudimentary state. The sewers act simply to relieve the streets from the rain water, and from the liquid portion of the house refuse; and the water supply is so managed that in no case is it possible to command anything like what we would call "a high service." It is necessary to carry up by hand to the higher stories of the buildings all the water that is there consumed. It is calculated that there are about 700 kilomètres of roadway executed in Paris, but not more than one-half of this length has been sewered; and the system adopted there is carefully to exclude all that we in London so anxiously throw into the sewers, and to retain it to rot under the houses in cesspools, to be emptied from time to time. On the north side of the Seine a very well-devised system of intercepting sewers has been lately executed, and the various subordinate sewers are by this means carried to a bend of the river by Asnières; but this measure does not deal with the whole of the city—it leaves, for the present, quite out of account the sewerage of the island in the Seine, and it does not discharge any of the water that is brought down by the intercepting sewer on the south side of that river, which is poured into the Seine at Chaillot, a little above the "intakes" of the Chaillot Waterworks. Doubtless the system that is adopted in Paris, of allowing the water to flow in the gutters for two hours in the course of the day, is conducive to cleanliness and salubrity, by thus providing the means of washing the whole surface of the roadway at regular intervals; but this is a poor compensation for the absence of water in the private drains. But with all the causes of increased mortality of the city

of Paris over London, the fact still remains that a great and marked decrease in this respect has taken place since the year 1853, or shortly after the Emperor began to urge upon the city the necessity of making better provisions for the sewerage, water supply, street ventilation, and the reform of the house system, which have characterised the recent changes that have been effected in Paris. Of late years, indeed, the difference in the rates of mortality that have respectively prevailed in the two cities has been very slight; and though it might have been expected to have been in the opposite direction, still the diminution in that of Paris cannot but be a source of congratulation to the advisers of the Emperor, and an encouragement to the French authorities to persevere in the course that has already produced such satisfactory results. There is a singular subject connected with the rate of mortality in Paris that I think merits careful analysis of the returns. It is that the population that would seem to be benefited by the changes that are being made in that city are apparently subjected to new forms of disease that go far to compensate for the mortality arising from the old forms they were exposed to, which are now disappearing. Thus there have been observed in Paris of late to have occurred many more deaths from intermittent fevers than were wont to take place in that city, and the number of fatal cases of pulmonary complaints has been considerably increased; the former are attributed to the exhalations that arise from the ground that is disturbed in erecting the new streets; the latter to the increased draught and to the workmen breathing more dust than they were accustomed to. It would seem, then, that good and evil are very closely combined in this world; and the rate of mortality in large cities may be suspected to be subjected to certain laws that tend to re-establish the equilibrium that may for a time be disturbed. This reflection should not, however, induce us to delay the introduction of open avenues and broad streets; for, after all, the incidents I have referred to may be only temporary in their bad effects, whilst everybody knows that permanently the population must be benefited by everything that would tend to improve the sewerage, water supply, and ventilation of their residences. In all this reasoning upon the cause of the increased mortality proceeding from certain causes, it must be observed, however, that I have left entirely out of account that resulting from the overcrowding, which we have seen prevails still to a great extent in Paris. It is possible that much of the mortality that is to be observed in that city may be traced to that subtle cause, which I am convinced, for my own part, has much to do with the fact of the inferiority of the rate of mortality of London over Paris. This, however, is certain, that with all the advantages that Paris has unquestionably over her rival, the death-rate of the former is higher than that of the latter; and that so far as the hygienic conditions of the two capitals are concerned, that Londoners enjoy a great advantage over their apparently more favoured neighbours, which is expressed by the fact of the death-rate being about one and a half in a thousand higher in Paris than in London. Much as has been effected for the sanitary condition of Paris, still more remains to be done, before she can venture to compare with London as to the general conditions of the healthiness of the town.

SUB-SECTION D—PHYSIOLOGY.

ON THE SOURCES OF ENTOZOA.

Dr., T. S. Cobbold read a paper "On Meat as a Source of Entozoa." Referring first to beef and veal, he described the various species of tape-worm to be found in cattle, and spoke particularly of one, of which a single larva was capable of supplying 45,000 eggs, enough to poison the whole of Bath. He also referred to the difficulty of detecting these parasites, even by a skilled veterinary surgeon, but added that all danger of injury to mankind, from their presence, was averted by cooking the meat at a high temperature—say 212° Fahrenheit. Speaking of mutton, he said that most of the intestinal worms inhabiting sheep did not appear capable of living in the human body; still it was a wise precaution never to eat meat underdone. Pork was the most injurious, and there was now no question that the trichina inhabiting the pig was communicated by the pork eaten, or that a considerable proportion of the deaths assigned to epilepsy were due to the tape-worm embryo set free by the poor pork-consuming population. If the poor would only abandon their semi-civilised habits of eating raw or half-cooked meat, the evil would soon cease altogether. A great variety of entozoa were to be found in game, but they were, for the most part, of innocuous species. In fish they were more abundant than in either birds or mammals, but there was reason to believe that fish might be eaten either cooked or raw without danger to the consumer.

Dr. T. S. Cobbold also submitted papers upon vegetables and fruits, and upon water, as sources of entozoa. On the previous day he had spoken of the tænia in its mature state, and he now proposed to speak of its introduction into the body in a larval condition. There was no doubt that entozoa were introduced with vegetable food. Small molluscs harboured larval parasites in prodigious quantities, and they were the source of one or more of the parasites that occasionally invaded the human form. These entozoa might be taken in drinking water, but they were much more likely to be taken from water-cress, or other vegetables of the kind. It was necessary with all vegetables that the greatest cleanliness should be observed in preparing them for the table, and care should be taken to avoid swallowing these small molluscs, which were very likely to escape observation. A large species of the tape-worm, discovered in Egypt, would, he was afraid, be brought to this country at some time from our colonies, and if ever it got place amongst us it would be difficult of extermination. Eggs and living specimens had been found in this country, both in men and monkeys, but only to a very small extent. He was the first to discover it in the monkey. As to the little thread-worm, he had never been able to rear it on apples and pears, and there was no evidence to show that any species of entozoa was derivable from fruit. It was not likely that fruit was ever an intermediate habitation for any of the parasites which ordinarily occupied the human body. A great many evils in children were charged to eating unripe fruit, but, as far as entozoa were concerned, that fear was entirely groundless; and if they should be so introduced, the chances were that the larvæ would be taken from the surface of the fruit. With regard to celery, cabbages, and all the ordinary market-garden vegetables, he might say that all decomposing animal and vegetable matter maintained entozoa, and the more filthy the water or liquid manure employed to secure the fertility of the garden, the more likely was a supply of entozoa to be taken with the vegetables grown upon the land. The most careful washing was, therefore, required, and it had been suggested that vegetables should also be soaked in salt. Turning, then, to water as a source of entozoa, the first species he would draw attention to was the ancient guinea-worm, which was supposed to be the fiery serpent of Moses. Parasitic larvæ might be found in water that was to all appearance perfectly pure; but speaking generally, it might be inferred that fresh spring water was perfectly innocuous The same thing could not be said of water stored in large tanks in hot climates. The people of these islands suffered from entozoa, which must have been introduced by drink in some form or other. Amongst this class the smallest was one-tenth of an inch long; it carried 30,000 eggs, and went through marvellous transformations. The presence or absence of the larvæ of human entozoa in water was dependent upon the place from which the supply came, and upon the condition of the water. The pork measle might be readily communicated to human beings in this way; and there was another species taken from water, the habit of which was to ensconce itself in the brain, causing death, which the Registrar-General invariably set down as due to cerebral disease. The way in which it reached the brain was from the coats of the stomach, through the circulating medium. There was one kind inhabiting dogs which was often communicated to the human being. One-sixth of all persons who died in Iceland perished from a little creature so small that, in its larval state, it could scarcely be seen. I

neither dog nor wolf existed we should get rid of these species altogether. No one need drink water impregnated with these entozoa. Water to which dogs had no access could not contain them; neither were they likely to be found in spring or well water. Open waters, into which the carcases of dogs were occasionally thrown, would probably contain them, and the eggs might be carried to food washed in such water. The danger would be got rid of if the water was always carefully boiled, filtered, or distilled; but a filter to be effectual ought not to pass anything larger than one one-thousandth of an inch. Sand and charcoal filters were of very little use. Paper filters should be employed. All entozoa not preserved for scientific experiments should be destroyed by fire, and under no circumstances should they be thrown aside as harmless refuse; and he would press upon butchers, knackers, and others, not to throw doubtful offal to dogs frequenting their neighbourhoods. Then as to beer, porter, &c. All he need say with regard to these fermented drinks was, that he believed them perfectly harmless. Even though impure waters should have been employed, the boiling of the wort would be alone sufficient to destroy any number of parasites. Unfortunately, unfermented drinks, such as ginger beer, cider, and the like, they cannot be perfectly certain about. All must depend upon the source and the supply of water. They might, however, conclude that the manufacturer got his supply from the purest source open to him, and that, therefore, the public need be under little or no apprehension. In regard to wines, the same remarks were applicable. Alcohol added to water was sufficient to destroy the parasitical eggs, but he questioned whether the amount of spirit in our home-made wines was sufficient for the purpose.

THE HOUR OF DEATH.

Mr. Alfred Haviland, Surgeon to the Bridgewater Infirmary, read a paper "On the Hour of Death in Acute and Chronic Disease." The author commenced by stating that the subject of the hour of death had occupied the attention of medical writers from the time of Aetius, who flourished at the Court of Constantinople in the fifth century, up to the present date, but that no practical fruit had been the result for the physician in his treatment of disease; he concluded that the time had now arrived for a thorough investigation of the facts in our possession, inasmuch as if there be any latent truth in them of importance to mankind, it is our simple duty to evoke that truth, and avail ourselves of its teaching to the practice of medicine. He remarked that the physician's duties do not cease when he has ascertained the disease of his patient, and prescribed medicine to remove it; by medicine alone the patient is not healed; he has to act upon the advice of Hippocrates, and see that those in attendance do their duty also, and in his absence watch every phase, and act in the living present. But, to do so correctly, the physician must know each cause of change, and by his knowledge anticipate what may occur; lay down simple rules for the guidance of friends and nurses, and teach them how to watch each circumstance of disease; he must know the changefulness of our bodies in health; he must take due acconnt of this changefulness when illness supervenes; he must know when all our vital functions are at their height; he must know when they are at their lowest ebb;—for this knowledge is a most necessary element of success in his combat with the enemy he is employed to encounter. Of late years the art of nursing has more than ever occupied the thoughts of physicians and the laity at large. We have had noble efforts made in the camp and at home to soothe the anguish of the wounded and diseased. The author had collected over 5,000 cases of death, with the *hour of death*, and other circumstances recorded, which he had tabulated and exhibited on a large chart, the different results being distinguished by coloured diagrams. By this chart he showed that, in 1,000 cases of death in children under five years of age, the periods of the greatest mortality took place during the hours between one and eight a.m., and that an extraordinary depression took place in the succeedtng hours. Between nine and twelve p.m. the rate of mortality was at its minimum. He then compared these statistics with 2,891 deaths from all causes, and the chart showed how remarkably the wave lines of death compared with those above. He then compared these diagrams with deaths from consumption, which, although they showed a general resemblance in the wave line, yet between the hours of four to eight a.m., there was a depression, when compared with the first four hours period. He showed that small numbers are not sufficient for a statistical truth, and he therefore urged upon his provincial brethren to assist him in his investigation by forwarding to him data for further investigation of this interesting subject. He contended that the tables on the chart proved the extraordinary mortality in the early hours of the morning, when the powers of life were at their lowest ebb, and, strange to say, when the patient was least cared for. He urged the necessity of feeding and stimulating the patient at his weakest hour, so as to tide him over a critical period, and, even if death be inevitable, so to support the patient that he might at least have a few hours more of life snatched from eternity to admit of his being able to carry out some neglected duty, pardon some enemy, or see some beloved friend. He finally urged upon his professional brethren the high importance of teaching friends and nurses how to attend to those under their charge. He concluded by saying that the subject itself required no apology for its introduction to the Association, however much the mode of his treating it might do so. He felt convinced that it was one which had occupied the attention of many of his hearers, when they had been watching hour by hour the fitful changes of disease in the persons of those dear to them, or of those to whom as nurses they had desired conscientiously to do their duty. To simplify this duty and to calm this solicitude at a time when either an excess of the one or an ignorant neglect of the other might be fatal, was one of the main objects of this investigation; and he felt convinced, however imperfectly he might have expressed his opinions on the subject, that it is one of deep interest not only to his Profession, but to the community at large, and that the British Association would not deem it unworthy of their consideration.

ON THE PHYSIOLOGICAL EFFECTS OF TOBACCO.

Dr. Richardson began by saying that, without being a devotee to tobacco, he had for many years often smoked. He did not come before the section biassed in any degree, as his remarks would prove; he came simply as a man of science, who had tried to comprehend the facts of the whole question, and he should put these facts forward clearly, fairly, and free from technicalities. He then proposed to refer to the following subjects:—1. The composition of the products of combustion of tobacco, chemically and physically. 2. The physiological action of the various compounds thus derived. 3. The effects of ordinary and excessive smoking on the organs of the body.

Products of the Combustion of Tobacco.—Some recent researches on this subject had led the author to the fact that these products are much more complex than had been supposed. He described an apparatus which was, in fact, an automaton smoker, by which he had been enabled to have pipes of various kinds of tobacco and cigars smoked by means of a bellows, the smoke, which in the case of a man, would enter the mouth, being all caught and subjected to analysis. These results of these inquiries had led him to the determination of the following bodies as products of the combustion of tobacco:—1. Water. 2. Free carbon. 3. Ammonia. 4. Carbonic acid. 5. An alkaloidal principle called nicotine. 6. An empyreumatic substance. 7. A resinous bitter extract.

Physical Properties of the Component Parts.—The water is in the form of vapour; the carbon is in the form of minute particles, suspended through the watery vapour, and giving to the eddies of smoke their blue colour; the ammonia is in the form of gas combined with carbonic acid; the carbonic acid gas is partly free and partly in combination with ammonia. The nicotine is a non-volatile body, an alkaloid which remains in the pipe; the empyreumatic substance is a volatile body, having the nature of an ammonia, but

the exact composition of which is as yet unknown ; it is this that gives to the smoke its peculiar odour ; it adheres very powerfully to woollen materials, and in the concentrated form is so obnoxious as almost to be intolerable. The bitter extract is a resinous substance, of dark colour, and of intensely bitter taste. It is, probably, a compound body, having an alkaloid as its base. It is not volatile, and only leaves the pipes by being carried along the stem in the fluid form.

Variations in Different Kinds of Tobacco.—The greatest variations exist in various kinds of tobacco. Simple tobacco that has not undergone fermentation yields very little free carbon, much ammonia, much carbonic acid, little water, none, or the smallest possible trace of nicotine, a very small quantity of empyreumatic vapour, and an equally small quantity of bitter extract. Latakia tobacco yields these same products only. Bristol bird's-eye yields large quantities of ammonia, and very little nicotine. Turkish yields much ammonia. Shag tobacco yields all the products in abundance, and the same may be said of pure Havanna cigars. Cavendish varies considerably ; some specimens which are quickly dried are nearly as simple as Latakia ; other specimens which are moist yield all the products in great abundance. Pigtail yields every product most abundantly. The little Swiss cigars yield enormous quantities of ammonia, and Manillas yield very little.

Physiological Effects of the Compounds named above.—The water vapour is innocuous ; the carbon settles on the mucous membrane, and irritates the throat. The carbonic acid is a narcotic, if it be received into the lungs ; the ammonia causes dryness and biting of the mucous membrane of the throat, and increases the flow of saliva. Absorbed into the blood it renders that fluid too thin, causing irregularity of the blood corpuscles ; it also causes, when absorbed in large quantities, suppression of the biliary secretion and yellowness of skin ; it quickens and then reduces the action of the heart, and, in young smokers, it produces nausea. The empyreumatic substance seems to be almost negative in its effects, but it gives to the tobacco smoke its peculiar taste, and it is this substance that makes the breath of confirmed smokers so unpleasant. Nicotine is scarcely ever imbibed by the cleanly smoker ; it affects those only who smoke cigars, by holding the cigar in the mouth, and those who smoke dirty pipes saturated with oily matter. Its effects when absorbed are very injurious ; it causes palpitation, tremor, and irregular action of the heart, tremor and unsteadiness of the muscles generally, and great prostration. It does not, however, produce nausea or vomiting. The bitter extract is the cause of vomiting and nausea when it is absorbed ; both it and the nicotine are always received into the mouth in solution, and produce their effects either by direct absorption from the mouth, or by being imperceptibly swallowed and taken into the stomach.

Mode of Smoking.—The greatest difference arises from the manner of smoking. Those who use clean, long pipes of clay feel only the effects of the gaseous bodies and the free carbon. Wooden pipes and pipes with glass stems are injurious. Cigars smoked to the end are most injurious of all. To be safe, a cigar ought to be cast aside as soon as it is half smoked ; and every cigar ought to be smoked from a porous tube. Cigars, indeed, are more injurious than any form of pipe ; and the best pipe is unquestionably what is commonly called a "churchwarden," or "long clay." After the clay pipe, the meerschaum is most wholesome. A pipe with a meerschaum bowl, an amber mouthpiece, and a clay stem, easily removable or changeable for a halfpenny, would be the beau-ideal of a healthy pipe. All attempts to construct pipes so as to condense the oil have failed. To be effective they must be very large and inconvenient. It is of no slight importance if a man must smoke, for him to be careful of the manner in which it is done. A man may, by practice, become habituated to a short foul pipe, but he never fails to suffer from his success in the end, nor, unless the habit of actual stupefaction is acquired, is any pleasurable advantage derived. What may be called the soothing influence of tobacco is as well brought about by a clean porous pipe, or well-made cigarette, as by any more violent and dangerous system, while the harm that is inflicted is of an evanescent character.

Dr. Richardson concluded by giving the following summary :—1. The effects that result from smoking are due to different agents imbibed by the smoker—viz., carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia ; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract. 2. The effects produced are very transitory, the poisons finding a ready exit from the body. 3. All the evils of smoking are functional in character, and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well : it does not follow, however, that he is becoming the subject of organic and fatal disease because he smokes. 4. Smoking produces disturbances : (*a*) in the blood, causing undue fluidity, and change in the red corpuscles : (*b*) on the stomach, giving rise to debility, nausea, and, in extreme cases, sickness : (*c*) on the heart, producing debility of that organ, and irregular action : (*d*) on the organs of sense, causing in the extreme degree dilatation of the pupils of the eye, confusion of vision, bright lines, luminous or cobweb specks, and long retention of images on the retina ; with other and analogous symptoms affecting the ear—viz., inability clearly to define sounds, and the annoyance of a sharp ringing sound like a whistle or a bell : (*e*) on the brain, suspending the waste of that organ and oppressing it if it be duly nourished, but soothing it if it be exhausted : (*f*) on the nervous filaments and sympathetic or organic nerves, leading to deficient power in them, and to over-secretion in those surfaces—glands—over which the nerves exert a controlling force : (*g*) on the *mucous membrane* of the mouth, causing enlargement and soreness of the tonsils—smokers' sore-throat—redness, dryness, and occasional peeling off of the membrane, and either unnatural firmness or contraction, and sponginess of the gums : (*h*) on the *bronchial surface of the lungs* when that is already irritable, sustaining the irritation, and increasing the cough. 5. The statements to the effect that tobacco smoke causes specific diseases, such as insanity, epilepsy, St. Vitus dance, apoplexy, organic diseases of the heart, cancer and consumption, and chronic bronchitis, have been made without any sufficient evidence or reference to facts ; all such statements are devoid of truth, and can never accomplish the object which those who offer them have in view. 6. As the human body is maintained alive and in full vigour by its capacity, within certain well-defined limits to absorb and apply oxygen ; as the process of oxidation is most active and most required in those periods of life when the structures of the body are attaining their full development ; and, as tobacco smoke possesses the power of arresting such oxidation, the habit of smoking is most deleterious to the young, causing in them impairment of growth, premature manhood, and physical degradation. If the views thus epitomised, in relation to the influence of tobacco smoking on individuals are true, we are led, without any difficulty, to the consideration of the influence exerted by the habit on communities and on nations. That which smoking effects, either as a pleasure or a penalty, on a man, it inflicts on any national representation of the same man, and taking it all in all, stripping from the argument the puerilities and exaggerations of those who claim to be the professed antagonists of of the practice, it is fair to say that, in the main, smoking is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life, but its use conveys to the mind of the man who looks upon it calmly the unmistakable idea of physical degradation. I do not hesitate to say, continued Dr. Richardson, that if a community of youths of both sexes, whose progenitors were finely formed and powerful, were to be trained to the early practice of smoking, and if marriage were to be confined to the smokers, an apparently new and a physically inferior race of men and women would be bred up. Of course such an experiment is impossible as we live : for many of our fathers do not smoke, and scarcely any of our mothers, and thus to the credit of our women chiefly, be it

said, the integrity of the race is fairly preserved. With increasing knowledge we may hope that the same integrity will be further sustained; but still, the fact of what tobacco can do in its extreme action is not to be forgotten, for many evils are maintained because their full and worst effects are hidden from the sight. Again, on the ground of the functional disturbances to which smoking gives rise in those who indulge in it, an argument may be used which goes very deeply, and cuts none the less sharply, because in one sense it is ridiculous. Put down the smokers of Great Britain at a million in number—they are more than that, but let it pass;—why should there exist perpetually a million of men, not one of whom can at any moment be written down as in perfect health from day to day? Why should a million of men be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxidized? In a purely philosophical point of view, the question admits of but one answer—viz., that the existence of such a million of imperfectly working living organisms is a national absurdity, a picture which, to a superior intelligence, observing the whole and grasping it, would suggest a mania, which is foolish, ridiculous, and incomprehensible. I cannot say more against tobacco, however, without being led into a wider question—I mean the use of luxuries altogether; on which question, if I were equally fair for tobacco as against it, I should be forced to give it a place as one of the least hurtful of luxuries. It is on this ground, in fact, that tobacco holds so firm a position:—that of nearly every luxury it is the least injurious. It is innocuous as compared with alcohol, it does infinitely less harm than opium; it is in no sense worse than tea; and by the side of high living, altogether contrasts most favourably. A thorough smoker may or may not be a hard drinker, but there is one thing that he never is, a glutton; indeed, there is no cure for gluttony and all its train of certain and fatal evils like tobacco. In England this cure has been effected wholesale. The friends of tobacco will add to these remarks, that their "friendly weed" is sometimes not only the least hurtful of luxuries, but the most reasonable. They will tell of the quiet which it brings to the over-worn body and to the irritable and restless mind: their error is transparent and universal; but universal error is practical truth, for, in their acceptation, tobacco is a remedy for evils that lie deeper than its own, and as a remedy it will hold its place until those are removed. The poor savage from whom we derived tabac found in the weed some solace to his yearning vacuous mind, and killed wearisome lingering time. The type of the savage extant in modern civilised life, still vacuous and indolent, finds tabac the time-killer; while the overworked man discovers in the same agent a quietus which his exhaustion, having once tasted, rarely forgets, but asks for again and again. Thus on two sides of human nature we see the source of the demand for tobacco; and until we can equalise labour and remove the call for an artificial necessity of an artificial life, tobacco will hold its place with this credit to itself, that bad as it is, it prevents the introduction of agents that would be infinitely worse.

BLOOD CORPUSCLES.

Dr. Crisp read a paper "On the Size of the Blood Corpuscle, in relation to the Size of the Animal, its Organization, and Powers of Endurance." The object of this paper was to show that the opinion generally entertained, that the largest animals in the same family had the largest blood globules, was erroneous in many instances. Examples were given among the quadrumana (apes and monkeys) of exceptions to this supposed law: thus the little marmoset and silky tamarm had corpuscles as large as those of the larger monkeys. Among the Cheiroptera (bats) similar examples were given. In the *carnivora*, the common cat had a corpuscle as large as that of the lion or tiger. In the rodents, the little harvest mouse had as large a blood disc as the common rat or gigantic rat. In the other orders the great kangaroo, tree kangaroo, giraffe, tapirs, hogs, ass, horse, and many others were advanced as disproving the correctness of this assumed law; and it was a curious fact that all the mammals with large blood corpuscles might be called aberrant, such as the elephant, capybara, and great ant-eater. Among birds, the ducks, swans, geese, and many others afforded exceptions, and the reptiles were still more prolific in examples; thus, the little slow-worm, as Dr. Crisp had shown in 1854, had corpuscles as large as those of the huge python, weighing 100 lbs. In fishes, the blood discs of the little gudgeon were as large as those of the big bream. The mackerel's blood corpuscle was as large as that of the huge tunny, and that of the small trout equalled in size the blood corpuscles of the salmon. In answering the question whether the size of the corpuscles was smaller in animals of higher organisation and greater powers of endurance, the orang, chimpanzee, and many of the smaller monkeys, race-horse, cart-horse, greyhound, pug dog, hare, rabbit, goat, otter, fox, sheep, hog, rapacious birds, slow-worm, python, sharks, and others, were adduced to show that this opinion was incorrect. As regards the size of the blood corpuscle, it was not to be wondered at that a large animal had a large blood corpuscle, but it was surprising that a little harvest mouse should have a blood disc as large as that of the giraffe, and that the blood disc of the tiny marmoset monkey, weighing 9 oz., should equal in diameter that of the large baboon, exceeding the weight of 60 lbs.! The blood corpuscles of 180 animals (drawn to scale) were exhibited.

ON THE PHYSIOLOGICAL ACTION OF THE NITRITE OF AMYL.

Dr. Richardson read a report "On the Physiological Action of Nitrite of Amyl." The report sprung out of a paper read by him at the last meeting of the Association at Newcastle. He first showed the nitrite of amyl, and described it as an amber-coloured fluid, smelling and tasting like essence of pears. He entered fully into its other physical properties, dwelling specially on the facts that it arrested oxidation, and prevented the process of decomposition in animal and vegetable substances. The author classified his numerous experiments in twelve series. In the first series he dwelt on the antiseptic influence of the vapour of the nitrite of amyl on flowers; in the second series he described the same influence in regard to dead animal matters; in the third series the same influence in respect to blood and other animal fluids. These, one and all, were preserved by the nitrite, but were changed in colour. The vapour as a preservative acts by catalysis; that is to say, it is not itself changed. The fourth series of experiments related to the effects of the nitrite on living animals, when administered to them through the skin; the fifth series related to administration by the mouth; the sixth to administration by the lungs (inhalation); and the seventh to administration by inoculation. This series of experiments was very elaborate, and disclosed facts of a most interesting and novel character. The eighth series was devoted to minute investigations as to the effect of the substance on the capillary system by observations on the web of a frog's foot; and the ninth series embraced researches on the influence exerted on the blood. The following is the author's summary of the effects of nitrite of amyl:—1. It is absorbed by the body, however it may be introduced into the body, whether by the skin, the stomach, the lungs, or by inoculation. 2. After its absorption, its effects are immediately seen on the heart and circulation. There is, in the first place, violent action of the heart, with dilatation of the capillaries, followed by diminished, but not extinguished, power of the heart and contraction of the extreme vessels. As an excitant of vascular action the nitrite of amyl may be considered the most powerful agent yet discovered by the physiologist. 3. In animals whose bodies admit of its removal spontaneously, and whose circulatory and respiratory systems are simple, such as frogs, the nitrite suspends animation; and when the animals are placed under favourable circumstances for the process of recovery, they may recover. There is no other known substance that suspends animation in frogs for so long a period of time. In warm-blooded animals, which are clothed in a skin less permeable, and in whose bodies the circulatory and respiratory systems are more complicated, the nitrite cannot actually stop the movements of respiration and circulation without destroying life. But even in these animals it can reduce the

forms of respiration and circulation so extremely that a condition precisely analogous to what is known as trance or catalepsy in the human subject can be induced by it, and sustained for many hours. 4. The nitrite of amyl is not an anæsthetic; by it consciousness is never destroyed, unless that approach towards inertia vulgarly called death is produced. 5. The effect of the nitrite on the organism is directed to the motive force which it first wildly excites and then subdues. 5. The *modus operandi* of the nitrite appears to be by arresting the process of oxidation in the tissues. 7. Physically, the nitrite holds a place between the volatile bodies, such as chloroform or ether, and the solid bodies, such as opium and woorali, hence its effects are less evanescent than those arising from the volatile substances, and less destructive than those produced by the solid substances. In this lies the secret of the peculiar action of the nitrite. The points dwelt upon by the author up to this time, which excited most attention, were those having reference to the peculiar power of the nitrite of amyl in suspending the vital processes. In the succeeding parts he described the pathological or diseased conditions produced by it; its effects as compared with other compounds of amyl, and numerous other substances; and the reason why it should so powerfully influence the circulation. He then put the question, whether with the facts now known we ought dogmatically to deny the possibility of placing the body in such a condition that it may for some hours, or even days, assume the appearance of death? In catalepsy, or trance, we see such an appearance of death in a disease; and we have heard of the famous experiment of the Fakirs of India, in which they seem to hold life for a time in abeyance. Dr. Richardson thought that in catalepsy there was found in the body a substance which acted like the nitrite of amyl, arresting the action of the heart and respiratory system so greatly that death seemed to be present. He thought, also, it was possible that the Fakirs possessed a substance derived from the vegetable world that had the property of producing the same effects in a marked degree, and that, "in this borrowed likeness of shrunk death," the facts of the phenomena were presented and explained. In conclusion, the author discussed the question of the value of the nitrite of amyl as a remedy in the treatment of disease. He had not had time, practically, to try this point, but he suggested that the substance would probably be found of service in cases of sudden failure of the heart. He also believed it would prove serviceable in the treatment of tetanus; that in that terrible disorder it would, by its paralysing action on the voluntary muscles, check the tetanic spasms, and, by enabling the patient to live through the acute attack, would give time for the system to become relieved of the primary malady. As there was no known remedy for tetanus, Dr. Richardson strongly urged the trial of the nitrite of amyl, and entered minutely into the matters of dose and mode of administration. He finished by stating that the whole of the amyl series required to be investigated physiologically, and that the inquiry promised to be attended with the most important results.

THE PHYSIOLOGICAL ASPECTS OF THE SEWAGE QUESTION.

Dr. J. Hughes Bennett, F.R.S.E., commenced by stating that the estimated loss annually sustained by non-utilising sewage was 10,000,000*l.*; but when we took into consideration the enormous works carried out especially to waste the sewage, and the value of the crops and vegetables lost through not giving that nutriment to the land, it was not too much, perhaps, to say that double that sum was actually thrown away by this country every year. It was now, however, admitted that it was right to employ sewage in agriculture if possible. The difficulties arose from three sources:—First, from the large admixture of sewage with water; secondly, from certain ideas as to public health; and thirdly, from the objection to any such plan as a nuisance. All the projects which have been formed for the utilisation of sewage were more or less interfered with at present, in consequence of the notion that there was something unhealthy in the smell arising from putrescence. He quite agreed with the evidence which Professor Rawlinson gave before the House of Commons, that public health should be the first consideration; but he could not agree with him in thinking that the risk of disease from exposure to the effluvium of sewage was so great, that it was better, at any cost, to remove it from towns, and throw it into the sea, than to employ it upon the land. A bill for Edinburgh had recently passed through Parliament, based upon the principle that the existing drainage was of the greatest injury to the health of the city. For more than 200 years the drainage of one side of the city had been thrown over certain lands which had been irrigated, and there was no evidence to show that this irrigation had been injurious to health. On the other side was a stream which had for some time received the drainage of half of the city; it also received the drainage of a vast number of factories on the river's bank, more especially from a very large distillery, and it was supposed that this was more or less injurious to health. It had been, therefore, proposed, and a bill was framed to carry all the drainage through a gigantic tube into the sea, where it was to be wasted. The cost of this work was caculated at 80,000*l.*, but the probable cost would be 150,000*l.*, and the people of Edinburgh were to pay half a crown in the pound upon their rentals to carry out the scheme. The preamble was that it was necessary to do all this in order to preserve the health of the inhabitants. To such an extent was this prejudice carried, that he had heard it stated that smells were sent by Providence as a warning of danger. A physician of London had written a book to prove that typhoid fever was due to bad smells, and great works had been in various parts established to avert the danger of fever, cholera, and other diseases from that source. He proposed to draw the attention of the Section to certain propositions which would show the fallacy of these popular opinions, and in this way remove some of the difficulties surrounding the question of how to utilise the sewage of towns. The first proposition was, that atmospheric air, strongly impregnated with odours of various kinds, was not necessarily injurious to health. He had recently come from a part of the shores of the Mediterranean where large tracts of land were employed in that country for odorous flowers. The inhabitants were, for the most part, unconscious of the odours with which the air was impregnated, but strangers were conscious of them directly. This atmosphere, however, was not productive of epidemics, and they never would have any gigantic proposition for getting rid of these perfumed plains. Then there was in one part of Paris an establishment for the distribution of manure; the smell was no doubt very great, but the advantage derived from it was so important that the establishment still existed. No great injury had been shown to result from it. The Thames, in 1858, was in a terrible condition. It had been distinctly proved, on the best evidence—the evidence of those who have the best interest in finding out that this state of things was a source of disease — that the condition of the Thames at the time had never been productive of the slightest bad effect. When he made the statement in the Chemical Section the other day, he was flatly contradicted, but he had the evidence of Professor Rawlinson and others to show that no disease in London was engendered from that source. He had just come from Naples, and he had paid particular attention to the condition of that city. It was a very volcanic region, and bubbles of sulphuretted hydrogen were continually springing up in the sea all round the coast, while the drainage was so managed that it all came down to the bay which was overlooked by the best houses. The drains formed through the city were large slits, which threw the smell up to the atmosphere, and the odour was so great that he never smelt anything like it elsewhere. The people were so satisfied that this smell was injurious that rents at the top of the house were twice as much as the rents below. He made inquiries, and found that Naples was not more subject to typhoid or other fevers than any other city, and he was convinced there was no excess there. He had visited all the large hospitals in Naples, and amongst them the military hospital, which contained at the time 800 patients. The terribly dirty con-

(Continued at page 211.)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 28, 1864.

THE PHYSIOLOGICAL SECTION OF THE BRITISH ASSOCIATION.

The establishment of a sub-section of Physiology in the British Association for the Advancement of Science has been attended with such successful results at the late meeting at Bath, that Physiology may fairly be expected hereafter to be elevated to the dignity of a section, and to take its place beside the other departments of practical science. It is quite true that, in order to comprehend the laws of Physiology and the foundations on which physiological reasonings are based, a certain amount of anatomical and chemical knowledge is absolutely essential, and discussions on this science can scarcely be profitably conducted unless by medical men or those who have received some medical education ; but, on the other hand, it is most desirable that physiological laws should be understood by the great mass of the population, in order to effect many important improvements in the condition of the community : and the organisation presented by the British Association is well calculated to promote this very important object. Although the speakers and writers in the Physiological Section may be comparatively few, and some of the questions put forward may appear abstruse to many of the audience, yet the mere fact of several important topics bearing upon public health being presented to an educated and influential assembly must have great weight in advancing the knowledge of hygiene among the people at large, and in guiding persons in authority towards forming correct ideas upon the maintenance of public health, so far as it depends upon legislative or municipal control.

At the meeting just concluded at Bath, much, no doubt, was heard at the Physiological Section which many persons had heard before, and much was heard of a novel character, but which might just as well have been omitted without any detriment to the interests of science ; but still, many subjects, well worthy of the careful attention both of individuals and of communities, were fully and ably discussed, and the result will probably be seen in the dissemination of more correct views than at present exist on many political, social, and personal questions.

Omitting at present any reference to subjects of special interest, though of limited scope, we conceive that the propositions advanced in connection with the food of the people and the utilisation of sewage were, perhaps, the most prominent and the most important which could be presented to an assembly which, though comprehending many persons of profound attainments, embraced many others who came to be instructed or amused, but who, nevertheless, would be able to exercise a certain amount of authority and influence when returning from the Bath meeting and resuming their position in their several localities throughout the British Empire. The questions of the food of the people and the utilisation of sewage, however dissimilar they may at first sight appear to be, are intimately connected together, and we make no excuse for considering them in combination with one another.

No one can doubt that, with respect to nutrition, very much depends upon habit, constitution, and employment, as to the relative sustenance to be drawn from different kinds and quantities of food. Place two men or two women on precisely the same diet, and under precisely the same circumstances, and one shall perchance become abnormally fat and onother abnormally lean, as we repeatedly see in the different members of the same family, or in cases drawn from society at large. But besides such instances of idiosyncrasy, the surrounding circumstances of any individual will powerfully influence his nutrition ; and the amount of food which may be sufficient for one person engaged in out-door pursuits may be quite inadequate to support life in another who lives in a close atmosphere. Those, too, who exercise their brains to a greater or less extent, but who may be indolent in body, will nevertheless require, and consume as much, or more food than those who perform much corporeal labour, but exert the mental powers only in a limited degree.

On such and other matters physiologists are pretty well agreed; and we may add that, in the well-to-do classes of society, the nature and quality of food may very well be left to the circumstances and the tastes of the individuals who consume it. But at the present moment, when, as happens in all large and flourishing communities, the extremes of wealth and poverty meet together in Great Britain, and when, unhappily, deaths from actual starvation are not very rare, and the consequences of deficient or improper food are felt in the wide-spread prevalence of disease, it is imperatively necessary that correct views as to the physiology of nutrition should be diffused among the community, in order that the peasant or the artisan may economise, as far as possible, his scanty store for the maintenance of himself and his family; that the unfortunate pauper may receive sufficient relief to sustain his existence; and that the convict may have enough, but not too much, of the necessaries of life. It is strange enough that, although the principles of physiology are pretty well established, the most conflicting and inconsistent practices are followed in our poor-houses and prisons with respect to the dietary of the inmates; and a popular ventilation of physiological science may, and probably will, tend to produce something like uniformity in this particular. The revelations lately made as to the condition of the labouring classes in this country present a sad picture to the philanthropist, partly in consequence of the scanty wages from which many of our fellow-creatures are compelled to eke out the means of existence, and partly from the ignorance of the lower orders of people as to the most economical modes of expending upon provisions their miserable pittance. It is advisable to tell them, for instance, that a certain sum spent upon tea represents less nutritious matter than an equal sum spent on milk ; but then the question

arises, whether milk can be obtained at all: and the same question arises in connection with the nourishment of infants and young children, to whom milk is an indispensable necessary, without which many of these helpless creatures languish, become diseased, and die.

In close relation to the supply of food, and its equitable distribution among the people, comes the question of the fertilisation of the soil, as an essential preliminary to the adequate production of the fruits of the earth; and this fertility can be attained only by the reclamation of those lands which now lie waste and by the restoration to cultivated ground of those elements of which the soil has been deprived by the growth of food-producing plants. We are now, as a nation, about to throw away into the sea around our coasts a vast mass of organic matter which ought properly to be distributed over the soil; and this operation is to be conducted at enormous expense, although the project is nearly as absurd, in a chemical point of view, as if we carried out stacks of corn and hecatombs of oxen to be buried in the Atlantic Ocean. The corn and the oxen contain the same elements as the manure which we are throwing away, and the wanton waste of either the one or the other is a manifest physiological absurdity.

One most interesting and important feature of the Physiological Section at the Bath Meeting consisted in the expression of some very sound views upon this subject; and emanating as they do from such a distinguished body as the British Association, they will probably obtain more currency and command more respect than they could have done if they had been advanced only in the lectures or opinions of isolated chemists and physiologists. An important omission in the discussion—made, perhaps, in deference to the ladies who attended the Physiological Section—was the reference to the fluid excretions of man and the lower animals, these waste materials being rich in nitrogen and the phosphates, and therefore eminently calculated to supply and enrich the soil, and to promote the growth of plants. Any plan, therefore, which contemplates the rejection of the fluid excreta and the mere dilution of the solid ones will almost necessarily be a failure; but when the ladies are not present this part of the subject will no doubt receive the attention it deserves.

We think that great credit is due to Dr. Hughes Bennett, of Edinburgh, for disabusing the public mind of the bugbear by which it is haunted in the shape of smells, and of the erroneous idea that a disagreeable odour is necessarily the indication of the presence or the approach of disease. It is this absurd notion which has hitherto obstructed every plan yet proposed for the utilisation of sewage; and the Edinburgh Professor has merely stated the truth of the matter in asserting that disease is not essentially due to bad smells, but to subtle miasmata, which, although occasionally associated with odoriferous effluvia, are more frequently quite inappreciable by the olfactory or any other sense. When once the public has become persuaded that bad smells, although disagreeable in themselves, are not necessarily the sources of disease, the utilisation of sewage will become a practical question; and the operations necessary for insuring its distribution over the land can be pursued in many waste places where the mere smells would be offensive to few persons, and by artificers who would undertake this work as they would any other branch of industry, without any fear of endangering their lives, or even of impairing their health.

THE COMPARATIVE MORTALITY OF LONDON AND PARIS.

We beg to draw special attention to a paper read by Mr. Tite, M.P. for Bath, at the late meeting of the British Association, "On the Comparative Mortality of London and Paris," an abstract of which we give at page 203 of our present number. As Mr. Tite is not a medical man, his important paper might, perhaps, be overlooked; but it is so full of interest to medical readers, that we make no apology for thus directing particular attention to its merits.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

(Continued from page 209.)

dition and effluvia at that hospital were such as he could not attempt to describe, and yet the medical superintendent told him that there was no fever caused in that way. There was only one case of typhoid fever in the house at the time, and there was scarcely an hospital in Europe where only one case of typhoid fever would be found out of 800 patients. Dr. Livingstone had mentioned to him some facts connected with his experience in Africa, but as that distinguished gentleman was present he would leave him to state for himself what that experience was. The second proposition he had to submit was, that atmospheric air, without smell, was often most dangerous. In support of this he need only refer to the marshes of Essex and Lincolnshire, the low grounds of Holland, the Campagna of Vienna, the Delta of the Ganges, the Guinea Coast, and other parts of the world, where the most pestiferous fevers prevailed epidemically in their worst form; and yet these effects were never attributed to bad odours, nor did bad odours exist to any extent. The conclusion from these two propositions was, that there was no necessary connection between bad smells and deleterious gases. Some deleterious gases, such as carbonic acid and others, had no smell, while there were others, such as carburetted and sulphuretted hydrogen, that had smell, but in which the absence or presence of the smell had nothing to do with their unhealthy properties. One of the promoters of the Edinburgh bill, a working man, declared that the smell of the water of Leith was so strong as, to use his own words, "to knock down the de'il". It was not, however, pretended that the man himself had ever been knocked down or that any person whatever had suffered any inconvenience from the bad smell. Several persons living on the banks of the stream have declared that this was the healthiest part of the city, and the district surgeon, under whose house the water actually ran, repudiated the idea that it had any injurious effect. Smells as smells were neither injurious to health nor were they a nuisance to those who lived amongst them. The reason was, that the people became accustomed to the smells. The sense of odour was really paralysed, as any one might test, by holding to the nose for any time an odoriferous flower. They were only strangers to a neighbourhood, therefore, who detected its bad smells. His fourth proposition was, that deleterious gases arising from effluvia

were only injurious by being infused and carried into the blood; and to this end they must be sufficiently concentrated, and the atmospheric air proportionately diminished. Workmen descending into pits and wells, where gas had been shut up, often met with danger, but those who exposed themselves to the effluvia of open drains were not affected. The men who worked in the large drains of London were not more particularly affected as regarded fever and similar diseases than others of the same class differently employed. The fifth proposition was, that emanations from drains and from sewage entering running streams were in no way dangerous. According to statistics published by Dr. Littlejohn, Officer of Health for Edinburgh, who was employed by the magistrates of the city, and was, therefore, a witness on the other side, it appeared that the cases of fever in the year 1863 were four in the upper water district, and one in the lower, out of a population of 13,321 in the former case and 3,866 in the latter. Out of 17,000 inhabitants, therefore, there were only five cases of fever among those who lived on the border of this very foul stream; whereas, when they went to the districts surrounding the Tron Church, they found no difference in the number of cases. With regard to cholera, the cases were thirty or forty times as many as in the districts of St. Giles' and the Grass Market as in the so-called infected districts. According to the Registrar-General's return, the death-rate of the Leith district was 17·62 against 24·5 over the whole city. There was a general idea that when sewage and other matters were thrown into the streams, they were so polluting that they destroyed the fish. No doubt they did destroy the fish in the Thames in great quantities; but in the Eden at Carlisle, so far from the sewage being mischievous to fish, they actually increased in weight upon it. The same thing occurred in other streams; the trout collected about the mouths of open drains, for the purpose of feeding; and with regard to the celebrated whitebait, it had been shrewdly suspected that that great luxury was derived from the peculiar condition of the Thames, and was rather the result of a high kind of feeding than anything else. Now he came to the sixth proposition, that typhoid fever could not be proved to originate by the fermentation of sewage water. When an epidemic attacked a locality, it was usual to find out some obvious physical cause, and there was no difficulty in finding plenty of illustrations to support the view adopted. His own view was, that we were profoundly ignorant of the causes of epidemic disease. It had been said that typhoid fever originated with drains, and there were a great many coincidences to support that doctrine. There were a number of instances in which fevers had originated in a town where some had gone wrong, where a drain had been opened near or where the smell was more powerful than usual. If they, therefore, confined their attention to striking coincidences, there appeared plenty of grounds for the theory. But they should inquire further. The Bradford epidemic was proved to have originated with the drinking of impure water, and the great epidemic in Edinburgh in 1847 and 1848 followed the failure of the potato crop, and ceased when the scarcity of potatoes ceased. Without going into a great many examples, he might say that there were innumerable cases of emanations that had never caused epidemics, to counterbalance those that could be cited on the other side. The seventh proposition was, that improving drainage by costly works did not necessarily remove disease. In Paris, where great improvements had been carried out, and where the streets built by the present Emperor were arranged according to the most approved discoveries in modern drainage, epidemics had not been diminished. The old town of Edinburgh had no draining at all up to a recent period, and old pupils at the University could remember that some years ago a case of typhoid was unknown there. Typhus used to be the prevailing form, while typhoid prevailed abroad; and as foreign physicians came over to Edinburgh to study the former, Edinburgh students went to the Continent to study the latter. Typhoid fever, however, had recently appeared in Edinburgh, and, strange to say, it appeared to have followed the improvements there. He did not mean to say that the fever was caused by the improvements, but the coincidence was curious. It was said that the introduction of the water-closet system had brought that poison into the houses; that, owing to an insufficient supply of water, the noxious gases now escaped inside instead of outside. That was a very plausible argument, no doubt; but when he found that the disease in Edinburgh followed the failure of the potato crops, he was induced to believe that fevers originated from other sources than drainage. When they came to investigate what these sources were, they entered upon a very wide field of inquiry. He considered that improper food and drink had much to do with the question. He had read a great deal of the cesspools, and a paper was read at the Edinburgh meeting, in which every cesspool was said to be a focus of disease. That might be so, but not on the ground on which it was put by the author. It was quite clear that where cesspools existed, the ground round them got saturated with the gas, and in that way animal matter, in a state of putrefaction, found its way into wells. The water was thereby poisoned, and drinking such water was favourable to disease. It was not anything perceptible in the taste or smell that was the cause. Dr. Macadam had shown that apparently pure water might contain most deleterious salts. Bad water, on the other hand, was often very bad to the taste, but it did not, therefore, follow that it should be injurious. In the case of a besieged town, when the inhabitants were left in a nervous condition, and there was a want of food, epidemics sprung up, and crowding and poverty were also fruitful sources of disease. The great seats of fever in our towns were the narrow closes where the dwellings were badly ventilated, and where insufficient and bad food, and many other injurious agencies, were at work. If he were to pick out any one of those agencies, and say that it was the cause of fever, he should be reasoning very erroneously. Dr. Budd was of opinion that drains might propagate, though they did not originate, fever. He had heard it said that the fastidious tastes and feelings of Englishmen were opposed to all those plans which were found to work so usefully in other countries, as in France, in Germany, and even in China. They must endeavour to prevent the public from adopting partial or erroneous views upon this question. Attention ought to be directed to the prevention of the pollution of our rivers and streams, and to the consideration of how the sewage of towns could be best utilised, so as to return to the earth the fertilising qualities that had been taken from it. Human excrements, like those of all other animals, if properly employed, so far from being poisonous or injurious, were, in truth, the source of the growth of the vegetable, and thus of the animal world. The engineering, agricultural, and chemical parts of the question he had purposely avoided. It would be enough if in that Section they could succeed in arriving at the conclusion, that emanations from human excreta or from sewage of towns were not so dangerous or injurious to health as was generally supposed.

Dr. Livingstone entered his protest against being thought an advocate for stinks, but he believed it was most important to know that stinks were not the cause of fever in Africa. That was the conclusion to which his and Dr. Kirk's experience led them. He would just give one instance in which he particularly noticed that a very bad smell had no effect upon their health. When they came down to Nyanza last February, they found that a large portion of the water of the river ran into a marsh about ten miles below, and after passing through the marsh it fell into the river at a point lower down. When it came out of the marsh it was as black as ink, and had a most abominable smell. They were obliged to stop at night in the midst of this smell, and they could not for a moment forget its presence. The white paint upon the two ships was turned quite black; so black, that the colour could not be washed off; all the brass work was turned to a bronze hue, and even the ropes were discoloured. He thought they were in for a good touch of fever, and he inquired of the natives if they had ever observed serious effects following these phenomena, but he was told they never produced illness. This was actually the case as far as he and his colleague were concerned. From this and all their experience in Africa, they came to the conclusion that fevers did not come from the bad smells; he was

of opinion that bad smells ought to be got rid of as soon as possible, but it would be a great mistake if medical men, or anyone else, supposed that fever came from the presence of bad smells. He wondered very much at the chemists saying anything about a bad smell being prejudicial to health, for he remembered well when he was studying chemistry, that in the laboratory there was a perpetual atmosphere of sulphuretted hydrogen. At first this was very offensive, but in the course of time they got used to it, and he never found that any one of his companions were the worse for it. He was surprised that these gentlemen objected to the doctrine Dr. Bennett had advanced, but it must be because they had got used to bad smells, and did not know when they were in them.

Dr. Kirk could confirm, from another case, Dr. Livingstone's statement of his experience in Africa. When passing, on one occasion, by the side of a lake surrounded by mountains, they found the water much as Dr. Livingstone had described it in the instance he had mentioned, and yet in that neighbourhood there was never any serious fever. The health of the people was uninjured, though they were drinking the water, and to get it they had to wade out amongst the reeds, the decomposing vegetable and animal matter throwing off bubbles of fetid gas all the time. The water was used commonly for drinking purposes.

The President: How long did you stay there?

Dr. Kirk: We were only there one night, but for about twelve hours we had nothing but that water to drink.

The President: Was the water boiled before use?

Dr. Kirk: We drank it without boiling. They saw the converse also. At one place, where the atmosphere varied from 80 to 100, when the grass was all gone and the leaves were off the trees, and the walls were free from decomposing matter, they suffered much. It was curious to note that passing a day in the mangrove swamps, where they never saw the sun, the fever did not come on, but on the following day a heavy perspiration came on, whether in sleep or exercise, staining the clothing, and in that way perhaps the malaria passed off.

A long and interesting discussion then ensued, in which Dr. Macadam, Dr. W. Budd, Dr. Richardson, Provost Maclaren, Dr. Cobbold, Professor Wanklyn, Mr. Michael, Dr. Paul, Dr. Crisp, Dr. Gilbert, Dr. John Davy, and several others took part, and it was the general opinion that the smells *per se* were not injurious to health. In the course of the day the following resolution was proposed on this subject by Dr. W. Budd, of Bristol, and carried unanimously:—

"That it is desirable that a committee be appointed to report to the Association at some future meeting on the following question, viz.: Whether the specific agent which is the cause of typhoid fever be ever generated *de novo* out of common sewage, or whether sewers only propagate this fever by the determination of the germ contained in the liquid discharge from people already afflicted with the disease."

THE HOSPITALS OF BATH.

In connexion with the late meeting of the British Association, we have thought that some reference to the Hospitals of Bath would be appropriate. These institutions are two in number, one being specially devoted to the treatment of diseases by means of the thermal waters for which the city has been celebrated from the time of the Romans; and the other a General Hospital, in which, however, the thermal waters are also employed as remedial agents.

THE BATH HOSPITAL OR INFIRMARY, now called "THE BATH MINERAL WATER HOSPITAL," was established for the relief and support of poor persons from any part of Great Britain and Ireland afflicted with complaints for which the Bath waters are a remedy. The foundation-stone of this noble charity was laid by the Hon. Wm. Pulteney (afterwards Earl of Bath), in 1737; but the building was not opened for the reception of patients till the 21st of May, 1742. The celebrated Richard Nash, in conjunction with Dr. Oliver and Ralph Allen, was amongst the most prominent promoters of the undertaking. Nash first exerted himself in obtaining contributions from the wealthy who resorted to Bath for health and pleasure; Mr. Allen engaged to provide gratuitously, from his quarries on Combe Down, all the stone, ready worked, required for the building, and presented one thousand pounds in money towards its funds.

In 1739, an Act of Parliament was obtained, by which the charity was incorporated, under the name of "The President and Governors of the Hospital or Infirmary at Bath," and ninety-one governors were originally named, who are succeeded, on their decease or resignation, by others, elected in their stead, at a general court.

It is a peculiar feature of this charity that no interest is required to gain admittance to its advantages—no recommendation of subscribers, governor, or any other person. All that is required is, that the party who desires admission be in such condition of life that the expenses attendant upon a long residence in Bath would be more than could be afforded, and that the waters are applicable to the patient's case. The patients are gratuitously supplied with the best medical advice and attendance, food, washing, medicine, and the assistance of nurses.

The number of beds at present provided is 142, allowing ample space for each, and accommodating eighty-five males and fifty-seven females.

Baths are constructed within the hospital, and the Bath waters are introduced, so that the patients are enabled to bathe almost at their bedsides—an arrangement which greatly conduces to their cure.

Within the last few years a most important improvement has been effected, by the erection of an additional building, equal in extent to the original hospital, and connected with it by corridors.

The erection of the new building (including the cost of its site), and the improvements effected in the old building, have involved an outlay of 20,468*l.*—towards which 2,500*l.* were supplied from a fund at the disposal of the governors, and 9,012*l.* by the public, in answer to appeals. The remainder, 8,956*l.*, has been paid from the capital of the institution.

The diseases deemed capable of being benefited by the Bath waters are—Palsy, gout, rheumatism; certain nervous derangements, in which the brain is not materially affected, among which St. Vitus's dance may be particularly noticed; leprosy and other chronic diseases of the skin; dropped hands from lead, poisonous effects of mercury or other minerals; pain, weakness, or contraction of the limbs; dyspeptic complaints, biliary and visceral obstructions, &c.

But where these complaints are accompanied with pain of the chest, cough, or spitting of blood; palpitation or other disturbance of the heart; evidence of too great a determination of blood to the head; disease of the brain, or loss of memory or speech; acute inflammation in any part, or general fever; disease of the bone, or cartilage, suppuration of the joints, abscess, or ulcer of any kind; or if epileptic fits have occurred, the waters are not applicable. And in cases of apoplectic palsy, it is deemed necessary that six months should have elapsed after the attack before the patients are admissible.

We quote the following instructions for reporting cases and forwarding patients:—

"The eligibility of each case can be ascertained only by such circumstantial report as may enable the physicians and surgeons of the hospital to determine how far it is likely to derive benefit by the use of the Bath waters. Each report should, therefore, if practicable, be made by a medical man acquainted with the case, and must contain the *name*, *age*, and *parish* of the applicant; *a brief history of the disease, comprising its origin, progress, and present*

symptoms, mentioning the parts principally affected; and a correct representation of the state of general health. A blank form for making such report may be obtained, if desired, by applying to the Registrar, but it is not necessary except for eliciting the particulars required.

"It should be addressed, post-paid, to 'The Registrar, Bath Mineral Water Hospital, Bath;' and, in due course, notice will be given to the party applying whether it be admitted or rejected.

"If admitted, the letter to that effect will be accompanied with a blank certificate, to be filled up and signed by the minister and two of the churchwardens, or overseers, of the parish to which the patient belongs, and to be properly attested by other parties, declaring that he or she is too poor to obtain the use of the Bath waters without charitable assistance; but the patient is enjoined to remain at the usual place of residence until notice is received that a vacancy has occurred.

"The patient should then proceed without delay to the hospital, bringing the letter of notice, and the said certificate duly executed, as well as the caution money, which is three pounds for patients coming from any part of England or Wales, or five pounds for those from Scotland or Ireland.

"The object of the caution money is—to insure the means of returning patients to their respective homes, when discharged from the hospital; or to defray the cost of interment in the event of death. When not required for these purposes, or supplies of necessary clothing, when this is greatly deficient, the whole caution money is returned to the party who provided it, when applied for."

The mineral constituents of the Bath waters are not of a very marked character in a chemical sense, the principal salts being the sulphate of lime and the chloride of sodium; but the physicians of the Hospital consider that these saline ingredients, together with the high temperature of the water, exercise a beneficial influence upon the diseases above specified. It should be mentioned that, during the treatment, no other therapeutical measures are adopted, except those of the mildest character; the diet is plain and nutritious, and alcoholic liquors are almost entirely dispensed with.

The other hospital is the BATH UNITED HOSPITAL, OR THE BATH CITY INFIRMARY AND DISPENSARY AND BATH CASUALTY HOSPITAL, which contains 120 beds, and receives both medical and surgical patients. The building is on a bad site, being closely surrounded by houses in the most crowded part of the city, and is very near the river. It consists of two parts—an old portion, formerly a dwelling-house, and a new part with a rather elegant *façade*. The old part is about to be demolished, and workmen are busily engaged in building the foundations and erecting the walls of a new structure, which is to be joined on to the present new part and to replace the old. The wards of the new part of the Hospital are spacious and airy, and quite free from smell, thus affording a great and striking contrast to the old part, which is altogether inapplicable to hospital purposes.

At the time of our visit the wards were all occupied, but not full, the season being a healthy one, and the diseases of the patients were not generally very serious. The Hospital is adequately furnished with all surgical appliances, including a well-constructed and well-lighted operating theatre; and there is an excellent museum, containing a large number of specimens of morbid anatomy, collected, prepared, and arranged by the medical officers. Some of the surgical operations have been of the most difficult character, and we saw some cases of excision of joints the results of which had been quite successful.

MRS. W. B. PARKES, *née* Miss Amy Sedgwick, the widow of the late Dr. W. Parkes, has, since the death of her husband, been suffering from ill-health, aggravated, we understand, by litigation arising out of her late husband's partnership. She has been advised by her medical attendant to take a tour on the continent to recruit her health.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

MEETING AT YORK.

In the third, or Health Department, presided over by Sir Charles Hastings, a paper was read by Mr. R. Rawlinson, C.E., on the question "What are the best Means for disposing of the Sewage of Towns?" In the course of his remarks, Mr. Rawlinson said that the proper disposal of sewage was one of the most interesting questions of the day. Companies had been formed to work patents for treating sewage so as to separate the solids, but such companies had signally failed. Some few attempts had been made to apply the liquid sewage directly on to land for agricultural uses; but no actual and unmistakable results had as yet been realised on any great scale. Edinburgh and Croydon were in some respects both exceptions to this, as at those two places large volumes of sewage flowed directly on to and over land peculiarly fitted by nature to produce favourable results, and in neither of them was any steam engine power required for pumping, or any expensive distributing plant necessary. Land was the proper place for liquid sewage, and in every instance where sewage in its discharge was liable to become a nuisance the local authorities ought to be compelled to filter it through land, even although a pecuniary loss was incurred in the process. Towns could afford to pay the necessary cost of works capable of preventing disease. Liverpool and Manchester each paid some 8,000*l.* or 10,000*l.* annually to remove foul cess-pit matter, which had produced incalculable mischief. It could not, therefore, be considered any extravagance if such a sum were expended in utterly abolishing cess-pits by a regular and continuous removal of cess-pit matter in a fluid state on to and over land, so as to inflict a nuisance on no one. That town sewage had a value as a manure had been proved by every chemist of any name. There were in this country some 500 cities, towns, and districts having the powers of the Local Government Act; but in very few of them was sewage in its liquid form turned to any beneficial account. Rugby, Watford, Carlisle, Croydon, and Worthing were, however, exceptions to this rule. Liquid sewage was spread over the land at Croydon by gravitation; at the other places above named pumping was employed. The question of sewage utilisation had been thrown back by errors in works. Too much had been expected, and too much attempted. Experience, as far as it yet had gone, proved that fluid sewage could not be manipulated into a solid manure so as to pay. To utilise fluid sewage, land was required, and a regular agricultural establishment must be set up. Gravitation, and surface irrigation, as at Croydon, should be made available where practicable. If steam pumping power was requisite, open canal-like tanks, open carriers, and surface irrigation should be adopted. Sewage irrigation might be carried on over the same ground for an indefinite period, as was proved by some of the land near Edinburgh, which had been regularly irrigated for upwards of two centuries. No known or tried form of precipitating sewage, so as to obtain a portable solid manure, had ever been made to pay in Great Britain. Mr. Rawlinson suggested that parliamentary authority should be given to deal with the sewage generated in the several river drainage areas, and to impose rates over the area benefited.

Papers on the same question were also read by Dr. Bird, Mr. Thomas Walker, and Dr. E. Bishop, after which some discussion arose. Lord Robert Montagu, M.P., controverted the opinions expressed in Mr. Rawlinson's paper, and also cited in support of his own views parts of that gentleman's evidence adduced before the Select Committee of the House of Commons, of which he was chairman. Lord Robert contended that a law ought to be made compelling every town draining into a river to utilise its sewage in a liquid state on the land, whether the process would pay or not. His own belief was that it would pay.

REVIEW OF THE PERIODICALS.

THE 'DUBLIN QUARTERLY JOURNAL.'

In the present (August) number of this Journal, we find, under the head "Original Communications," a paper by Dr. HENRY KENNEDY, "On the Diagnosis of Abdominal Swellings, in relation chiefly to Dilatation of the Colon." The difficulties in effecting diagnosis are laid down—first, on account of the number of organs contained in the abdomen; secondly, their liability to displacement or malposition; thirdly, the contents of the hollow organs; fourthly, owing to the frequency with which ascites occurs; fifthly, the condition of the abdominal walls—whether they be affected with œdema or with a great development of fatty tissue. The author adds a new method to the means already existing for the diagnosis of abdominal tumours: it is the mobility of such tumours with the act of respiration, especially if they be situated in the upper and middle thirds. True or permanent dilatation of the colon is stated to be rare; nor is its diagnosis at all simple. Some interesting cases are adduced as illustrations of the subject; and the fact is dwelt upon that, in such cases of distended colon, there may be no constipation, but contrariwise, diarrhœa. In many instances, however, the bowels act regularly, although the colon may be enormously dilated. The points to be attended to in order to establish a correct diagnosis, if distension of the colon is the lesion, are—first, more tumours are felt than when organic disease exists; secondly, the movements and consequent alterations in position of the tumours, and which are effected by the slow peristaltic action of the bowels; thirdly, the evacuation of scybala; fourthly, the situation of such tumours in the abdomen; fifthly, their altering themselves, or rather being altered, in shape and size by the action of the intestines; sixthly, increase in size of abdomen; colic-like pains; sometimes constipation; at other times diarrhœa. Prognosis must be guarded. Treatment:—Tonics and aperients combined; as for example, extract of nux vomica and compound colocynth pill, or comp. coloc. pill with hyosciamus in small but frequently-repeated doses. Pills are better than fluid medicines; injections are of comparative little value. Diet must be as much as possible in the liquid form; frictions to the abdomen, and the encircling of it in the folds of a bandage, must be enjoined and used perseveringly. Electricity to the abdomen may be of decided advantage.——Dr. HARDY contributes an article "On Induction of Premature Labour in the Sickness and Vomiting of Pregnancy." Case I. is that of a delicate lady in whom vomiting set in after carriage exercise, and who found no relief from it until spontaneous premature delivery had taken place. Case II., an hospital patient, who, in the last month of her pregnancy, was attacked with violent vomiting, which was only stopped by delivering her. In neither case was there any sickness in the early months. A case is brought forward in which the presence of uterine polypus had created violent and obstinate vomiting: removal of the growth entirely checked the affection In the second case coffee-ground vomiting took place to a most alarming extent. The indications for delivery in cases similar to those we are considering are laid down. The horizontal position is advised to pregnant patients suffering from this ailment. In Case I., previous to delivery, the strength was maintained by the administration of nutrient enemata, which were retained especially when laudanum had been previously given.——Dr. BELCHER contributes "Brief Considerations respecting the Weights and Measures and the Nomenclature of the Pharmacopœia." The author proposes, as a solution of difficulties dependent on the arrangement of the weights and measures of the new Pharmacopœia, the "use of weights of multiples of ten." This would obviate the necessity of making decimal calculations. The "hotch-potch" manner of writing prescriptions partly in English and partly in Latin is deprecated as unworthy the Profession; and Lucas's Act, relative to affixing the signature to prescriptions, is quoted verbatim. Some parts of the British Pharmacopœia are severely criticised, as is also the advice of Dr. Watson, to ignore the existence of such a book.——The fourth article is from the pen of Dr. RICCI, "On the Therapeutic Value of the Alkaline and Earthy Sulphites in the Treatment of Catalytic Diseases." Professor Polli, of Milan, discovered the anticatalytic properties of sulphurous acid, and of the alkaline and earthy sulphites; and, at the same time, the fact that the latter may be administered with the greatest impunity, even in large doses. He therefore prescribed them in zymotic diseases, and found them most beneficial. Dr. Ricci carried out the Professor's views, and speaks of them in a confirmatory manner.——Dr. ALTHAUS writes upon the physiological effects and therapeutical use of English and Continental spas, the different waters and the different ailments for which they are used being brought under consideration.——The sixth article is by Dr. O'CONNOR, and embraces the subject of "Contagion viewed Practically." The object of the paper is to establish an inquiry into the manner in which contagious diseases are propagated, and whether some of them might not be removed from under such a head of classification. Of those affections usually held to be contagious, some are considered by the author to be not so, but to be epidemic. ——Dr. SINCLAIR, in an article "On the Administration of Chloroform in Obstetrics," shows, in accordance with his views, that this drug should be given, not in every case, nor in ordinary cases of labour, but only in certain selected instances. It is also shown that chloroform may exercise a paralysing effect on the uterus, and so dispose to hæmorrhage.——Article VIII. is by Mr. SPENCER WELLS; the subject is, "Case of Fibro-Cystic Tumour of the Uterus." The patient, a Dublin lady, was under the care of Drs. Stokes and Beatty, who deemed an operation advisable, and summoned the author over in consultation and to be the operator. An operation was performed, a tumour removed, but the patient sank about three hours after she had begun to take chloroform. This article ends the first part of the Journal, the second part of which is taken up with reviewing the works of Dr. Robert Lee, Dr. Gibb, Dr.

Scoresby Jackson, Mr. Henry Lee, Mr. Blake's translation of Caillault "On Skin Diseases of Children," Dr. Anderson "On Eczema," Dr. Frazer "On Diseases of the Skin," and Dr. Gurlt "On Fractures." Reviews and notices of other works besides those we have just mentioned, fill up the rest of the Journal set aside for such a purpose; and what remains of the Journal is occupied with the proceedings of the Dublin Pathological and the Dublin Obstetrical Societies, with a notice of memoirs "On the Pathogeny of Strabismus," "On the Asymmetry of the Human Skeleton," and with "Clinical Records."

GENERAL CORRESPONDENCE.

VACCINATION AT WHITEHAVEN.

To the Editor of the Medical Circular.

SIR,—In looking over your valuable CIRCULAR for September 14th, on the article "Vaccination at Whitehaven," and the decision of the Board of Guardians of that place in limiting the number of its vaccinators, in this I quite agree with them, as, in a letter I inserted in the MEDICAL CIRCULAR some years ago on this subject, I then stated that the term *Public Vaccinator* (instead of *Union Medical Officer*), named in the Medical Vaccination Act, would be sure to lead to much confusion as well as dissatisfaction amongst the public and medical men generally, also to great neglect in the proper performance of the operation, which it has already done. I then stated, had the Legislature limited its powers to the efficient vaccination of the poor persons in the different Unions by their own Medical officers, the community at large would have provided efficient vaccination for themselves, as they had done previously to any compulsory measures being introduced. We should not then have had this so-called *Public Vaccinator* calling upon our private patients to offer his services in that capacity *unsolicited*, stating that he alone was duly authorised to vaccinate the children in his district; that no charge would be made to them for such services, as he should return it in his list of successful cases, to be paid for by the public. Now, many such cases have come under my notice, where the patients could well afford to pay their own medical attendant, as they had previously done, and were glad to pay him better fees than since the present anomaly was introduced; but in this, as in many other instances where the Legislature has interfered with medical matters, they have generally made them worse: yet I do think, if certificates are required from private practitioners, they have an undoubted right to be paid for them.

Scarboro,' Yorkshire, I am, &c.,
Sept. 24, 1864. AN OLD SUBSCRIBER.

LEGAL INTELLIGENCE.

CENTRAL CRIMINAL COURT.

(Before Mr. Baron PIGOTT.)

SEPT. 21ST.

MISDEMEANOUR.

Mr. Henry Wilkins, a surgeon, residing at Ealing, surrendered to take his trial upon a charge of misdemeanour, for having undertaken the charge of a lunatic patient for profit, his establishment not being duly licensed for the reception of such patients.

It will be remembered that, on the morning of the 6th of August, a young lady named Eliza Mitton was found in the Edgware road by a police-constable, who put some questions to her, the result of which appeared to be that he considered she was unable to take care of herself, and he conveyed her to the Marylebone Workhouse, where she was seen by Mr. Fuller, the resident medical officer, and Dr. Randall, the physician of the establishment. They both came to the conclusion that the young lady was of unsound mind, and she was placed in the ward appropriated for the reception of such persons. On the same day the defendant claimed her as his patient, and it turned out that the young lady had been placed in his charge by her father, and that he received an allowance of 180*l.* a year, for taking care of her; and he took her away with him.

Mr. Giffard and Mr. Poland conducted the prosecution, on behalf of the Commissioners of Lunacy; and Mr. Metcalfe appeared for the defendant.

The defence was, that at the time the patient was sent to the defendant she was not insane, but merely excitable and nervous, and required change of air and attention.

Mr. Baron Pigott described the Act under which the proceedings were taken as a most sensible and humane Act, and one much called for. In his directions to the jury, he said that it was shown that the house of Mr. Wilkins did not answer any of the conditions therein laid down, neither had Mr. Wilkins received any order or certificate from a duly-qualified medical practitioner, nor had he of course complied with the Act, which requires that he should send to the Secretary of State a copy of such certificate. With respect to the fact of the patient not being of unsound mind at the time of her reception by the defendant, if that view were taken by the jury, the case would, nevertheless, come within its provisions if it appeared that she subsequently became so, and was retained by the defendant for his emolument.

The jury, after a brief consultation, returned a general verdict of Guilty, and the defendant was ordered to be bound in his own recognisance in 200*l.* to appear on the first day of next term to receive judgment.

SEPTEMBER 22ND.

(Before Mr. Baron PIGOTT.)

TRIAL OF A SURGEON FOR ALLEGED MANSLAUGHTER.

Samuel Day Goss, surgeon, surrendered to take his trial for the manslaughter of Elizabeth Brazier. It appeared from the evidence that he had been first engaged on Wednesday, the 17th ult., to attend the deceased in her confinement, and paid several visits up to Saturday night, when he was again called in and immediately attended; but on his arrival was met with reproaches by the husband and by the mother of the patient for not effecting the delivery. He then left under some degree of irritation at the treatment he had received. The husband of the patient then sent for Mr. Llewellyn, a neighbouring surgeon, who attended, and on finding the case was likely to be a difficult one, procured the assistance of Dr. Gervis, and the birth took place about eleven o'clock. These gentlemen deposed, that although they thought that the delivery might have been effected two hours earlier, they could not say that delay had caused death. This occurred on the 12th inst., and was caused by an inflammation having set in.

At this point the learned Judge pointed out the fact that the evidence was insufficient to connect Mr. Goss's treatment with the death of the deceased, and the jury immediately returned a verdict of Not Guilty.

Several medical gentlemen, as well as patients of the defendant, were in court to give evidence as to his medical skill and to his attention, but they were not called upon to do so.

MARLBOROUGH STREET.

THE MEDICAL ACT.

Mr. Francis Bearnard, surgeon-chiropodist to the Royal Family, of No. 59 Regent street, again appeared before Mr. Tyrwhitt, to answer a summons for using the word "surgeon" on his door-plate, thereby implying that he was registered under the last Act of Parliament, known as the New Medical Act. Mr. Wm. Talley, of Beaconsfield, Bucks, representing the Medical Council of Education and Registration, appeared in support of the summons; and Mr. Lewis, jun., of Ely place, for Mr. Bearnard. The particulars of the case have already appeared in the last number of the MEDICAL CIRCULAR, p. 201. It may be re-

membered that it was stated by Mr. Talley, and admitted by Mr. Lewis, jun., that Mr. Bearnard had on his door-plate the words, "surgeon-chiropodist." Mr. Tyrwhitt adjourned the case till Thursday last, that he might consider it before giving a decision. Mr. Tyrwhitt said: "I have considered this case, and it appears to me that 'surgeon,' though prefixed to 'chiropodist,' cannot be treated as mere surplusage, but must have a meaning, and was intended to have one. That meaning must be measured, not by the narrow sense in which knowing Londoners, experienced in vain pretension and in the steps of medical rank, might take it, but by the general acceptation which the great body of mankind passing defendant's door-plate would ascribe to the words used thereon. I think, on the whole, that these words would convey to them that a surgeon, duly qualified and registered as such, practised at the house in question as a chiropodist. Taken to be such a surgeon, he would command more confidence with those who sought his aid as a chiropodist, and not only that, but he might naturally be consulted by them in surgical matters beyond the mere treatment of corns. We must allow something for that craving for small titles which is so widely spread at present, brought, it may be, by German steamers. The corn-cutter is restless till he writes himself chiropodist, and next, from fear of so much Greek not being understood, dubs himself surgeon at all hazards. On the whole, if the defendant will remove from his door-plate and cards the word 'surgeon,' I might consider as to mitigating the penalty, which is 20*l.*, and in that hope would adjourn my decision for a week; but if he now requests me to grant a case for the opinion of a superior court I will do so. In that event it will be needless to adjourn the case, and I fine him 20*l.*" Mr. Lewis observed that since the last occasion of the case coming before the court, Mr. Bearnard had been to the Medical Council, and the secretary had informed him that they were not initiating the complaint at all. Mr. Talley said he would satisfy any proper person on that subject. Mr. Tyrwhitt said he had nothing to do with the Medical Council. Mr. Talley said he could not discharge his duty towards the Profession which he had the honour to represent without thanking his worship for his serious attention to this important subject, in which the public, as well as the Medical Profession, were becoming seriously affected; and he thought that his friend, Mr. Lewis, who had so ably defended his client, would now have less difficulty in explaining the 'meaning' of the Act of Parliament under which these proceedings were instituted (laughter). Mr. Lewis remarked that if Mr. Bearnard took a case to a superior court, he had a right to know whether Mr. Talley was a responsible person. Mr. Bearnard had been called upon by several medical gentlemen who had expressed their distaste at the proceedings. After some conversation between Mr. Lewis and Mr. Bearnard, the former gentleman stated that, with all deference to Mr. Tyrwhitt's judgment, his client would take a case, and requested to know if his worship would accept Mr. Bearnard's undertaking on his own recognisance. Mr. Talley said, after what had fallen from Mr. Lewis, he could not assent, and especially in this case, inasmuch as he was instructed that the defendant's name was not "Bearnard," and that he was a stranger to him. Mr. Tyrwhitt said that he should require one surety for 50*l.*; when Mr. Lewis applied for time to make the necessary tender, which was granted. Mr. Talley said he was instructed to apply for summonses against other persons for similar infringements of the Medical Act, which were granted.

THAMES.

Mr. Fentiman, a chemist, druggist, and medicine vendor, of No. 2 Upper East Smithfield, near the Royal Mint, appeared to answer a summons taken out by Dr. Wills, a registered medical practitioner, of No. 22 Upper East Smithfield, which charged the defendant with falsely pretending to be a surgeon.

Mr. Butler Rigby, a barrister, instructed by Mr. Robertson, solicitor, opened the case for the prosecution, and said this was a case under an Act to regulate the Qualifications of Practitioners in Medicine and Surgery. Dr. Wills had purchased a practice at a considerable expense, and was a properly qualified practitioner. The name of Dr. Wills was in the 'Medical Register.' The complainant's practice had been greatly interfered with by the defendant, whose bills were given away opposite to and near the complainant's surgery, and had even been put into the hands of his patients. The defendant, who was not a regularly qualified medical practitioner, called himself a surgeon in his shop bills and advertisements, which would be produced. He had only in addition to put in the 'Medical Register' for the present year, in which the defendant's name did not appear, and the case was made out.

The 'Register' was put in and received as evidence, and Mr. Henry Carver, a commission agent, said he went to Mr. Fentiman's shop on the 15th and purchased twopennyworth of sweet nitre and threepennyworth of rhubarb. The defendant gave him a printed bill, in which he was described as "Mr. Fentiman, Surgeon, Dentist, and Chemist, No. 2 Upper East Smithfield, next to the Royal Mint, Tower-hill."

The defendant, in reply to the charge, said if he had done wrong he was very sorry for it. He was not aware it was wrong to call himself a surgeon, for he had carried on the practice of the healing art for twenty years.

Mr. Paget said there was a decision of the Court of Common Pleas in a case of this kind in 1860. That case seemed to run on all fours with this, or nearly so. The Court of Common Pleas on the facts decided there were no grounds to sustain a conviction. A man called himself a surgeon, and he was not registered. It was the same here. He did not think he should be justified in convicting, and must dismiss the case.

Mr. Butler Rigby asked the magistrate to adjourn the case. He believed there had been convictions which had not been quashed. This was a matter of great importance to the complainant, whose patients had been misled.

Mr. Paget thought he should have convicted the defendant if he had not seen the decision of the Court of Common Pleas. He did not see the utility of postponing his decision when the case seemed so very clear. He would adjourn the summons for a week, and if he then heard no more of the case, he should mark it dismissed.

MEDICAL REGISTRATION.

There has never yet been framed an act of Parliament through which an able lawyer might not drive a coach and six; but the looseness of the phraseology in the Medical Registration Act must be something extraordinary when we find two shrewd metropolitan magistrates putting upon it widely different interpretations. The words which Mr. Paget reads "white" Mr. Tyrwhitt reads "black;" and although the former gentleman rests his judgment upon some decision which has already taken place in the Court of Common Pleas, it requires very little discernment to see that the views of the latter, even though they should have less authority to uphold them, are exactly those which the public at the passing of the Act in question hoped would be the spirit of it. Quacks became so numerous all over the kingdom that it became absolutely necessary that they should be rooted out of the Medical Profession. The vital statistics of the nation suffered from their ignorance, and medical science was becoming neglected; for fathers were beginning to count the cost of giving a son a medical education, and comparing the outlay with the income likely to arise from the practice of a profession in which every ignorant pretender was at liberty to compete with him. It was this state of things that led to the passing of the Registration Act, which enacts that certain collegiate and corporate bodies already in existence shall be entrusted with the duty of testing the capability of all who desire to enter the Medical Profession, and that the certificate of one or other of these licensing bodies shall be considered a proper qualification—to practise? No; but to be registered as a practitioner. The right to practise is thus made to spring not from the possession of the degree or diploma, but from

the registration of it. This is as it should be, for the fact of the practitioner's name being duly registered is an assurance to all who may employ him that he is one whose medical or surgical knowledge has been thoroughly tested, and that proper officers have had the examination of the diploma or degree which they might be too diffident to call upon him to produce for their own satisfaction. Such being the nature of the Act in question, it would appear that a gentleman who had passed with honour through the ordeal of a severe examination in medical or surgical science is not at liberty to practise in either until he has put his name upon the registry. So, no doubt, he would himself feel; but such is not by any means necessary, for Mr. Paget, in substance, declares that any man who can pay for the engraving of a brass plate may hold himself out to the world as a surgeon, and kill and slay in his assumed vocation. Mr. Tyrwhitt, however, says quite the contrary, and pronounces that a man who uses the word surgeon merely as a prefix to his denomination, chiropodist, contravenes the law, as the use of the words is calculated to mislead the unwary. This, as we have already stated, appears to us the view most in accordance with the public wish, and we hope it may be confirmed by a judgment in banco, as we desire to see the health and reputation of families preserved against ignorance and villany.—'Observer.'

AWARD OF THE VICTORIA CROSS TO TWO ARMY SURGEONS.

(From the 'Gazette' of Friday.)

WAR-OFFICE, SEPT. 22.

The Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on the undermentioned officers of her Majesty's army, whose claims to the same have been submitted for her Majesty's approval, on account of acts of bravery performed by them in New Zealand, as stated against their names—viz.:—

Assistant-Surgeon William George Nicholas Manley, Royal Artillery, for his conduct during the assault on the rebel pah near Tauranga, New Zealand, on the 29th of April last, in most nobly risking his own life, according to the testimony of Commodore Sir William Wiseman, C.B., in his endeavour to save that of the late Commander Hay, of the Royal Navy, and others. Having volunteered to accompany the storming party into the pah, he attended on that officer when he was carried away mortally wounded, and then volunteered to return in order to see if he could find any more wounded. It is stated that he was one of the last officers to leave the pah.

Assistant-Surgeon William Temple and Lieutenant Arthur Frederick Pickard, Royal Artillery, for gallant conduct during the assault on the enemy's position at Rangiriri, in New Zealand, on the 20th of November last, in exposing their lives to imminent danger in crossing the entrance of the Maori keep, at a point upon which the enemy had concentrated their fire, with a view to render assistance to the wounded, and more especially to the late Captain Mercer, of the Royal Artillery. Lieutenant Pickard, it is stated, crossed and recrossed the parapet, to procure water for the wounded, when none of the men could be induced to perform this service, the space over which he traversed being exposed to a cross-fire; and testimony is borne to the calmness displayed by him and Assistant-Surgeon Temple under the trying circumstances in which they were placed.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the preliminary examination in General Knowledge at the last meeting of the Board, and will be allowed to enter on their professional studies in October next:—J. P. Allwood, R. B. Anderson, J. C. Barker, C. J. Bedford, Joseph Bellingham, F. B. Besby, H. J. Broom, Wm. Butler, Leonard Cane, C. W. Chapman, Wm. Cheetwood, J. L. Collier, W. G. Cooper, Harold Crompton, Wm. Davies, John Deane, F. P. Deshon, Joshua Duke, Branford Edwards, H. V. Ellis, R. S. Fairbank, Joseph Gabe, John Giles, Wm. Grant, Edward Greaves, A. V. Griffiths, David Haward, Frederick Hay, J. R. Hughes, J. W. Hutchinson, G. H. Jackson, H. R. Jacobs, E. C. Jee, J. T. Jones, Joseph Lawton, J. R. Lazenby, W. T. G. Leapingwell, A. R. Lee, Friend Lewin, Wm. Little, S. G. Littlejohn, St. J. W. Lucas, F. M'Connell, A. F. M'Gill, A. R. Manby, J. B. Meredith, W. H. Meredith, W. H. Mills, John Morris, Wm. Naughtin, H. H. J. Nicholls, G. E. Norton, A. J. Owen, Samuel Pidwell, T. H. Ravenhill, Edward Roberson, Wm. Rose, C. K. Rudge, Edwin Sanders, C. B. E. Saunders, R. W. Savage, Henry Scobell, Philip Thompson, S. L. Trevor, A. T. Walker, W. N. Walker, A. J. Wall, B. W. Wellings, Joseph Wharton, R. L. Willcox, Julian Willis, Arthur Wood.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—John William Hayward, Seasalter, Canterbury; George Vincent Langworthy, Modbury, Devon.

On the 15th inst.:—Francis Graham Bennett, Brighton; Alfred Grace, Downend, near Bristol; Edwin Mason Sheldon, Liverpool; George Edward Shuttleworth, Russell place, W.; William Henry Vipan, Ely, Cambs; William Henry Witherby, Coombe, Croydon.

The following gentlemen also on the same day passed their first examination:—Charles George Edmonds, St. Thomas's Hospital; Francis Wilton, St. Bartholomew's Hospital.

At the recent examination for prizes in Botany, annually given by the Society of Apothecaries, the successful candidates were: (1) Robert Shingleton Smith, King's College—a gold medal; (2) George Rolph Raine, Guy's Hospital—a silver medal and a book.

CHLOROFORM AMONGST MEDICAL STUDENTS.—It appears very desirable that the uses of chloroform should be widely known amongst students and in general practice; indeed, it may be a question if constituting it a "speciality" by paid chloroformists in hospitals is not a retrograde step. Thus, the author has known bad hernia cases strangulated sent to hospitals twenty or thirty miles, to be operated on, after trial of various measures out of doors; but the hernia at once reduced by chloroform, which the practitioner, not a specialist, was afraid to administer before the patient was thus sent, sometimes by railway, to the hospital. In midwifery practice, where there is rigidity of parts and much pain, chloroform has proved a most beneficent agent, a real charity to the agonized sufferer; it not only facilitates the recovery of the patient, but has nearly superseded the use of forceps by facilitating "versional delivery." Here indeed we may say with Hippocrates—

"Divinum est opus sedare dolorem."

In medical cases, such as epilepsy, puerperal mania, tetanus, asthma, chloroform has now been used extensively, with apparent good results. In epilepsy also, certainly without these accidents that theory would point out. In tetanus, chloroform in *full* doses is a most valuable *auxiliary*. It saves pain or spasm, and assists materially in helping the patient to swallow nutrients and wine, so essential to the treatment. Twenty-two cases thus cured are recited in 'The Medical Times,' 1861; sixty in the wars in Italy. In irritable bronchitis, whooping-cough, or asthma, chloroform acts like a charm.—Dr. KIDD, in 'Medical Mirror.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 28.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 29.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 30—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 1.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 3.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 4.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Chemical Process of the British Pharmacopœia. By Henry J. Church (of Cambridge). London: R. Hardwicke, 192 Piccadilly.

Practical Anatomy, and Manual of Dissections. By Christopher Heath, F.R.C.S. London: John Chnrchill and Sons. 1864.

Canada Medical Journal, September.

Lady-Doctors. London: Emily Faithfull, Princes street, Hanover square.

An Inquiry into the Relative Frequency, the Duration, and Causes of Diseases of the Skin. By Erasmus Wilson, F.R.S. London: John Churchill and Sons, New Burlington street.

Photographs of Diseases of the Skin (coloured from Life), No. 2. By A. B. Squire, M.B. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

IN consequence of the length of our Special Report of the Proceedings of the British Association, we are compelled to postpone the publication of Dr. Earle's paper "On Post-Partum Hæmorrhage," our usual Hospital Reports, Review of Books and Periodicals, and many other articles.

AN OLD SUBSCRIBER.—The letter is inserted.

THE LONDON HOSPITAL MEDICAL SCHOOL.—The card has been received.

THE MEDICAL SCHOOL OF ST. THOMAS'S HOSPITAL.—The card has been received.

MR. D. E.—The article was copied from one of the daily journals.

IGNORAMUS.—There is no law to prevent a medical practitioner from employing such a person as a visiting assistant, but he will be responsible if any accident should occur from the incapacity or neglect of his substitute. In the case of Poor-law appointments, the assistant must be legally qualified to practise.

MRS. M. A. B.—We have received for perusal a copy of the 'Annales de l'Association Internationale pour le Progrès des Sciences Sociales,' and it shall be left at the publishing office as requested. Mrs. B. will perceive that we agree, in a great measure, with the sentiments she expresses.

MR. R. P.—Magnesium is now produced at a very cheap rate, the wire being sold at threepence per foot. The light given out by the combustion of this metal is exceedingly brilliant, but we are not aware that it has yet been applied practically for the purpose of illumination.

A LADY-READER.—It is not easy to account chemically for the efficacy of the Bath waters. Their chief solid constituent is the sulphate of lime, which is usually considered to be almost inert as a drug.

DR. R. S.—The best plan is to consult a respectable solicitor, as the question is entirely a legal one.

MR. H.—We have already stated that the subject is not one in which we think it expedient to interfere.

Vapour Bath Apparatus. — Mr. CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effectual means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited.

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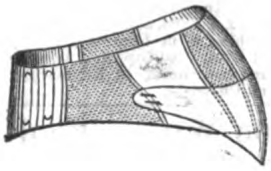
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OPENING OF THE METROPOLITAN SCHOOLS OF MEDICINE FOR THE SESSION 1864-5.

The Metropolitan Schools of Medicine are now open for the season, the Introductory Lectures at some of them having been delivered on Saturday, and at others on Monday last. They were very well attended, the audiences consisting, as usual, of the old pupils and friends of the respective institutions, and, in one instance, ladies were admitted. The schools which were opened on Saturday were those of Guy's Hospital, St. Thomas's Hospital, King's College, and St. Mary's Hospital, and the rest were opened on Monday.

GUY'S HOSPITAL.

At this large establishment, a great number of auditors were attracted to the usual introductory lecture, given in one of the lecture-rooms, which was indeed inconveniently crowded. The room is probably large enough for the ordinary purposes of the lectures, but is quite inadequate for the accommodation of the crowd which generally assembles at the commencement of the session. The address was delivered by Dr. J. Braxton Hicks, F.R.S., one of the Obstetric Physicians, who was supported on the occasion by most of the other medical officers of the institution, and who was vociferously cheered by the students on his entrance, and during the course and at the conclusion of his lecture. The enthusiasm and the high spirits of the students, apparently invigorated by their recent visit to the country, were so excessive as at times almost to interrupt the course of the lecture; but it was all taken as it was meant, in good humour, though it excited considerable astonishment among the more sedate portion of the audience.

Dr. Hicks said he considered the first year of studentship as the most important in stamping the character of their manhood for good, for evil, or for nonentity. He then alluded to the flourishing state of the school, the largest in London, and the excellent standing of the students at their examinations. In speaking of the excellence of the profession of Medicine, he continued: "Beyond the duty and high privilege of man to endeavour, as far as possible, to assimilate his mind to the Divine essence, the next great end of man's life, as taught by the Great Master, is to alleviate poor suffering humanity, and this is the object of the Profession you have selected. There are, doubtless, other occupations which hold forth the promise of greater gain; nay, there are other professions which hold forth hopes of greater fortune and higher rank; but there is none which, while it enables us to gain a competent living, will permit us to carry forward in ourselves the great end for which we were created, and to further the design of universal brotherhood. This, gentlemen, is a noble profession, the following of which honestly and to our best ability brings its reward with it—one in which, however ill requited in a pecuniary sense we may sometimes be, however ill acknowledged and ill understood our services now and then may appear, yet at each sunset we can with comfort reflect that we have not altogether lost a day. Besides these things, in following this Profession you will have opportunities of seeing the highest qualities of man, as well as the most opposite; human nature endeavouring to raise itself above the earth, yearning after the great ideal, stretching out as it were into the heavens, to bring down, if he can, a ray of its ineffable light. On the other side of the scene you may behold the same nature beneath the level of the beasts, endeavouring to efface all traces of the divine, extinguishing every spark of light, bringing both mind and body, by drink, sensuality, and crime, into a state worse than brutes. These you may both, perhaps, see in the same hour. Let them be a lesson to you; let not your minds become blunted to them by their frequency. While the former tends to give us, perhaps, a too high notion of humanity, let the other warn you how delicate a growth is the human intellect and soul, how readily it can be defaced and destroyed by want of culture and need of care, and how responsible is the custody with which our Creator has entrusted it to us." Dr. Hicks then dwelt upon the responsibilities of those who undertook to deal with the lives of others, urging that they were not only to labour for a maintenance, but for the attainment of as much knowledge as it was possible for them to acquire, in order to render the best aid possible in all circumstances in which they might be placed. But if they did their duty here they would have truly learnt how to learn. Students they were all to their graves. The Profession required a rigid love of truth, one that would lead them to learn all they could. Discussion amongst themselves and in public was much commended as a means of improvement, as also was the frequent employment of the hand in order to perfect its use. The students would hereafter in the discharge of their duties find many difficulties—and who did not?—and many dangers. The difficulties they would overcome by resolution to follow the right path—the dangers they would brave by that spirit of devotedness and Christian feeling which had always distinguished the Profession, which had urged its followers to succour the dying amid pestilence, amid showers of bullets, and on the sinking ship. (This allusion to the fate of poor Llewellyn was received with loud applause.) Need he fear that they, devoted to so glorious a profession, with all these noble examples before them, would shrink from its dangers or quail beneath its difficulties. In the faithful discharge of their duty he knew nothing of more value than a kind manner. To those of them who had been laid on a bed of sickness he need not speak. They had experienced the effect of kind words and gentle actions. To those who, in the full enjoyment of health, knew not the weakness of body nor depression of mind produced by sickness, he would say, Be very careful lest, in haste or from thoughtlessness, they pained the mind while their skill was endeavouring to alleviate the suffering of the body. Let them remember that in addition to this there might be a spirit bowed down by care and want, or a heart pierced through by sorrow. Let them add not another shaft, but speak gently and kindly to the patient. In addressing the students about to leave the Hospital, Dr. Hicks said it would be impossible to wish them an absence of all cares, or entire freedom from all troubles, because that was not permitted to man; but he did wish them that energy and perseverance which would overcome them, that steady heroism which would defy all odds, that self-reliance which an upright character would surely bring them. He recommended them to be very careful how they injured in any way the reputation of a fellow-practitioner, either by words or insinuations. (This remark was received with great approbation, and numerous cries of "Goss!" and "Gervis!") He showed them that their standing in after life depended much upon themselves; that although as members of the Profession they would take a good status in the best educated society, yet, if they unfortunately fell beneath that status, they must not expect that the sanctuary of the Profession would afford them shelter. The lecturer showed them that, notwithstanding the dangers and difficulties they would meet, if they would persevere in the faithful and energetic discharge of their Profession, they would gain, not great wealth, high titles, or much leisure, but the consciousness of having done their duty to the best of their ability, of having all their lifetime endeavoured to

assuage human suffering, and of having earned a name and reputation amongst men which they would leave unsullied to their successors.

ST. THOMAS'S HOSPITAL.

This institution, as is well known, is now only in a temporary condition, its present site being the spot formerly occupied by the Surrey Zoological Gardens, and afterwards by M. Jullien's Concerts. The large concert-roon is now fitted up as an hospital, and other buildings are erected for the reception of patients, or for the purposes of the lecture-rooms and the museum. The latter is extensive, and contains a large number of specimens in human and comparative anatomy and in pathology, and of wax-casts illustrating physiological and pathological processes. The lake behind which the display of fireworks was wont to take place in former times still remains in the grounds, and the trees and parterres recall the memory of the period when the place was dedicated to music and gaiety instead of the care of the sick and wounded. Everything, however, bears a clean and cheerful aspect, and the spot is by no means ill-suited to the purposes of an hospital.

The Introductory Lecture was delivered by Dr. CLAPTON, the Dean of the Medical School, in the presence of Mr. Baggallay, the late Treasurer; Mr. Francis Hicks, the present Treasurer; Mr. Tite, M.P., F.R.S.; and many other friends and supporters of the hospital, the Medical Staff, and a large number of ladies.

Dr. Clapton commenced his address by passing a high eulogium upon the memory of Mr. Joseph Henry Green, the late consulting surgeon of the hospital, now no longer amongst them. But though he had recently passed away, the honour reflected on any hospital or school of medicine by connection with that revered and world-renowned name would never fade. There were, he believed, many now around him who well remembered with what eagerness and benefit they once attended his most impressive and fascinating lectures, and who would ever feel the greatest pride in being able to say they were once his pupils. Though born as he was to the inheritance of ample means, with the most enviable personal gifts and splendid connections, the nephew of the celebrated Cline and the intimate friend of Coleridge, yet he had too large a mind not to know that even such advantages as all these do not alone constitute a great man. With all his natural gifts he had the most remarkable acquirements and untiring energy, and he laboured as though his whole prospects and fortune depended on his own individual efforts. None more than he represented the spirit and dignity of his Profession. Twice President of the Royal College of Surgeons, Professor of Anatomy to the Royal Academy, and President of the General Council of Medical Education, he had obtained the foremost position and the very highest honours. Universal must be the regret that he no longer lived to the adornment of his Profession, and to the profit of humanity and of science. Dr. Clapton then proceeded strongly to urge the necessity of the study of chemistry and anatomy, which was the basis of surgery. As far as health and opportunity would allow, too much time could not be spent in the dissecting-room and the post-mortem-room. He begged of the students, whilst cheerfully performing their duties, to avoid all levity in the rooms of the dead, as well as in the wards of the hospital. "Depend upon it," said Dr. Clapton, "there can be no greater and purer pleasure in life than the relief of suffering humanity, and the pursuit of science, when undertaken with right principles, leading, as they did, to the highest Christian virtues, as well as to the attainment of honour and success." In connection with the public services, Dr. Clapton remarked:—"It was impossible at the present time to refrain from noticing particularly the deplorable state of the Army Medical Department. It was most unfortunate, to say the least, that the terms of service were so unsatisfactory that good men would not accept them, and the authorities were at their wits' end to devise some means by which they might secure indifferent men. There must be something radically wrong when the army, in time of peace, needed medical officers and could not obtain them. There were plenty of medical men—and good men too—who would be willing and glad to enter the service if only the terms and inducements were such as gentlemen could accede to. He had taken some pains to learn, by personal inquiries, amongst present and past army surgeons, what the grievances really were. It seemed to him that the fundamental evil was that the Medical Department was, as it were, between two enemies. The Horse Guards had no objection to the department being better paid, but was most jealous of granting any increased rank. The Treasury would be willing to see every doctor with the rank of a general, provided he got no increase of pay; and so the poor doctor fell to the ground. The Horse Guards especially had shamefully treated the department, and would no doubt continue to do so, if by such means as they were now attempting they could induce any sort of candidate to fill the 200 vacant appointments. If they attracted only second-rate men, let them, at all events, not complain if they did not turn out first-rate. They offered no inducements or advantages to the good and able ones, and now failing of such men they are trying to secure the idle and unsuccessful men, who were what was called in the army 'Her Majesty's hard bargains,' and who drew the same pay as the really good men, enjoyed the same privileges, and, from their known incapacity, were never given any harassing work, and in consequence got more leave." Dr. Clapton then went on to observe upon the fact that the older surgeons in the army complained that they never could feel settled anywhere, and mentioned a recent instance where an inspector-general of hospitals, when he had scarcely been six months at Aldershot, was ordered off suddenly to Malta, where he died of fever almost immediately after his arrival there. His widow was now grateful for the gift of 5*l.* from a charitable society. It was a great drawback to the Medical Department that there was so little occupation found for surgeons wishing to retire from foreign service, and who were willing to do any fixed work at home. It would be considered good economy for Government to make a number of civil appointments for half-pay medical officers, such as those of inspectors of prisons, and of vaccination, and the like, who should be bound to go abroad, if needed, in time of war, but not be liable to be moved for any other cause. The lecturer then complained of the breach of faith on the part of the authorities in reference to the Warrant of 1858 upon the points of seniority precedence, choice of quarters, presidency of boards of inquiry, allowances in the way of forage, &c., and said that until the grievances of the Medical Department of the Army were cleared up, no well-educated gentleman would be induced to enter the army. Dr. Clapton then alluded to the patriotism and bravery of the medical men in the army, as was shown in the fact that no less that fifty-four of that body fell in the late Russian war, amongst whom were two past house-surgeons of that hospital. As a class he would venture to say that none were braver. If one sought a monument of those who fell in the Russian war he would find it in that Gothic Cross, now being erected at Netley, and recently inaugurated by the Prince of Wales. It would be as well here to warn the authorities that they must not reckon too much, as they professed to do, on the Medical Profession being overstocked, and that if a war were, unhappily, to break out, they would be able again to secure the services of 200 or 300 volunteer surgeons; for it must be borne in mind that whereas the number of medical men under forty was 11,105 in 1851, in 1861 there were only 9,910, and this notwithstanding the great general increase of population. Dr. Clapton proceeded to refer to the future site of St. Thomas's Hospital, and to the loss the institution had suffered by the retirement of Mr. Baggallay, the treasurer. He trusted that they were destined to see, on the site of Stangate, a hospital unequalled for magnificence, position, and usefulness by any other extant.

The lecture, which was received with great applause, was followed by the distribution of prizes and appointments

for the past Session, which were awarded in the following order :—

The William Tite Scholarship.—(Founded by Wm. Tite, Esq., M.P., F.R.S.)—Student introduced by Mr. Sydney Jones : J. J. Ridge, Horsleydown, Scholarship, the interest of 1,000*l.* Consols, tenable for three years, and hon. certificate.

First Year's Students—Introduced by Dr. Albert J. Bernays : A. Waller, Islington, (College Prize) 20*l.* and hon. certificate ; W. W. Inglis, Brixton hill, (College Prize) 10*l.* and hon. certificate ; F. Rainbow, Lower Norwood, hon. certificate.

Second Year's Students—Introduced by Dr. Peacock : F. H. Ward, Scarborough, (College Prize) 30*l.* and hon. certificate ; C. T. Aveling, Shacklewell, (College Prize) 20*l.* and hon. certificate ; H. H. Birtwell, Enfield, Lancashire, (College Prize) 10*l.* and hon. certificate.

Third Year's Students—Introduced by Mr. Simon : W. W. Wagstaffe, Kennington, (College Prize) 30*l.* and hon. certificate ; P. Cowen, Kennington, (College Prize) 20*l.* and hon. certificate ; G. F. Sankey, Ashford, Kent, (College Prize) 10*l.* and hon. certificate ; J. B. Siddall, Morton, Derby, hon. certificate ; W. N. Heygate, Hanslope, Bucks, hon. certificate ; F. Snaith, Boston, Lincolnshire, hon. certificate ; D. Iles, Fairford, Gloucestershire, hon. certificate.

Resident Accoucheurs.—Students introduced by Dr. Barnes : F. H. Gervis, Tiverton, Devon, hon. certificate ; J. Morton, Holbeach, Lincoln, hon. certificate ; C. E. Saunders, Clapham, Surrey, hon. certificate ; W. N. Heygate, Hanslope, Bucks, hon. certificate.

Physical Society.—Students introduced by Dr. Bristowe : W. W. Wagstaffe, Kennington, Society's third year's prize and hon. certificate ; F. H. Ward, Scarborough, Society's second year's prize and hon. certificate.

Certificates of Honour to the Surgeons' Dressers.—Students introduced by Mr. Solly : C. T. Aveling, E. Carpenter, J. Carless, C. G. Edmonds, R. Hullah, J. J. Jackson, A. O. Jones, J. Jones, W. H. Reed, J. Raby, C. G. Saunders, F. Snaith, J. Stride, W. K. Treves, F. J. Wadd, F. H. Ward.

Certificates of Honour to the Physicians' Clinical Clerks.—Students introduced by Dr. Goolden : C. T. Aveling, H. H. Birtwell, J. Carless, C. G. Edmonds, S. Hague, R. Hullah, J. J. Jackson, J. Jones, J. Raby, J. Stride, W. K. Treves, F. H. Ward.

Surgical and Anatomical Medal.—Student introduced by Mr. Frederick Le Gros Clark : W. W. Wagstaffe, Kennington, (Cheselden Medal) founded by George Vaughan, Esq.

For General Proficiency and Good Conduct.—Student introduced by Dr. Barker : W. W. Wagstaffe, Kennington Treasurer's Gold Medal.

KING'S COLLEGE.

Professor Samuel Cartwright, F.R.C.S., delivered the inaugural lecture at this College before a crowded audience. After congratulating past and present students, the learned Professor said that political differences would always exist, and it was well that it should be so. Opposition, if he might so term it—and they heard a good deal now between the Conservative and the Liberal—strong enough to make itself heard, was useful in medical as it was in general politics, and from the extreme views of educated partisans, a passage might be found by which they might steer safely between Scylla and Charybdis. Changes were going on, some insensibly, some palpably, which were altogether apart from political causes, but which were exerting an influence on medical and surgical practice. Among such changes was the increasing tendency to split up the Profession into special practices. Now, this tendency had not its origin so much in the Profession as it had been caused by the wandering habits and somewhat morbid notions of a large section of the public, the upper and fashionable classes more particularly, who fostered, and he might say insisted upon, the system, by their constant searching after those who are famous for the cure of certain complaints, never mind how trivial their nature may be. Now, doubtless, there were a few who might be termed legitimate speculators for organs whose mechanical construction required particular treatment and delicate operation, and which were liable to a variety of accidents and diseases, and numerically to such an extent that the practitioner found in the one field his time and attention fully occupied ; but it was a foolish notion, and pernicious in its bearing on medical science, which prompted the question as to who was individually famous for struggling with a host of complaints and diseases, involving the liver, lungs, heart, or stomach, colds, coughs, sore-throats, *ad infinitum*, as if a separate order of principle and practice were necessary for each diseased organ and function of the body. There was a distinction too often made between practical and theoretical minds. Minds truly thoughtful and speculative were of the greatest value in contributing towards the elucidation of truth, and to such minds they owed some of the grandest and most useful discoveries in medical as well as other sciences. In medical science there should be no distinction as to the theoretical and the practical, for theory and practice should go hand in hand, assisting one another. The acquisition of a practical knowledge of their Profession was as indispensable as was the acquaintance of the engineer, architect, painter, or sculptor with all the practical details and elements of his art—mechanics, construction, strength of material, expansion and contraction, manipulation, colour, form, and such like—and the practical acquaintance with the arts of medicine and surgery, together with the mechanical part of the practice of surgery, such as the uses and application of bandages, splints, and various apparatus and contrivances which in practice were constantly required, should be mastered with as much care and pains as the mechanist learns the constructive elements of his art, or the engineer and architect the knowledge which they must possess of the materials required for the purposes of their respective works. The lecturer urged the students to lay the foundation of their knowledge, and passed a high eulogium on Dr. Lionel Beale, the Professor of Anatomy in King's College. The public had to thank him for many improvements in the microscope, and for many valuable hints he had published in reference to the use of that instrument. Having referred to various writers on surgery and chemistry, whose works he recommended, Professor Cartwright proceeded to say :—"Before I have done with this part of my subject, which speaks of the lectures of others, I must beg to detain you while I say a few words about myself and my subject, which, although not one recognised as a necessary part of the general medical curriculum, is notwithstanding one of no small amount of importance, and the possession of some knowledge of it is of no little use to students and practitioners. Some years ago I delivered here a course of lectures 'On Dental Surgery,' but I was not at that time connected with the College as a teacher. Owing, however, to comparatively recent arrangements adopted by the Council of the College of Surgeons, by which a certificate of competency to practise, the result of examination, has been granted to students for dental practice, it was thought desirable by the Council of King's College to institute a Chair of Dental Surgery, and I had the honour to be made the Professor. The object of the appointment was to carry out the designs of the College of Surgeons, which have regard to the systematic and better education of those who in future intend to practise as dentists, and to afford to such pupils as may be desirous of doing so the opportunity of acquiring a general knowledge of the principles and practice of that special department. To carry out the views of the Council a scheme of lectures has been arranged, and in order to afford a practical acquaintance with the operative part of the subject it is arranged that in the out-patients' department the necessary practice shall be carried on. The recognition by the College of Surgeons of the dental practitioners was justified by the circumstances and condition of the Dental Profession, which, though necessarily a speciality, is undoubtedly a branch of medical science, and had been adopted by many members of the

College of Surgeons and other chartered medical bodies, but was carried on in the main by unqualified practitioners, and in too many instances by persons of little character and still less education. By recognising the justice of and acceding to the representations made to them by certain members of the profession, who deeply felt the anomalous position they were in, and the unsatisfactory state of this Profession, the College of Surgeons effected a great good, not only to the Profession but the public; and however much some may cavil at the proceedings, I am satisfied that in a few years the improvement in the educational acquirements, and the increased respectability of the community of practitioners in dentistry, will satisfy all who can reasonably be satisfied hat the measure was a wise and liberal one, and one which neither the College of Surgeons nor its members will have reason to regret. The systematic education of students who intend undertaking dental practice will oblige those who may object to the measure to improve themselves, or else they will be left behind, and young practitioners will take their places. No body of men can expect now-a-days to command respect, or to be looked upon as gentlemen, who are not by education on a par with other sections of the community. A higher and more enlarged system of education, together with competitive examinations, are producing great changes in all grades and phases of society, and men who intend to do anything in life—ay, even to live—cannot, in this special branch more than in any other, afford to let their energies lie dormant. The battle of life is a harder and a sterner one to fight than it was some fifty and more years ago. Competition is greater in every calling, and occupation and the competition of intellect make the gaol at which ambition aims difficult to reach. A hard matter it is to struggle to the surface of professional celebrity in any department, and having attained to it, the utmost energy is required to maintain the position. Hitherto," continued Mr. Cartwright, "my professor's toga has hung but idly, for the subject on which I profess to teach has not been much sought after here, and special institutions take the candidates for dental practice; but I am certain that a fair acquaintance with the principles and practice of dental surgery will be of use to many of you, and more particularly to those who meditate naval, military, or other appointments in India or the colonies. Former students have told me on their return from abroad that they have found reason to regret that they omitted when students to make themselves conversant with dental operations." The Professor cautioned the students against overtasking their powers, and thus running the risk of enfeebling, if not destroying, both mind and body. There were men, however, who were the reverse of this, who were always intending to begin work. Those were the people who lounged away their time, who were swaggering in their gait and fast in their dress, who imagined in the vacancy of their mental perceptions that the cigar divan, the billiard-room, the music hall, and the casino were the right thing, and who eschewed all intellectual employment as the occupation of soft men and slow coaches. London was the arena of many an innocent pleasure and healthful recreation: it was also the scene of gilded, false, and transient would-be pleasures, and soul and body destroyers, falsely called enjoyments. Let them avoid the latter as they valued their peace of mind, health of body, and good reputation, and with averted heads pass by the haunts where vice and folly passed for pleasure and recreation, for they might depend upon it that the amusements which made labour sweet were not to be found in such guises or habitations. "It is," said Professor Cartwright, "our mission to maintain and increase our store of knowledge for our own good and for the benefit of our fellow-men. In the endeavour to fathom the secret and mysterious phenomena which impart life, vitality, and animation to all around us, and a comprehension of inanimate things which lie above, beneath, and around us, we are wending our way nearer to Him whose wisdom fashioned and arranged them all so perfectly as no human artificer ever fashioned anything. But when the day shall arrive when the hidden secret shall be revealed—and it may be long ere such a revelation is permitted man—will the harmonious simplicity which may probably be found to govern animate and inanimate creation cause a doubt as to the majestic nature of the design or the divinity of the designer? I cannot conceive a reason why the inquiry into natural laws, and the endeavour to reconcile to our understanding things at present difficult or impossible of explanation, should tempt any one for a moment to doubt fundamental truths which, having been handed down to us from age to age for ages, and which our instincts tell us must be true, and which alone can form the bulwarks which insure our happiness here and give us hope for that which is to be hereafter. It can in no way improve or conduce to social happiness or the world's benefit to allow hasty theories or metaphysical speculations which mark some modern investigations into the periods of the world's existence, or pre-historic evidences of the origin of men and animals, to disturb our religious faith or to bring down the majesty of the Most High to the level of the notions of this earth. Doubts, indifference, callousness, or total disregard or disbelief, will not be likely to make men better or tend to the fostering those qualities which from the highest sense make us do and act well towards one another. Let us all use the intellects God has given us to investigate to the utmost His works, for that is our province and our duty—a duty we owe Him—and in our sphere of science one we owe to suffering humanity. But let me warn you never to be carried off your balance by any false notions and subtle doctrines, for they have surged to the surface periodically for centuries past, and been often proved and condemned as worthless; or in an over-estimate of talent and eager search into material science be tempted to lay aside belief or ignore religious responsibility, but ever remember that the one properly estimated will conduct nearer to the other; and let us one and all bear in our mind the significance attached to the three words which, in a little sentence, convey so much meaning, and which constitutes the college motto, '*Sancte et sapienter.*'"

ST. MARY'S, PADDINGTON.

Mr. TOYNBEE, F.R.S., delivered the inaugural address at this Hospital, the subject selected by him being the philosophy of disease, or, as he preferred to term it, the signification of disease; and with the view of illustrating the subject he proposed the following question:—"What purpose does disease answer on the great scheme of nature?" He said he proposed to attempt an answer to this question, feeble and incomplete as he knew such an attempt must be in an ordinary lecture. Disease, as the word implied, indicated an absence of ease—of that feeling of pleasure which was attendant upon health; and then came the question, Why is this absence of ease, and why does disease visit man? He then proceeded to inquire how diseases originated, and, assuming that they did not arise without a cause, he wished to ascertain what that cause was. He thought that there was one circumstance common to all cases of disease, however various or utterly unlike they might be, all implying a previous influence operating upon the body, disarranging its natural condition, and all implying some antecedent injury. He argued with Hunter and others that disease had a different object from that of destroying life, and that there was a more satisfactory course to be pursued with respect to it than treating it merely as an enemy to be subdued and stopped. The lecturer then proceeded to explain in detail the various forms of disease which had come under his own observation, and which illustrated certain phases of cure, and all of which were of a highly interesting character. He contended that the just interpretation of all this was, that in disease nature was always attempting to remedy an injury; that sometimes without, but often with, the aid of art her purpose was accomplished. Sometimes the injury was too great to be remedied even by nature and art combined, and life was lost in the contest. After devoting some time to this subject, the lecturer urged that it was unwise to attempt to cure a disease without first seeking to ascertain and

remove the injury, for the repair of which the disease existed. On this point, Mr. Toynbee offered some very valuable suggestions, mentioning, among other subjects, that he was disposed to regard an ordinary cold, not as a scourge, but as a remedial agent. Thus a blast of cold air produced an "unnatural impression," an injury upon the drum of the ear, of a person heated and fatigued by violent exercise; and the inflammation and catarrh which followed were the result of the local injury. The lecturer proceeded to show by many instances that disease and injury always stood to each other in the relation of effect and cause. Assuming it, then, to be granted that disease was the consequence of an injury, the question before them was—What is to be the end, the aim, of the disease which was thus induced? Could the object be to add further injury? This question was answered in the affirmative by some, who held that disease added to the injury, in order to destroy the life of the injured. They recognised in it, at least in its progressive stages, a process essentially destructive. He thought it must be manifest to every medical man that, in many instances at least, disease, instead of increasing, in reality repaired the injury from which it arose. A cough obviously often served to remove the injury which caused it. The lecturer then proceeded to explain in detail the various forms of disease which had come under his own observation, and which illustrated certain phases of cure, all of which were of a highly interesting character. He contended that the just interpretation of all this was, that in disease Nature was always attempting to remedy an injury, but sometimes without, but often with, the aid of art her purpose was accomplished. Sometimes the injury was too great to be remedied even by Nature and art combined, and life was lost in the contest. The lecture was listened to throughout with marked attention, containing, as it did, most valuable suggestions on the nature and treatment of disease; and at its close a conversazione was held which was very numerously attended.

THE LONDON HOSPITAL.

On Monday, Oct. 3, Dr. Langdon Down, Assistant-Physician to the Hospital, delivered the Introductory Address He remarked that they were that day inaugurating the Seventieth Session of the London Hospital College, and dwelt on the advantages which resulted from the connection of the Hospital with a Medical school—that it provided a vast amount of gratuitous service from the pupils in the College, while the presence of intelligent students of medicine and surgery in the waiting-halls and wards of the hospital was a constant influence for good; that each member of the staff felt himself surrounded by active and thoughtful minds; that all his doings must be such as to bear the most careful criticism, and that he must be prepared to give an intelligent reply as to the reasons of the treatment he prescribes and the principles he enforces; that he had every stimulus to compel him to keep in the vanguard of medical progress to reason clearly, and to act judiciously. He pointed out that the interests of science were parallel with those of humanity; that the connection of the Hospital and the school afforded the means for thee volution of scientific truth. Dr. Down referred briefly to the medical politics of the last ten years. He felt that the Medical Act, if carried out in good faith, would tend to raise the status of the Profession, but lamented the conduct of some of the corporations, who were doing all they could to perpetuate mediocrity. He congratulated the Profession that the Royal College of Physicians of London had undertaken the examination of the general practitioner, and that the University of London had added Master in Surgery to the list of her brilliant degrees. Dr. Down then referred to the discussions which had taken place of late years with reference to the Naval Medical Service, the medical treatment of the poor, and the Army Medical Department. He thanked the London daily press for the able manner in which they had enlightened the public on the suicidal policy which is being practised in reference to the Medical Service of the Army, whether in India or that of her Majesty. He felt sure that, under the present arrangements, the accomplished medical student would dismiss from his consideration a department in which the glory of killing eclipses entirely the honour of healing; that the best men would seek for success in civil life, rather than tolerate official insincerity or compromise their self-respect.

Dr. Down then dwelt on the enlargement of the Hospital, which was then progressing, and on the advantages which would follow to the medical school. The unparalleled subscriptions which had poured in were accounted for by the peculiar claims of the locality, the deserved repute of his colleagues, the popularity of the Hospital, and the perfection of its civil management.

He then addressed himself to those who were returning to their studies, and encouraged them to come with earnest hearts to the renewal of the struggle; if in times past they had allowed precious opportunities to pass unregarded, let the future be the compensation of the past. If zealous had hitherto been their work and increased tension not possible, their season of rest had been a joyous one, because it had been nobly earned. They had realised the vantage ground of effort; let not their past success be marred.

He then directed his observations to those who were commencing their academical course that day. On the choice of a profession, had they thoroughly considered the requirements it demands and the sacrifices it claims? Had they, by a process of introspection, well satisfied themselves that they came with holy purpose and high resolve to be true to themselves and to their race, in the exercise of a vocation to which, if they did not bring a loving heart and a vigorous mind, it were better that they came not at all? They were embracing a profession which does not hold out the prospect of unlimited wealth or of political renown. The coronet was not a prize, nor the marshal's bâton a possibility for them; the mitre was not the termination of their career. Yet he congratulated them on their decision. They might readily insure a competency without the risks of mercantile life. Their capital would be knowledge, which no bankruptcy could take away. Their arena would be the chamber of sickness, and their eloquence would be called upon to stay the torrent of human sorrow and mingle in the cadences of human joy. Their clients would rarely present a case in which their honour would be sacrificed in advancing to the rescue. Their battle-fields would be mighty and varied ones. They would need all the sagacity which intrepid exploits require, all the fortitude which daring deeds demand. They would have to stand in the breach unruffled when all around was turmoil, to keep serene their judgment amid scenes of agonising pain and the wanderings of alienated mind. They were embracing a faith which was catholic, a creed which was wide as humanity. They would not be bound down to musty formalities or worn-out dogmas. Progress and truth-seeking would be the articles of their belief and the stimuli of their lives. Their homilies would have to be addressed to the consciences and hearts of men of every variety of creed, and perhaps with no creed at all. Their work would be in the spirit of Him who went about doing good, and of His Heavenly Father, who "sendeth rain upon the just as well as upon the unjust." The opportunity would at times present itself of pointing a moral and enforcing a religious truth, of showing the rightness of virtue and the folly of vice, of teaching in a spirit not self-righteous the "beauty of holiness" and the deformity of sin. Their counsel would be sought in the intricate difficulties of private life. Revelations would be made to them of the frailties as well as the nobleness of humanity. They would at times become the depository of secrets sacred as the whisperings of the confessional. It would be theirs to minister to a mind diseased, and dispel the mists from that bright mirror which ought to reflect the image of divinity. Such being their mission, what during their student period had they to do? How were they to do it?

Dr. Down insisted on the value of preliminary training, and expressed himself as of opinion that no youth destined for the Medical Profession should leave scholastic

work until he had matriculated at the University of London. He dwelt on the importance of giving much of their time to anatomy and chemistry. He traced the mode in which these subjects ramified in the other departments of medical knowledge. Physiology was of essential importance to the right appreciation of disease. Histology, vegetable physiology, and comparative anatomy had each important claims on their regard. The study of systematic botany and systematic zoology cultivated the faculty of observation which was so essential to a practitioner in their art. Materia medica and therapeutics should secure some share of their attention. The more thoroughly they made themselves acquainted with the subjects he had enumerated the more successful would be their efforts in the attainment of what should be their great end, to become successful and cultivated practitioners in medicine and surgery. To be practical should be the culminatory point of their desire, but they should view with suspicion those who are ever throwing doubt on the man of culture, and who were pluming themselves as being "practical men;" they would find that they were those who would dwindle down to the merest routiniers, ignoble workers in a noble calling. He urged them, on the basis he had indicated, to raise a fitting superstructure. The hospital they had selected presented a field for surgery which was perfectly unrivalled. The wards and waiting-halls would afford them the means of becoming accomplished as physicians. Forensic medicine and the diseases of women and children should share much of their attention. He combated the tendency, in the present day, to disregard oral teaching, and gave as the result of his observation, that the gentlemen who despised lectures were usually those who would never reflect credit on the school or profession to which they belonged. His advice was, to read vigorously, but also to attend the dissecting-room, the demonstrations, and lecture-room no less assiduously. Where the professors examine as well as lecture they should never lose the opportunity of being questioned. On the commencement of their studies it was very important that they should have a well-defined aim, and they should take care that they aimed high enough. There were numerous examining bodies—far too numerous, in the lecturer's opinion; and many of them, to their disgrace, had been trying to solve the problem, with how little of this world's knowledge a medical man might set up. Dr. Down advised the students to aim for the degrees of the University of London. They had the undisputed reputation of occupying the highest position in the United Kingdom. If they obtained them, they would have titles that would never cause them to shudder lest their source should be discovered. They were degrees which, on account of their veritable character, commended themselves to the public and the Profession in a way which made them most desirable objects of their ambition. Succeeding in these, any other qualification they might deem it desirable to obtain would be taken by them as mere bye-play. Dr. Down emphatically insisted that, however important were reading and lectures, they must be subsidiary to their work in the hospital. The out-patients' department would offer them vast fields for diagnostic culture. The receiving-room would supply abundant opportunity for acquiring manipulative skill and ready tact in grave emergencies; while the wards would demand a devotedness which would secure a rich return, and for which nothing could be substituted. But, in the acquisition of knowledge, they should ever cultivate a regard for the feelings of the patients. Their walkings would be amongst the sickened and the sad. They would have to deal with sensitive spirits as well as injured bodies. Their education as medical men was to be valued, inasmuch as it cultivates not one aspect only, but the entire man. It would, therefore, be sadly incomplete if, while storing their minds with knowledge, it failed in educing sympathy with suffering and tenderness to the troubled.

Dr. Down could not inform them of any royal road to medical knowledge. He knew only the step, but well-trodden one, of earnest and persistent work. Their mountain journey would be aided by guides at every pass—guides who had made successful ascents themselves, and who had not lost sympathy with new adventurers whose aims were high but whose courage faltered.

These guides were conscious of dangers of which they would in all earnestness warn them: they recollected some whose ascent was not a success; others whose careers ended in disappointment.

The lecturer thus concluded:—"The guides remembered, however, other than doleful tales and miserable failures. They preserved fresh in their memories the names of some of the companions of their own first ascent; of others who, before and since, had scaled the difficulties, and who were now far away from leading strings, making explorations where no human foot had been; who were ascending higher and yet higher with no assistance of chart, for their labour was in order to provide one; who are daily collecting facts and recording observations; who are permeating mankind with their thinkings; who are carving their names in enduring characters, and are spending and being spent for the glory of God and the good of man. Let these animate you. Let the students' life which you commence to-day be a fitting prelude to your work beyond the stage of pupilage and to the higher life hereafter. Let it be characterised by all that is earnest, true, and noble. Let it be honest, despising all seeming in lieu of reality. Let it be gentle, blossoming with kindly acts and genial sympathies. Let it be generous, crediting to the full the goodness of your fellows, and hesitating to sully their fair fame. Let it be brave, meeting trials with fortitude and sharing the burthen of others. Let it be wise, redeeming the time and adding knowledge with increase of days.

I have already furnished you with the formula to aid you in the solution of your problem, the secret that will command success, the talismanic charm which turns everything into gold, the potent spell at which all difficulties vanish: it is earnest and persistent work. Let it be supplemented by a gentle Christian life, and terminate by a peaceful, hopeful death."

UNIVERSITY COLLEGE.

The Session at this College was opened on Monday afternoon by an Introductory Lecture by Professor QUAIN, F.R.S., in the presence of a large audience, who filled the spacious Botanical Theatre. Instead of devoting his lecture to the usual matters touched upon on such occasion as the present, Mr. Quain selected for his subject the topic of "Medical Education;" and in the course of a very able address, he sketched out the history of Medical teaching from the middle of the last century to the present time, and claimed, not unjustly, considerable credit for the founders and Professors of the College (formerly the University of London) in inaugurating the existing era of Medical knowledge and progress.

We are compelled, however, to postpone an abstract of this and other introductory addresses until next week, when we shall make Mr. Quain's lecture the subject of some special remarks.

LLEWELLYN MEMORIAL FUND.—At a meeting of the members of the Medical Profession, held in Calcutta, on the 3rd of August, the following resolutions were unanimously carried:—1. That a subscription be raised, in which all medical men on this side of India be requested to join, for the purpose of perpetuating the memory of Mr. David Herbert Llewellyn, the young English surgeon who lately perished on board the ship in which he served, choosing rather to resign his own life than to imperil the safety of wounded men under his care. 2. That a committee be formed for the purpose of carrying out the resolution first proposed in communication with the Profession in India and England, and of taking into consideration the form of expression to be adopted. 2. That the following gentlemen be requested to form themselves into a committee to fulfil the objects of this meeting:—Drs. Gordon, Chevres, Macrae, O'Callaghan, Murphy, Fayrer, Beatson, Ralph Moore, Barry, Waller, Bourne, and Partridge.

PARISIAN MEDICAL NEWS.

TREATMENT OF DISSECTION WOUNDS.

Two pupils of the hospitals of Paris, MM. Coste and Ardouin, have recently died of the effects of dissection wounds, and the life of several other students has been placed in considerable danger from injuries incurred in dissection, or post-mortem examinations. It may, therefore, not be inexpedient to advert to the precautions calculated to avert the evil consequences of a wound apparently unimportant, but inflicted with instruments charged with the poison contained in dead human bodies.

The following is the advice of the late Dr. Jamain, in his 'Elements of Descriptive Anatomy' (1861):—"After a puncture or scratch of this description, the hands should be washed in a large quantity of water, and the wound be made to bleed as copiously as possible, and thoroughly sucked; the injury must then be dressed with diachylon or court plaster. Cauterisation has been recommended as a means of decomposing the poison, but this is an injudicious proceeding, as the lunar caustic cannot penetrate to a sufficient depth to reach the virus, and the subsequent inflammation may, moreover, give rise to distressing symptoms."

The death of M. Coste suggests to the 'Gazette des Hôpitaux' remarks similar to those of Jamain. "When a wound," says the editor of that periodical, "has been inflicted with an instrument or the jagged end of a bone, it should be caused to bleed freely in a stream of water, and afterwards be washed in a mixture of equal parts of alcohol and water.

"We cannot approve of cauterisation.

"The wound should then be dressed with strips of adhesive plaster, and, if any pain supervenes in the course of the day, a poultice should be applied.

"These measures will prevent imbibition, whatever be the nature of the disease which may have caused the death of the subject."

Cauterisation is, therefore, prohibited both by M. Jamain and by the editor of the 'Gazette des Hôpitaux.' A contrary opinion has, however, been adopted by other authors, amongst whom we may name M. Druitt, M. Diday, of Lyons, and Dr. Bole, of Castel-Sarrazin, who adduces in support of the efficacy of the practice the authority of the late Professor Lallemand (of Montpellier). A difference of opinion in a matter of this importance evidently points to the necessity of further inquiry. Meanwhile, we must acknowledge that, although rationally cauterisation seems well calculated to destroy the poison, it can seldom be applied effectually in actual practice, on account of the irregular shape of dissection wounds in general. We agree with the 'Gazette des Hôpitaux' that "hangnails, and punctures around the nails, are the most dangerous of all these injuries, and are seldom accessible to the solid lunar caustic, whereas a liquid might come into contact with every part of the surface of the wounds." Now experience teaches that alcohol, chloride of lime, chlorated water, which M. Nonat has felicitously applied in cases of this kind, and a strong solution of ammonia, are quite as efficient as caustics for the decomposition of the poisonous matter; the former would indeed seem preferable, especially when we reflect that active and immediate cauterisation did not succeed in preserving the life of Dumay and of many others.

LEARNED SOCIETIES.

Academy of Sciences.—M. Dancel, whose researches on the means of reducing obesity we have repeatedly noticed, forwarded to the Academy the particulars of two experiments illustrative of the influence of drinks on the production of fat.

The subjects of the experiments alluded to were two horses belonging to the regiment of the "Garde de Paris" (mounted police).

M. Decroix, veterinary surgeon to the corps, selected for the first experiment a lean horse, whose daily allowance of oats he reduced by three pounds, not making any change in the rations of straw and hay. The trough was kept always filled, so that the animal might drink whenever inclined, a pound of bran being mixed with the water. On the 22nd of May, when the experiment began, the horse weighed 512 kilogrammes (1,024 lbs.). On the 5th of June, the horse weighed 520 kilogrammes, and 630 on the 17th of the same month, having thus gained 18 kilogrammes, or 36 pounds, in twenty-seven days. The pound of bran daily added to the water was not equivalent to the three pounds of oats omitted in the animal's diet, and yet a considerable increase of weight was observed.

An enormously fat mare also belongs to the same regiment. She panted when ridden, and, like all obese subjects, perspired after the slightest exertion. Her excrements were also of softer consistency than is usual, and she drank copiously—not less than fifteen gallons of water daily. The non-commissioned officer who rides her was instructed to reduce her water to four gallons a day, and she has since much lost in bulk, and her motions are more solid. She has, in addition, acquired strength, and goes through her duties without the least indication of distress.

These experiments entirely confirm the opinion often expressed by M. Dancel, that obesity cannot effectually be reduced unless the patient greatly reduces the quantity of fluid he is in the habit of consuming.

Mr. Decaisne's paper on the narcotic effect of tobacco on the heart is now followed by another communication on the same subject by M. Namias.

A few months since a smuggler, for the purpose of defrauding the Custom-house of its dues, wrapped tobacco around his person beneath his shirt. Symptoms of poisoning supervened, which yielded to the exhibition of alcohol and laudanum, the special antidote of the solaneæ. In this instance M. Namias noticed the intermittent action of the heart mentioned by Dr. Decaisne.

Dr. Guyon forwarded a scientific explanation of the sanguineous perspiration to which Sylla is said to have been liable, and which in later times is reported to have occurred in the last hours of the life of King Charles IX. In a short notice on the subject, the author states that exudation of blood from the skin was observed in yellow fever in the earlier French settlements in the West Indies, at St. Kit's in 1627, and in 1635 at Martinico and Guadaloupe, and that the same phenomenon has since occurred wherever yellow fever has been prevalent. On close examination of the skin of persons suffering from this disease, M. Guyon has been enabled to discover, with a magnifying glass, numerous alterations of the integument such as pustular and vesicular eruptions, and slight and barely perceptible excoriations, due to the unhealthy state of the system, and allowing of the escape of blood in the same manner as blistered surfaces, leech-bites, and mucous membranes, in persons labouring under a hæmorrhagic diathesis. Hence the phenomenon alluded to is utterly unconnected with the sudoriparous glands, and is merely referable to hæmorrhage arising from an impoverished and morbid condition of the system.

M. Bazin describes four modes of propagation of favus and tinea—viz., immediate contact, indirect contagion, inoculation, and *propagation from the tainted atmosphere*. Experience and observation have fully confirmed the accuracy of these views with regard to the first three modes of transmission, but the fourth has not yet received practical demonstration. M. Jules Lemaire has now supplied the desideratum. This gentleman read, at a recent meeting of the Institute, a paper in which he shows that if the hair and scurf from the scalp of a person affected with favus is stirred, the air conveys to considerable distances minute particles of the favus, visible to the naked eye, and in which the microscope reveals the presence of the *achorion*. This fact satisfactorily accounts for the development of what has been termed spontaneous favus; but this discovery in the air, of germs calculated to reproduce the disease in which they have originated, has far greater import if applied to the history of contagious affections in general.—'Journal of Practical Medicine and Surgery'

Sunderland Fever Dens.—A number of persons living in Sunderland have been prosecuted for overcrowding their dwellings. The magistrates have ordered an abatement of the nuisance in every instance.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 5, 1864.

ADDRESS TO STUDENTS.

The commencement of another Session at the London Schools of Medicine reminds us of the necessity of addressing a few words of instruction and encouragement to those who are now about to enter in earnest upon a Medical career. Trite as the subject may be to ourselves, and often as we may have expatiated upon the same theme, we cannot forget that it is altogether new to hundreds of the rising members of our Profession, who will necessarily expect at our hands some observations upon the recurrence of a season which opens to us only the reminiscences of the past, but is to them radiant with pleasurable feelings, not unmingled, perhaps, with misgivings. The prospect, indeed, is not a very bright one, if viewed by the light of experience; and many of the trials and vicissitudes of a medical man's career are sufficient, in their recital, to sadden the heart and discourage the efforts of the aspirant; but still the elasticity of youth is an antidote against despondency, and hope, although it may hereafter prove fallacious, gilds the future with such rosy colours, as to arm with resolution the young warrior just going forth into the "battle of life," and to buoy him up against the inevitable obstacles which will present themselves before his path.

If, then, we would say to each Medical alumnus, you have chosen Medicine as your future profession, we commend your resolution, because it indicates an honourable ambition to succeed in a career which has two great objects in view—namely, the acquisition of knowledge, and the benefit of your fellow-creatures. The paths which will lead you to the threshold of the temple of Medicine are rugged, though not altogether unadorned with flowers; and when you enter into the temple itself, a wide scene of beneficent activity will present itself to your view. The position you will gain will be all the more gratifying to your feelings in proportion to the labour you have devoted to obtaining it, and the very difficulties and obstacles in your course will become in after times sources of pleasing recollections.

By a very judicious provision of the authorities which preside over Medical education, the entrance to a Medical School must be preceded by an examination in General Literature and Science, the effect of which is of twofold advantage—first, by duly preparing the mind for the reception of the facts and the doctrines which constitute the art and science of Medicine; and, secondly, by dispensing with the necessity of learning, during the strictly Medical course, a mass of preliminary subjects which should be acquired before its commencement. By possessing a fair knowledge of the classical and the modern languages you will be enabled to understand the terms used in Medicine, and the books in which many medical treatises are written; and by a competent acquaintance with mathematics you will be enabled to reason accurately upon the questions submitted to your notice; and, moreover, by being conversant with the properties of numbers, and with weights and measurements, you will be prepared to estimate exactly the changes produced by disease, or the forces or agencies employed in counteracting its effects.

Your first duty, on commencing your studies at a Medical School, is to attend the Lectures on Anatomy, Physiology, and Chemistry; and here we would warn you not to be led astray by the arguments of those who would dissuade or discourage you from so doing, on the ground that you can learn more in your own room than from the discourses of the Professor. If lectures were, indeed, what the word literally implies—namely, *readings*—and if modern lecturers were in the habit of giving out year after year the same prosy addresses from a musty manuscript to a number of drowsy hearers, there might be some force in the objections raised against this method of instruction. But modern lectures really save the student a great amount of trouble which he must otherwise undergo; and instead of mere languid readings, they consist (especially in the case of anatomy, chemistry, materia medica, botany, comparative anatomy, and other courses) of demonstrations of objects and structures, either presented in their natural condition before the student's eyes, or exhibited in magnified drawings, or under the powers of the microscope. The lecturer also condenses and arranges his subjects in the most convenient form for their ready apprehension, and will always be ready and willing to assist the student by pointing out the best books to consult or the order in which they ought to be read. We say, therefore, emphatically and advisedly, especially to the tyro commencing his studies, Do not neglect your lectures; attend them regularly and punctually; take notes of the remarks you hear, and make diagrams, however rude, of the objects you see; and, above all things, when the lecturer proposes to examine his class, express your readiness, and, indeed, eagerness, to submit to this ordeal. Lecturers have been often blamed for the neglect of this most necessary duty, but we believe the fault lies rather with the students than with the teachers.

You must not, however, suppose that a mere attendance on lectures will make you acquainted with science; the lectures are merely a means to an end, and their object is to point out to you the method of studying for yourself. You must, therefore, every day diligently read over the notes you have made, correct and polish the rough diagrams you have sketched out, and consult the books which you have been recommended to peruse. At the same time, you must take every opportunity of making yourself thoroughly acquainted with practical anatomy in the dissecting-room, and the relative position of the parts must be as firmly impressed upon your mind as their names and their uses; for in actual practice you will find many varieties, both in the constitution of bodies and in the arrangement of individual structures, which no book learning can impart, and with which practice alone can render you familiar. With regard to practical Medicine and Surgery during your first session, they are neither to be too eagerly followed nor avoided altogether; a general observation of such forms of disease

or accident as may be presented to your notice will prepare your mind for the subsequent study of Pathology: but a steady application to anatomy and chemistry is the best employment for the first winter session.

If you are a good anatomist and chemist, the subsequent steps of your career are easy enough. Physiology, animal and vegetable, the classification of plants and animals and minerals, the nature and uses of drugs, will all then be readily grasped by the mind, and the study of any or all these subjects will become a pleasure rather than a toil; and when you leave your Medical school at the end of the session, every hedge and every meadow will be full of objects with which you are or with which you wish to be familiar, every rock will reveal to you its chemical composition or its genealogy, and every stream and every grove will be replete with living forms to which your studies have introduced you.

Supposing that you have thus made good use of your time during your first year, your second and succeeding years will bring you more and more closely into contact with the living human bodies which are the subjects of disease, and on which the remedial powers of Medicine and Surgery are to be essayed. The acquaintance you have gained with the anatomy of the human frame will enable you to appreciate its morbid conditions, your knowledge of chemistry and the microscope will reveal to you changes inappreciable by the ordinary use of the senses, and your knowledge of natural history and pharmacy will guide you rightly in advising or preparing appropriate remedies. But in now addressing first year's students we say again—Begin well; for on the result of your first year's studies will the question depend, whether you are to become a skilful practitioner of your Profession in after years.

SUMMARY OF THE WEEK.

THE TRIAL OF DR. GOSS FOR MANSLAUGHTER.

We should be guilty of a dereliction of duty if we did not advert in terms of indignation to the proceedings lately instituted against Dr. Goss, a highly respectable member of our Profession, whose trial for alleged manslaughter we briefly recorded in our Journal of last week. It appears that this gentleman was engaged to attend the wife of a coffee-house keeper in the Borough, and, being summoned to her house, found the labour a tedious one, and not, therefore, requiring constant attendance. On the last visit which he made some offensive expressions were used towards him, and he therefore resigned the case; and the patient's friends then called in Mr. Llewellyn, of Blackman street, in the Borough, who, when he arrived, found an arm presenting, and sent for the assistance of Dr. Gervis, the Assistant Obstetric Physician of St. Thomas's Hospital, who turned the child. The mother went on well for some days, but peritonitis set in afterwards, and she died fifteen days after delivery. It is hardly credible that Dr. Goss should be charged, under such circumstances, with having caused the death of the patient; but such a charge was actually made against him, and a coroner's jury returned a verdict of "Manslaughter through neglect." At the trial at the Central Criminal Court, the evidence, as may well be supposed, was found totally insufficient to sustain the charge, and a verdict of "Not guilty" was returned. To this brief account we deeply regret to add that we cannot acquit Mr. Llewellyn and Dr. Gervis of a want of consideration to say the least, for the professional reputation of Dr. Goss, for without their evidence, in the first instance, it is difficult to see how the proceedings could have been instituted at all. Some other particulars which have transpired in relation to this case indicate in a still more forcible manner the injustice with which Dr. Goss has been treated. It seems that he was not even informed that a coroner's inquest was to be held until within an hour and a half of its sitting, and when he was, of course, totally unable to defend himself. It seems, also, that a post-mortem examination of the patient's body was made by Mr. Llewellyn and Dr. Gervis, without any communication being made to Dr. Goss. We abstain from further comments on this case at present, in the hope that the two former gentlemen will offer some explanation of the part they have taken in the late most unfortunate proceeding, in which Dr. Goss has been held up in a most painful position before the public.

THE GRIFFIN TESTIMONIAL FUND.

We willingly accede to the request of Dr. Fowler, to announce in the most prominent manner the intention of soon closing the above fund, and the proposition to invite Mr. Griffin, in the course of a few weeks, to the Freemasons' Tavern, in order to present to him the sum collected. It is requested that all those who have signified their intention to subscribe will at once remit their subscriptions to Dr. Fowler. We observe that the amo unt already promised or subscribed does not yet reach 70*l.*, but surely it is not too late to hope that this sum will at least be doubled before the fund is finally closed.

MAGISTERIAL DECISIONS ON THE MEDICAL ACT.

In our last number we published, under the head of "Legal Intelligence," some proceedings under the Medical Act against persons professing themselves to be members of the Medical Profession; and we also published some comments on the apparent inconsistency of two magisterial decisions, which were in direct variance with each other. In fact, Mr. Tyrwhitt last week inflicted a fine of 20*l.* upon a person calling himself a surgeon-chiropodist, and very ably explained the decision at which he had arrived; while another magistrate in another court, Mr. Paget, dismissed a summons against a person styling himself surgeon, dentist, and chemist, but who, it appeared, possessed no medical qualification. Inconsistent as these two decisions appear to be with one another, the absurdity is infinitely increased this week, when we find that the magistrates have both turned round in their opinions in what mathematicians would call an inverse ratio; for, on a re-hearing of each case, Mr. Tyrwhitt has remitted the penalty which he himself imposed on the surgeon-chiropodist, while Mr. Paget has

decided against the so-called surgeon, dentist, and chemist, declaring that the latter has committed a breach of the law. So much for magisterial wisdom, which to non-legal minds appears very like folly. Both magistrates, as we understand, refused to grant a case, as it is called, by which the matters in question might be referred to a superior court; and thus the Profession and the public are still left in the dark as to what does or does not constitute illegal practice, and are also left to ask the question, whether the brains of magistrates are any clearer than those of other people?

DR. ALDIS ON LONDON NOISES DISTURBING SLEEP.

Dr. Aldis has lately published a pamphlet with the above title, and he points out a series of nuisances which, although not coming within the ordinary scope of the duties performed by a Medical Officer of Health, are eminently calculated to cause discomfort to the public. Among such noises may be enumerated the crowing of cocks, the barking of dogs, and the kicking of horses, which are very commonly heard by many inhabitants of London, and which often prevent sleep and interfere with the treatment of disease. A case is related in Dr. Aldis's pamphlet, showing that a conviction was obtained (although not in London) by a gentleman who complained of his rest being disturbed by the crowing of a neighbour's cock; so that it appears the evil is not without a remedy. Now that Mr. Bass has put down the nuisance of the organ-grinders, it is time to suppress the other noises to which Dr. Aldis alludes; and the public are much indebted to the latter gentleman for his opportune pamphlet on the subject.

ASSUMPTION OF MEDICAL TITLES.

Dr. Henry Scott, a highly respectable physician practising in Upper Woburn place, writes to a contemporary complaining that both his name and title are assumed by another person, who prefixes them to a vile pamphlet which is sent round marked "To ladies only," and which, not unnaturally, is supposed by many of the public to emanate from the Dr. Henry Scott above alluded to. The law, it appears, has hitherto been powerless in protecting Dr. Scott from this fraudulent use of his name, but a *case* has been granted, by which the matter will be referred to a higher tribunal than that of a police-magistrate. One of the worst features in this affair is, that the pamphlet "On Female Obstructions" has been advertised daily in several of the penny papers, notwithstanding repeated requests to discontinue the advertisement on the part of the gentleman whose name and title are thus assumed. A few days ago, a person was summoned before the Marylebone Police-court for the assumption referred to, but came off triumphant, several of the penny papers recording the triumph in prominent type, and certainly giving the impression that the accused was a most deeply-injured individual. The chief supporters of indecent advertisements are the penny papers, and the filthy announcements which they contain are a disgrace to the laws of our country.

RICHMOND HOSPITAL, DUBLIN.—Additional wards to accommodate forty patients are about to be added to this hospital.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. S. H. WARD, Physician to the Dreadnought Hospital-Ship, contributes a clinical lecture "On Intermittent Fever," which is very frequently observed among the patients received on board that vessel. The common type of the fever in the cases recorded was the tertian, and the onset of the paroxysm occurred at nearly all hours of the day and night, the period of from eleven p.m. to two a.m. being free from them. The plan of treatment consisted in giving a dose of calomel, followed by a purgative, where there was much gastric derangement, and then administering a full dose of quinine about three hours before the expected occurrence of the paroxysm. Dr. Ward has tried the solution of arsenite of potash as a substitute for quinine, but has found it inferior in efficacy; and he also believes that quinine exercises a prophylactic power against the recurrence of ague in cases where a relapse is to be dreaded.—Mr. T. PRIDGIN TEALE, jun., communicates a paper "On the Extraction of Soft Cataract by Suction," which he proposes to effect by means of a fine tube introduced through a linear aperture made in cases where the cataract is of liquid consistence. Mr. Teale describes the instruments he employs (which are made by Weiss) and the mode of using them. The principle of extracting cataracts by suction is not new, but hitherto the proceeding has been unsuccessful; and Mr. Teale believes that the plan he now proposes, and which he illustrates by seven successful cases, is worthy of being tried by ophthalmic surgeons.——Mr. JOHN HUNTER, of Manchester, contributes a short paper "On the Inspiration of Vapour (Steam) in certain Lesions of the Breathing Apparatus," and he considers the plan applicable in many cases of bronchitis and phthisis.——Mr. O. FOSTER relates "Two Cases of Recovery from Acute Traumatic Tetanus," the remedies employed being small doses of acetate of morphia, with castor-oil and spirits of turpentine; and in one of the cases chloroform was also used.——Mr. JOHN J SKEGG relates "A Case of Acute Choroiditis, ending in Blindness, treated successfully by Division of the Ciliary Muscle."

'MEDICAL TIMES AND GAZETTE.'

Under the head of "Original Lectures," Professor LAYCOCK, of the Royal Infirmary, Edinburgh, contributes a lecture "On Exophthalmos, Graves' or Basedow's Disease; and on so-called Anæmic Pulsations and Palpitations." The author entertains no doubt that a more extended knowledge of the actions of the sympathetic and vaso-motor system of nerves will greatly modify the theories and practice of Medicine. The term "Graves' disease" was applied by Trousseau to certain lesions described by Dr. Graves, and remarked by him as always existing together; the lesions are—exophthalmos or prominence of the eye-balls, enlargement of the thyroid body, with pulsation and purring thrill in its arteries, and cardiac murmur. This, "the triple disease" of the Irish physician, has, in Germany, the name of Basedow associated with it, since

the time that it was particularly described by him. The Irish School maintains that the affection is essentially nervous; while in Germany the opinion prevails that it proceeds from anæmia, and is in close alliance with chlorosis. In France, there is a difference of opinion as to its exact nature. Professor Laycock agrees with the views of the Irish School. A thorough understanding of the disease is absolutely essential to its proper treatment. The first case adduced by the Professor is one of vascular bronchocele, with exophthalmos and palpitations following upon a fright; and at the same time acute neuralgia, but no anæmia. Case II. was one of exophthalmos and vascular bronchocele, with palpitations and neuralgia, aggravated paroxysmally; no anæmia. Ice and galvanism applied to the enlarged thyroid had the effect of reducing its size. The effect of anæmia upon the heart and large vessels is next discussed, and a case is brought forward in which, by the administration of tincture of ergot and tincture of iron, anæmia, from excessive losses of blood, owing to the presence of a uterine fibroid tumour, was almost altogether cured, and the patient restored to comparative health. Anæmic murmurs and palpitation are stated to be almost exclusively found to occur in the female sex, which is supposed to have some idiosyncrasy of constitution that strongly predisposes to the lesion under consideration. This, the triple disease, is very frequently concomitant with utero-ovarian disease. The nature and causes of Graves' disease are next investigated. Inorganic murmurs are said to be almost peculiar to women; none of the lesions just mentioned are, however, met with in old women; indeed, they are closely connected with the procreative period of life, and with the utero-ovarian functions. The thyroid enlarges during menstruation and pregnancy; sometimes so much so as to be attended with danger to life, or to be even fatal. The inferences to be drawn from experience are, that excitable women in whom the generative organs are in activity are predisposed to Graves' disease, and that excitable states of mind are actual excitants. An inquiry is next made into the spinal seats of Graves' disease, and the oculo-spinal region is supposed to be the one at fault The relation of the pupils to the heart and large vessels is then treated, and on this supervene the origin of the exophthalmos, the state of the eyelids, and their pigmentation. ——Mr. Tyrrell, of Dublin, contributes a paper "On the Treatment of Tetanus by the Local Application of Tobacco." It is proposed, in the case of traumatic tetanus, to apply to the wound a solution of nicotine of known strength, or else the tobacco stupes; when the disease assumes the idiopathic form the remedy should be applied along the spine after the cuticle has been removed by a blister. In the case brought forward, there was merely a scratch upon the nose; tetanus set in, and most extreme depression supervened. Mr. Tyrrell had the skin removed from the whole of the nose and for about twelve square inches of the back; and to these he applied a strong solution of Cavendish tobacco (℥j. to ℥xx. of water) by means of spongiopiline. Opium and morphia were likewise administered both by the mouth and by the rectum. The patient recovered.——Dr. Young publishes a "Remarkable Case of Cardiac Disease," which was restored to health by the use of digitalis and squill, alternately with tincture of the perchloride of iron and the Virginian prune.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 170.)

The Causes, Diagnosis, and Treatment.

Inertia of the Uterus.—In our large towns, a temporary paralysis of the muscular structure of the uterus forms an important and common cause of flooding after labour. The hæmorrhage is sometimes most difficult to arrest, not only on account of the uterus obstinately refusing to contract under the application of remedies, but also because secondary causes are often mixed up with the inertia; for instance, clots are very liable to collect and distend the cavity of the flaccid uterus, and tend to keep up the flooding after the inertia has been overcome. Inertia of the uterus may be due to a general atonic state of the system; fatty degeneration of portions of the uterine muscular tissue; over-distension of the uterus by twins or liquor amnii; exhaustion from a lingering or instrumental labour; artificial delivery between, instead of during uterine contraction in footling cases, or after the birth of the head of the child; or the hasty detachment and removal of the placenta while the action of the uterus is suspended. Some of the worst cases of hæmorrhage from inertia are met with in those patients who flood after every confinement. The constitution of these women is essentially atonic. All the muscles are weak and flabby, and the other tissues are in a state of undue relaxation. Fortunately, "flooders," as such patients are called, are not very common. Many women lose freely after their confinements simply from want of care either on their own part or on that of the medical attendant. I have attended several women who, in all their previous confinements, lost a great deal of blood; but I believe many of these were not true flooders, for, by using the precautions proper to natural cases, hæmorrhage did not occur in any of them. To some of them I gave ergot before the birth of the infant, but not to all.

Diagnosis.—It is extremely easy. The uterus, externally, is felt large, *soft*, and *not tender*. Pressure with the hand may bring on a contraction, but it will be with the greatest difficulty; and when it does occur, it will be weak and of short duration. The patient does not suffer from afterpains. The absence of afterpains and tenderness of the uterus sometimes obscures the diagnosis of other causes of hæmorrhage, if the case should be complicated by two or three —as inertia and disrupted placenta, inertia and retention of membranes, inertia and clots. When the sole cause of the hæmorrhage is disrupted placenta, or retention of the membranes, or clots, the tenderness of the uterus and the afterpains assist materially in simplifying the diagnosis; but if there is inertia of the uterus as well, both those signs will be absent, and we may not be aware of the existence of another cause until, finding other remedies fail, the introduction of the hand is undertaken.

In some cases of hæmorrhage from inertia, the uterus will be noticed in its proper position for a moment; then suddenly it will vanish, and cannot be felt; after a brief interval, a gurgling sound will be heard, a quantity of blood will pour away, and the now contracting uterus may again be detected. The uterus, filling and emptying itself in this way, constitutes a very dangerous form of flooding, as an enormous amount of blood may be lost in a very short space of time.

Treatment.—In a few words, it is the routine treatment recommended in all obstetric works. In fact, the treatment for post-partum hæmorrhage has become routine, on account of the undue prominence which writers on midwifery have given to inertia, at the expense of the other numerous and equally important causes, most of which are merely mentioned by name.

The remedies may be applied in the following order until success is obtained :—Strong pressure on the uterus with both hands ; a dose of ergot as soon as possible, and a second and third dose, repeated, if required, at intervals of ten minutes ; cold applied to the uterus by the hands dipped in cold water, or by wet napkins ; cold at the same time applied to the vulva and lower part of the spine by wet napkins with the right hand ; a draught of cold water. In many cases, cold, pressure, and ergot suffice to arrest the hæmorrhage ; if not, the hand may be next introduced into the uterus, and clots, or any other foreign mass, that may be in its cavity, removed, while pressure is applied externally by the right. Very few cases prove rebellious to the introduction of the hand, followed up by pressure and cold. If, however, the flooding should still continue, cold water may be injected into the uterus, and the aorta compressed through the abdominal walls. In obstinate cases of inertia, the pouring of water from a height upon the bare abdomen will be justifiable, and very likely effectual. One of the attendants should be employed from the beginning in trying to rouse up sympathy between the uterus and breast, by compressing the latter or by imitating the act of suckling as already described.

Illustrative Cases.

I.—The following is an interesting example of a true "flooder." When the patient engaged me to attend her, she told me that she had nearly lost her life from flooding after each delivery, and expressed great anxiety as to the result of her approaching confinement. The worst flooding was after the birth of the first child. At her monthly periods the discharge was always copious, and lasted several days ; this fact, taken together with the pale and flabby condition of the skin and muscles, testified in an unmistakable manner of the atonic state of her system. In hopes of improving the health somewhat before her confinement, which she did not expect for three months, I ordered her a compound of alum and sulphate of iron. I also enjoined her to be sure and send for me as soon as labour began. Labour set in about a fortnight before she expected. On arriving at the house, the patient was seen comfortably sitting by the fire, as if she did not expect the labour to be over for hours. The pains were weak and far between, so much so, that she complained of their "not being the pains to do her any good." On making an examination, I found the vagina cool and lax, and the os uteri all but fully dilated. Finding the labour so far advanced, I determined to prepare an infusion of ergot, intending to administer it as soon as ready ; but before the nurse could get some boiling water, the patient begged me to come to her, as she thought the child was coming. On examining, it was but too true ; the head was on the perinæum, and the child glided into the world apparently without the slightest effort of the mother. While I was detaching the child, she complained of feeling faint, although there was no loss of blood externally. As soon as the placenta was removed a rush of blood followed, which caused her to faint away immediately. I applied constant pressure and wet napkins to the uterus and vulva, and administered a strong dose of ergot, but without the hæmorrhage being lessened in any material degree. The uterus would contract under pressure for a short time, and then suddenly elude my grasp. I then poured cold water from a height upon the bare abdomen, and it had the good effect of making the uterus contract well and of staying the hæmorrhage. The condition of the patient was, nevertheless, most precarious ; she was not only blanched, but perfectly unconscious ; and on attempting to pour some brandy into her mouth, the jaws were found spasmodically closed. However, she had lost one of her upper incisor teeth, and the brandy, diluted with water, was poured through the aperture. Gradually the pulse returned, and with it consciousness. She asked for water, and was rather restless for a short time, moving from the side to her back and then to the side again. To insure permanent contraction of the uterus, I gave her another dose of ergot. The patient recovered far better than I expected. On the third day, rather strong reaction set in, but it subsided in two or three days by persevering with opiates, stimulants, and strong beef-tea. Except the great debility consequent on such a large loss of blood, her convalescence was from that time uninterrupted.

II.—Mrs. J——, æt. twenty-three, a florid, healthy-looking woman, residing at Bowyer street, Coventry road, was delivered of her second child, after being in labour about eight hours. Ten minutes after the birth of the infant, there was a sudden gush of blood from the vagina. I applied firm pressure to the uterus, but as a free flow of blood continued, I removed the detached placenta by traction, and followed up by pressure, cold, and ergot. However, no benefit accrued ; the blood flowed so fast, that the patient became very soon blanched, although she had naturally very red cheeks and lips. The uterus did not, as in the last case, contract for a moment and then relax so as not to be felt at another ; it kept large and soft, and contracted at very long intervals. I persevered for some time with the free application of cold externally, but the patient's condition only got from bad to worse. Thinking, from the size of the uterus, that there was probably some clots in its cavity, I introduced my hand and removed about two handfuls. After irritating the interior of the uterus with the tips of the fingers for a short time strong contraction set in, and I then removed my hand. No further loss took place. She also made a good recovery.

The blanched appearance of a woman after a very bad flooding is always painful to look at, but I never before noticed it so much as in this case. Prior to delivery, she had unusually red cheeks, and was the picture of health ; whereas now, her face was almost "as white as the driven snow." The contrast was so great, that her mother could not look at her for the first few days without tears coming into the eyes.

BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

(Continued from page 209.)

ON CELLS.

Delivered by J. THOMPSON DICKSON, Esq., F.L.S., of Downing College, Cambridge.

The author adverted to the fact that chemists were making rapid progress in the synthesis of organic materials from inorganic matters, and that some physiologists had endeavoured to show that it was as easy to form cells out of unorganised material as to make organic substances, but from the absence of the life element, he compared such manufactures merely to models.

The starting point of the line of argument for the formation of cells was the assumption "that every true cell must have or must have had life."

A cell, composed of a wall, with fluid and solid contents floating in a medium, and possessed of life, was necessarily subject to the physiological processes of growth and physiological death. Fully developed tissue was built up of such cells, but these cells were in decrepit old age, and therefore their development must be shown, which the author did in a retrograde manner. The cell wall undergoes fatty degeneration and liquifaction, but leaves the nucleus. This nucleus, so to speak, exfoliates, forming a new wall, which wall is, by osmosis, permeated by the fluids of the floating medium, till it reaches the size of the old one. The nucleus has also to grow and maintain its size, or increase so as to enable it to divide into two or more portions, each capable of developing a cell. This is provided for as follows :—The nucleus, being a molecular mass, is permeable by the fluids composing the cell contents, in the same way that a sponge may be saturated with water. The liquid cell contents hold

living molecules in a state fit for assimilation, and present them to all parts of the nucleus, by which they are taken up. This process is carried on with variable rapidity. The new cell wall is often partly developed before the old one is liquified, giving rise to the appearance of cell within cell—termed nucleolus. Nuclei have yet to be shown as capable of being formed into a homogeneous mass of living matter; such a living mass is composed of living molecules; these aggregate together by reason of motions which take place in the mass by virtue of life, favoured by heat and other external causes.

The author next discussed Epigenesis and Evolution, showing both partially true and both in many degrees false, and endeavoured to show, from observations on snails' ova, how the embryonic animal is formed; first, from the formation of a single nucleus, then a cell: a second nucleus would be added, the first during this time undergoing segmentation, and division would restrain the too wide extension of the second, and these in turn would influence the form of extension and arrangement of the third, and so on, till a complete embryogenic form is built up. These cells multiply and develop the germ into a perfect embryo, themselves subsisting on the molecular medium in which they are, till the animal is capable of maintaining its independent existence, forming its own molecular fluid by digesting materials derived from external sources; but the fluid formed by digestion being of low vitality, is only able to provide materials for the sustenance and not for the formation of tissue cells capable of building up a germ. The only material capable of this metamorphosis is that in which the molecules are rendered capable of mutual attraction by impregnation. Impregnation could readily be understood upon the following solution; matter could only be comprehended as isolated in the form of double atoms, as, for example, $\left.\begin{matrix}+H\\-H\end{matrix}\right\}$ =H or hydride of hydrogen; or $\left.\begin{matrix}O\\-O\end{matrix}\right\}$ $\begin{matrix}-\\O\end{matrix}$ a double atom of oxygen. On this view an unimpregnated ovule or germ vesicle might be conceived as being composed of molecules, or double atoms of a negative or — character, and might be represented as AA or — molecules; while the contents of the sperm vesicle might be conceived as being composed of molecules of a positive or + character, and might be represented as BB, or + molecules. Upon the contact of the sperminal and germinal vesicles, the contents of the sperminal pass by osmosis into the germinal, the atoms rearrange themselves, and the positive and negative molecules give rise to fertile molecules—

AA, BB, becoming $\not{A}$B, $\not{A}$B.

These fertile living molecules are then in a state capable of aggregation into nuclei, from which a perfect type can be laid down, which future development can build up into a perfect form. The vexed question of life the author left untouched. Life was still unexplained, and known only in effect, it being sufficient for the purpose to see that each individual molecule possessed it.

The author apologised for the crude view he had put forward, expressing a hope that it might be received with forbearance, and further hoped that he might be enabled to build up a structure from the molecules it contained. He thought his view applied throughout both the animal and vegetable kingdoms, and trusted that he might be enabled to lay it again before the British Association at some future meeting.

SANITARY STATISTICS OF CLIFTON.

By J. A. Symonds, M.D., F.R.S.E.

The Registrar-General's quarterly report, last August, had produced a feeling in Clifton very like what would thrill the inmates of a nunnery were they to be told that high authority outside the walls had declared the virtue of their institution to be at no higher a level than that of a penitentiary. The figures of the Registrar-General's report were as plain as the "Mene, mene," on the walls of Babylon, and yet as much in need of interpretation: 24 in 1,000 was the annual rate of mortality in Clifton. The Isle of Wight had only to answer for 15 in 1,000; Newton Abbot, including Torquay, for 16; Cheltenham for 17. "Why," asked the Registrar-General, "is the mortality of Clifton 24 in 1,000?" And the terrible question was asked about Clifton as one of the watering-places. The question would be startling enough to one who had taken only a superficial view of Clifton; and it was still more startling to one who observed how large a proportion of houses must belong to persons in possession of the comforts and luxuries of life, and of the means of preserving health; not less startling to one who knew that a thorough system of public sewerage had been completed, and at no small cost to the community; and most startling of all to those who had been for many years familiar with the diseases of the locality, and who knew that in what was understood by Clifton the watering-place there were no diseases that could be called endemic; that typhoid and typhus fevers were of rarest occurrence, and that, when they occurred, they were of extrinsic origin; that cholera, dysentery, and erysipelas were unknown in their zymotic forms; and that, in short, zymotic diseases, with the exception of measles, scarlatina, and whooping-cough, were rarely met with. But Clifton, in the Registrar-General's Report, meant Clifton the watering-place, together with a very destitute district in the parish, and also with a Poor-law district, including five other sub-districts scattered at considerable intervals over an area of 27,199 acres, in some parts densely crowded with the poorest of houses and inmates. It was true that there was a table in the Registrar's Report (which was not published in the 'Times') which stated the annual rate of mortality in several watering-places, and of Clifton among them, and in which there was inserted the parenthesis in reference to Clifton including a part of Bristol city and Bristol workhouse. The Registrar-General's Clifton was Clifton the name of the Poor-law union. Dr. Symonds proceeded to point out the injustice of estimating the rate of mortality in the Clifton union, and publishing it as the rate of mortality of Clifton the watering-place. The number of deaths in Clifton parish in the whole year of 1863 was exceptionally high, for it was 465. That was at the rate of nearly 21 in 1,000; but in 1862 it was only 365, which, reckoning the population at 22,000, would make a death-rate of only 18 in 1,000. In the year before, the deaths were only 329; and that would give a proportion of the population of only 15 in 1,000. The paper pointed out the character of the various parishes which were included in the parish of Clifton, referring to the crowded nature of the dwellings in the out-parish of St. Philip and St. Jacob, and to the existence in the parish of Stapleton of the Clifton union workhouse, the Bristol workhouse, and the Bristol lunatic asylum; and Dr. Symonds urged that it was unfair to associate the watering-place of Clifton with such districts as those to which he had referred; and that the numerical death-rate of a watering-place should be neither complicated with the mortality in distant rural retreats, nor burthened with that of the sickly suburbs of a crowded city.

ON THE MORTALITY OF BATH.

By R. T. Gore, Esq.

The author said the population of Bath, based on the census of 1861, was 52,000; the mortality for the year ending June 30, 1864, 1,350; the ratio of mortality, 25·714 to 1,000, ranging from 17·28 in the Bathwick districts to 27·09 in the Abbey district. Of the total deaths, there were under 60 years, 41·65 per cent.; from 10 to 60, 29·25; from 10 to 100, 28·82. In the surrounding country districts, the population is 15,808; the ratio of mortality, 20 93—namely, under 10 years, 47·9; from 10 to 60, 22; from 60 to 100, 30. The statement made by the Registrar, as to the high rate of mortality, had had a beneficial effect on the corporation of Bath, in putting them in action as to getting rid of cesspools and other nuisances.

SANITARY STATISTICS OF SALISBURY.

By A. E. Middleton, Esq.

The death-rate of Salisbury in the year 1775 was 30 in 100. After the year 1850, the city was placed under the Public Health Act, and a sum of 27,000*l.* was expended in drainage. For the nine years previous to the drainage, the average death-rate was 27 in 1,000; and for the nine years after the drainage, it was 13 in 1,000, or about one-half. For the Close of Salisbury, the average death-rate for the same period before drainage was 20 in 1,000; and since drainage, 13 in 1,000. Deaths from consumption for seven years before drainage, 286; for seven years since, only 143. For the last year (1863), the deaths from consumption were 11, or 1 in 818 of the population; whilst for the whole kingdom the deaths from consumption were 1 in 376.

LEGAL INTELLIGENCE.

THAMES POLICE-COURT.—September 29.

Mr. Fentiman, a chemist, druggist, and medicine-vendor, of No. 2 Upper East Smithfield, next the Royal Mint, appeared, for the second time, before Mr. Paget, charged by Dr. Wills, a registered medical practitioner, of No. 22 Upper East Smithfield, with having wilfully and falsely pretended to be, and taking and using the name or title of a surgeon, contrary to the 40th section of the Medical Act, by which he had incurred a penalty not exceeding 20*l.*—Mr. Butler Rigby, barrister, instructed by Mr. Robertson, solicitor, again appeared for the prosecution.—The case was fully heard on a former day, and it was proved that the defendant had in his shop bills and advertisements described himself as "Mr. Fentiman, surgeon, dentist, and chemist." Mr. Rigby particularly called attention to the comma after the word "surgeon." It was not "surgeon-dentist," but "surgeon, dentist, and chemist." Mr. Paget, however, thought the case so very much like one decided in the Court of Common Pleas in 1860, where the Court held that the mere fact of a man calling himself a surgeon and not being registered did not constitute an offence under the Act, that he should dismiss the summons. Mr. Rigby, however, asked the magistrate to adjourn the case, which he said was one of great importance to Dr. Wills, whose patients had been led away by the specious advertisements of the defendant. Mr. Paget consented to adjourn the summons, and said if he did not hear of it again he should mark it "dismissed."—Mr. Rigby now advanced new arguments in support of a conviction, and said the 'Law Journal,' which the learned magistrate quoted on a former occasion, did not correctly report the case decided by the judges of the Court of Common Pleas.—Mr. Paget read the report again, and contrasted it with a report of the same case, "Pedgrift v. Justices of Suffolk," in the 'Common Bench Reports.' He said there was a great difference between the two reports. The Common Bench Report made it appear that the judges decided on the ground that there was no evidence to sustain the conviction of the justices.—Mr. Rigby said it clearly was so. There was no decision on the law of the case in "Pedgrift v. the Justices of Suffolk." This was another instance of the inutility of the present system of law reporting. The two reports differed materially.—The defendant, in reply to the charge, said he did not wish to appear as a surgeon, or act as one. He had been in the same neighbourhood practising more years than Dr. Wills had been weeks.—Dr. Wills: I deny it.—The defendant: Say months, then.—Dr. Wills: I have been a member of the Profession and regularly qualified for fourteen years, and my name appears in the 'Medical Register.'—Mr. Paget was of opinion the object of the Legislature in passing the Medical Act was to favour and protect the public. A stranger in London meeting with an accident or being attacked with sudden illness, and seeing the word "surgeon" on a man's door or on his printed bills, might be misled if the person calling himself a surgeon was not one, and be improperly treated. The object of the Legislature was to insure the services of properly-educated medical practitioners to the afflicted.—The defendant said he had received a medical education, but he had not been able to afford the expense of a diploma. He had sent persons accidentally injured, when brought to his shop, to Dr. Wills.—Mr. Paget: You must not prescribe.—The defendant: I will not, sir. I have had the word "surgeon" removed from my bills and advertisements. I will give my security I won't offend again; but I have practised so many years without being interfered with that I did not know I was doing wrong in calling myself "surgeon."—Mr. Paget said he would keep the case still pending; he would not inflict any penalty, on the understanding that the defendant did not offend again, or use any name, title, addition, or description, implying that he was registered under the Act. He adjourned the case for one month.—Mr. Rigby hoped the magistrate would give his decision at once.—Mr. Paget: I decide the defendant is guilty of an offence under the Act of Parliament.—Mr. Rigby said a penalty ought to be inflicted, for a more glaring violation of the law he had never met with.—Mr. Paget: If the defendant is guilty of any further infraction of the law I shall impose a severe penalty.—After some further conversation, the case was adjourned until the 10th of November.

MARYLEBONE.—THE MEDICAL ACT.

The following is the information for a summons laid by Mr. Talley, a solicitor, of Beaconsfield:—"To Dr. Henry Scott, *alias* Henry Hamilton, at 15 Henrietta street, Cavendish square, previously of 17 Adam street, Strand, and previously of Leicester square, in the county of Middlesex, labourer, &c.—Whereas, &c.; for that you did unlawfully, wickedly, and designedly publish in a certain newspaper, dated September 23, of the present year, a certain advertisement in the following words, that is to say,—'To ladies only.—Consult Dr. Scott, personally or by letter, in midwifery, pregnancy, obstructions, disappointments in marriage, and cases peculiar. Has had thirty-one years' London practice. Ladies' Medical Confidant, post free for fourteen stamps.—15 Henrietta street, Cavendish square.'—Thereby holding yourself out, and unlawfully, wilfully, and falsely assuming the rank and pretending to be a physician and general practitioner, implying that you were registered under the Medical Act of 1858, and that you were recognised by law as a duly qualified practitioner and doctor of medicine."—This notice having been read over, Mr. Sleigh, who appeared for the defence, said his client was not guilty of the offence imputed to him.—Mr. Talley seems to have had an altercation with Mr. Sleigh, but to have failed in his evidence or his law, or both; and after a long discussion, in the course of which no witnesses were produced,—Mr. Mansfield: We had better go on, and see if there is any law by which this can be made an offence.—Mr. Sleigh: That will be the proper course to adopt, and I humbly submit that on the point of law there is no case made out for me to answer. The statute was never passed to meet any such case as this. The learned counsel addressed the court, and was quoting cases on behalf of his client, but could not get clearly on through the interruption of Mr. Talley.—Mr. Mansfield: There is no necessity for you to go on any further, Mr. Sleigh. The summons must be dismissed. There is no evidence whatever to show that he practises under the title of a physician or doctor of medicine. Mr. Tilley will have to pay costs.

The Government Commission on the Nature and Treatment of Syphilitic Disease.—The Commission which Lord Clarence Paget announced it to be the intention of the Government to appoint to inquire into the nature and treatment of syphilitic disease is, we believe, likely to commence its inquiry at no distant period. It is stated that Mr. Skey will probably be the President of the Commission.

GENERAL CORRESPONDENCE.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above fund—viz.:

	£	s.	d.
Dr. W. O. Markham, Clarges street . .	1	1	0
Dr. George Yeoman, Whitby . . .	0	10	0
Drs. Lobb and Hogg, East London . .	1	1	0
William Williams, Esq., Wareham . .	0	7	0
Charles Willcox, Esq., ditto . . .	0	7	0
Ed. Mercer, Esq., ditto . . .	0	7	0
Amount previously announced . . .	61	3	6
Received at the 'Lancet' Office . . .	3	11	0

I beg to take this opportunity of informing the Poor-law medical officers generally, that at the last committee meeting it was considered advisable that the above fund should be shortly closed. It is probable that the list of subscribers published weekly in the four Medical Journals for the last three months may not have been seen by all who would wish to be thus included as testifying to and appreciating Mr. Griffin's worth.

I would, therefore, *crave a very prominent position* in your next issue, to make this forcible appeal to my Poor-law medical colleagues on behalf of the testimonial fund. I respectfully solicit that all intending subscribers will *at once* remit to me their contributions. We may then have a well-filled purse to present to our champion at the public dinner to which it is intended to invite him in a few weeks time at the Freemasons' Tavern, and of which all subscribers will be notified by printed circular.

Yours obediently,

145 Bishopsgate st. Without, Robert Fowler, M.D.
Sept. 26, 1864. Treas. and Hon. Sec.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd September:—William Frederick Butt, Mecklenburgh street, W.C.; James Bunter Colthurst, Carey street, W.C.; Thomas Wilson Corbin, Haringly park, Hornsey; Josiah Wright Matthews, Holgate crescent, York.

The following gentleman also on the same day passed his first examination.:—Rees Llewellyn, London Hospital.

The following gentlemen passed the preliminary examination in Arts on the 23rd and 24th September, and received certificates of proficiency in general education:—George Amsden, London, Isaac Hann, Yeovil, Somerset, William F. Hazel, London, Alfred Hollis, London, Special Certificates. George Amsden, R. H. Barker, John Bately, Reginald Bayley, William Beard, J. R. Bevan, George Biggs, J. R. Blackmore, William Bower, R. N. Broughton, C. K. Bryant, G. W. Burn, John Carr, H. W. Collins, H. D. Crighton, A. E. Currie, Thomas Davies, Edgar Dukes, Wm. Aubrey Essery, T. Walker Evans, T. B. Fairclough, Frederick J. Fiske, C. H. Furnivall, Jonathan Garner, H. C. Gill, James Green, J. P. Grover, A. H. Hackney, Isaac Hann, J. R. Haynes, Wm. F. Hazel, J. Devere Hill, Alfred Hollis, H. Hutchings, W. G. Irving, John Robert Jenkins, Thomas D. Jones, W. H. Latham, T. L. Lloyd, Walter Maine, J. D. Mason, J. F. Matthews, F. Miller, Charles Moon, L. J. Mosely, J. M. Phillips, Arthur Roberts, A. Roberts Copplestone, S. Skinner, Thomas Smith, W. W. G. Stables, W. H. Stavely, Edward Stephens, William Thurston, Frederick Wallace, F. Michael Wallis, E. S. Warburton, Inman Welsh, W. K. Wesley, Albert Williams, Henry Wintle, Francis Wright, John Young

Death from swallowing a Nail.—An inquest was held at Enfield lately on the body of the well-known picture-dealer, Mr. Henry Leggatt, of Cornhill. The deceased was on a journey to Manchester, when he stopped at Rugby to have a basin of soup. He was obliged to swallow it very hastily, and suffered considerable pain until the following day, when he passed a nail, or brad, about three-quarters of an inch long, supposed to have been in the soup. It had torn the mucous membrane of the bowels, and inflammation followed, from which Mr. Leggatt died after lingering in great agony nearly a fortnight. The jury returned a verdict of "Accidental death." It was stated that the deceased had just effected an insurance against accidents of all kinds with the Railway Passengers' Assurance Company, of which his family will reap the benefit under the above circumstances.

Unregistered Medical Practitioners.—An inquest was held on the 23rd ult., by Mr. Humphreys, on the body of Frederick Liedeman, aged one year and six months. The deceased was the son of a mason, residing in Cranbrook-road, Bethnal-green, and had been suffering from diarrhœa for a long time past. A fortnight before his death the parents took him to the shop of a herbalist, named Stephens, in High-street, Whitechapel, where Dr. Coffin prescribed for him. The child was given three bottles of medicine, for which 2s. 6d. each was charged. He died Sept. 21st, and Dr. Coffin sent a certificate by post, stating the cause to have been phthisis or consumption. Mr. F. J. Gant, pathological anatomist to the Royal Free Hospital, said that he had made a post-mortem examination of the deceased. There was not the slightest trace of phthisis or consumption. The lungs and other organs were very healthy. Treatment for consumption was most improper in such a case. The jury returned the following verdict:—"That the deceased died from exhaustion from diarrhœa from natural causes, and the jury are of opinion that the Legislature ought to put a stop to the practice of unqualified practitioners giving certificates, as it was calculated to facilitate child-murder and irregularities of registration."

The late Dr. Hunter, of Glasgow.—The following brief notice of Dr. Hunter is sent by a friend, who regrets that no one more competent to do it justice should have taken it in hand. Dr. Hunter was born in Glasgow, on Christmas-day, 1795. After receiving the rudiments of his education at the grammar school of this city, he entered the University, where he passed through a full course of languages and philosophy, with the view of devoting himself to the study of divinity. How far he pursued his theological studies, and for what reasons he abandoned them, greatly to the disappointment of his family, and betook himself to the study of medicine, I am not aware; he may be cited, however, as one among many instances in which, on a similar change of views having taken place, the extended course of education required of the theological student was not thrown away, but became, on the contrary, one of the chief sources of subsequent professional eminence. When I first became acquainted with Dr. Hunter, about the year 1820, he was an enthusiastic teacher of anatomy. For this office he had, I believe, previously served an apprenticeship, by acting as dissector, first to Pattison, and afterwards to Mackenzie. He commenced teaching anatomy in College street, and afterwards in what became subsequently known as the Portland street School. When the managers of the Andersonian University resolved to establish a medical school in connection with their institution, Dr. Hunter was invited to join, and became their first Professor of Anatomy. He became then the colleague of Mr. Graham, now the Master of the Mint, who taught chemistry—of the late Dr. Hannay, who taught the practice of physic—and of Mr. George Watt, who taught medical jurisprudence. These gentlemen, by their talents and energy, soon raised the Andersonian University to the very first rank among the extra-academical medical schools in this country. Dr. Hunter was then in the zenith of his fame and usefulness, and this notice will be read with interest by his numerous pupils throughout the country who received from him the elements of their medical education. His manner as a lecturer was singularly pleasing and impressive. He knew also how to divest it of professional technicalities, and thus he rendered himself eminently useful by popularizing the sciences of anatomy and physiology. Many of your readers, now in their

prime, and somewhat beyond it, will recollect how much they profited by these popular courses in their earlier years. The celebrity of Dr. Hunter as a teacher of anatomy became so great that he was solicited to remove from Glasgow to London, as Mr. Graham had done before him. He became then the head of the Westminster Medical School. Various unfavourable circumstances, however, combined to render this step an unfortunate one ; and after struggling for some years against them, Dr. Hunter judged it wise to return to Glasgow. He was again appointed to the Andersonian University, now filling the chair of Surgery, vacant by the transference of Dr. Laurie to the University. For the last seven or eight years he resigned the duties of a public teacher, to devote himself entirely to the private duties of his Profession. He was in excellent health and spirits until within a week of his death. He died on the 21st July, having suffered irremediably from a stroke of apoplexy three days previously. Dr. Hunter will be remembered by many attached friends whom he has left behind him as a mature scholar, a man of extensive information on scientific subjects, a profound anatomist, and in all his relations an upright and honourable man ; while the general public will join in lamenting the loss of a warm-hearted and experienced member of a useful profession.—'Glasgow Medical Journal.'

POISONING BY MUSHROOMS.—The only instance of this kind of poisoning to be found in the works of Hippocrates, is that of the daughter of Pausanias, "who, having eat a raw mushroom, was seized with nausea, retching, suffocation, and abdominal pain. Warm hydromel and a bath were beneficial, and while in the bath she threw up the mushroom ; she afterwards perspired copiously."

Pliny recommends pears to be eaten immediately after mushrooms ; had he been acquainted with coffee, he would certainly have advised it as likely to promote digestion of the fungus. This at least is the opinion, and would be the advice, of Dr. J. de Soyre, the author of a paper 'On Mushrooms,' published in the 'Journal de Chimie Médicale et de Toxicologie.'

"When summoned to a case of poisoning caused by mushrooms," says he, "an emetic is the first remedy to be exhibited, and a grain of tartarized antimony should be given in three ounces of infusion of coffee without milk."

The same dose should be repeated after an interval of ten minutes, and a third, and even a fourth emetic may be administered until copious vomiting has been induced. When the effects of the antimony have subsided, Dr. Soyre prescribes an ounce of castor-oil in coffee, and one or more enemas of coffee with four or five ounces of coarse honey ; if tartar emetic cannot be procured, coffee should be given, and the fauces tickled so as to induce emesis. Poultices on the abomen, heated flannels applied to the chest, and mustard-poultices to the extremities should also be resorted to, and subsequently antispasmodic remedies.

With the exception of the white bulbous amanita, agaricus muscarius is of all mushrooms the most dangerous, and in cases of poisoning by the latter variety M. de Soyre recommends the immediate exhibition of a strong emetic, followed by an ounce and a-half of sulphate of magnesia. The delirium and excitement of the nervous system should then be allayed by the administration of ten drops of liq. ammoniæ in a glass of water every ten minutes, until the symptoms subside. Coffee M. Soyre seems to prescribe in preference as an antidote to amanita.

HOW TO RESTORE LIFE IN DROWNING OR CHLOROFORM ACCIDENTS.—This is a field quite unexplored—the lapse of time that may occur in suspended animation. It is curious that, in animals drowned in water, the evil results chiefly from the plunging or struggling of the animals ; but, *cæteris paribus*, an animal well under chloroform, and thrown into water, is not destroyed for a much longer period. The plunging in the former instance fills the lung-tissue with water, and reanimation is very difficult after six or eight minutes ; but under chloroform probably a state of partial hybernation is established, and efforts for reanimation should be continued for four hours at least in all hospital cases. The condition of the diaphragm in suspended animation, as already said, is particularly important. Galvanism through the phrenic nerve is most essential. A needle should be passed also, as just said, through the diaphragm, as punctures of this muscle will restore animals apparently dead from apnœa. The 'Silvester method' of raising the arms, so as to make the pectoral muscles and their indigitations to lift the ribs, is the best plan yet known of promoting artificial respiration. By this method as much as forty-four to fifty cubic inches of air (sufficient perhaps for ordinary breathing) pass through the chest ; but in the more popular or "ready" methods, about ten. I have urged this point for many years, but it has been disregarded.—Dr. KIDD's Work 'On Chloroform.'

HEALTH OF SCOTLAND.—The Registrar-General's monthly return for the eight principal towns of Scotland shows that the births, deaths, and marriages all continued to be far above the average in August. The zymotic (epidemic and contagious disease) class of diseases caused 27 per cent. of the deaths, and in Greenock as many as 46 per cent. from the combined fatality of scarlatina and typhus. Of the individual zymotic diseases typhus was the most fatal, causing 150 deaths in a population not amounting to a third of that of the metropolitan district. Greenock, Perth, Aberdeen, and Glasgow are the towns where this disease has been more especially prevalent, and from the mortality being so high at this season it is feared that these towns may experience a great increase of cases of typhus fever as the temperature falls, unless active measures are adopted to arrest the progress of the malady. The metreorological returns for Edinburgh, Glasgow, Greenock, Paisley, Perth, and Aberdeen, the six towns from which the returns are obtained, show that August was characterised in Scotland by drought and by extreme variations of temperature, tending most to cold. The depth of rain was 1·52 inch, taking the mean of the six towns ; this was 2·28 inches below the average of the previous eight years. The highest recorded thermometer was at Paisley, nearly 86 deg., and the lowest at Perth, 32 deg.

DEATHS.

DRUMMOND.—On the 17th ult., at Dover, J. Drummond, R.N., Inspector-General of Hospitals and Fleets, aged 72.

FLETCHER.—On the 25th ult., Betsey Hindley, the wife of Adam Fletcher, M.D., of Bury, aged 28.

FUSSELL.—On the 16th ult., at Sherborne, Ernest Fussell, M.R.C.S.

GIBSON.—On the 22nd ult., T. Gibson, M.R.C.S.E., of Paradise street, West Bromwich, aged 35.

HAMERTON.—On the 13th ult., at Camden town, F. A. Hamerton, M.R.C.S.E., aged 38.

HARGRAVE.—On the 20th ult., at the Adelaide Hospital, Dublin, William Hargrave, M.B., Representative of the Royal College of Surgeons, Ireland, in the General Council of Medical Education and Registration, aged 56.

M'MUNN.—On the 20th ult., at Rutland square, East, Dublin, J. M'Munn, L.K.Q.C.P.I., aged 66.

OSMOND.—On the 14th ult., at Thorpe, T. Osmond, Surgeon, aged 86.

SHELSWELL.—On the 28th ult., at Wolverhampton, Daniel Shelswell, late of Lutterworth, Leicestershire, aged 34.

SILVESTER.—On the 25th ult., at the Beeches, West Bromwich, Thomas Silvester, Esq., aged 76.

STANISTREET.—On the 19th ult., T. D. Stanistreet, Surgeon, of Mornington row, Bow, late of Calcutta, aged 49.

THOMAS.—At Archbutt terrace, Manor street, Chelsea, S. J. Thomas, M.R.C.S.E.

WILKINSON.—On the 21st ult., at Oldham, Lancashire, J. H. Wilkinson, M.R.C.S.E., aged 54.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 5.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—"Case of Cæsarean Section," by the late Mr. T. E. Bryant; "Post-mortem Examination of a Case of Accidental Hæmorrhage," by Mr. F. J. Gant; "Missed Labour," by Dr. W. Williams; "On Spondylolisthesis, Appendix," by Dr. Barnes; "Deformed Arms," by Dr. Shortt.

THURSDAY, OCT. 6. — *Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 7.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 8.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 10.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 11.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ST. MARY'S HOSPITAL MEDICAL SCHOOL.—The card has been received.

THE WESTMINSTER HOSPITAL SCHOOL OF MEDICINE.—The card has been received.

DR. FOWLER.—The letter is inserted.

THE OBSTETRICAL SOCIETY.—The notice is inserted.

DR. L. DOWN.—The abstract has been received.

T. T., *Sligo*.—The lecture "On the Chemical Action of Light," delivered by Professor Roscoe, of Manchester, at the Bath Meeting of the British Association, was not reported in this Journal because its subject had very little connexion with Medical science or practice. The lecture, however, was an admirable one, and was both brilliant and dazzling in the literal sense, for the illumination produced was so great as to exercise a painful effect upon the retinæ of some of those who were present. The monochromatic properties of some substances were illustrated by the well-known instance of the colour given to flame by sodium and its compounds, and some beautiful illustrations were also offered of the new process of spectrum-analysis, by which the new metals, thallium, indium, rubidium, and cæsium have been discovered, each of them giving a peculiarly-coloured band to the spectrum. The most brilliant light was produced by the combustion of magnesium—a metal which has been long known, but which has been produced in large quantities only in late years. The light produced by this metal is so intense that photographs may be taken by its aid; and one of the most interesting features of Mr. Roscoe's lecture was the extemporaneous execution of a photograph of Sir Charles Lyell, the President of the Association—a feat which was performed in a few minutes, to the infinite surprise and delight of the audience Magnesium is supposed, on good grounds, to be one of the constituents of the sun.

DR. D. F.—We understand that the 'American Medical Times' has ceased to exist, but that hopes are held out of its reappearance.

MR. J. D.—It is not yet determined who is to succeed Mr. Stone in the office of President of the Society for the Widows and Orphans of Medical Men.

JUVENIS.—Fownes's 'Chemistry,' and Wilson's 'Anatomist's Vade Mecum.'

P. 2.—We do not recommend you to aspire to a degree at a foreign University, as it is doubtful whether such a title will be recognised by the Medical Council.

SURGEON D.—In our opinion, the most courteous proceeding would have been for C. to attend gratuitously for A., and to give up the case on the return of the latter.

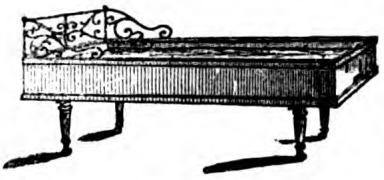
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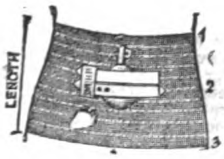
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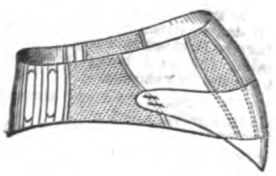
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OPENING OF THE METROPOLITAN SCHOOLS OF MEDICINE

FOR THE SESSION 1864-5.

In our last number we published abstracts of the addresses delivered at five of the principal Medical Schools, and we now conclude the series. The Introductory Lecture at University College is not reported, but we have referred to it at length in our leading article, which is founded upon notes of the lecture furnished by one of our own staff. The opening lectures were all well attended, but it must be admitted that in general they were not quite up to the mark. Among the gratifying features of the season was the reappearance, at the commencement of the session, of Dr. Chambers at St. Mary's Hospital, of which institution he is one of the physicians. In some instances the lectures were succeeded by *conversazioni*, as at St. Mary's and the Westminster, and each of these *réunions* was well attended.

ST. BARTHOLOMEW'S HOSPITAL.

After some introductory remarks, Mr. Callender stated that his object was not so much to instruct as to interest them in their studies, by placing their work before them side by side with suggestions for its pursuit, and with sureties for their ultimate success. Especially he desired to tell them of certain aids to study, which they must practise, each one for himself, because they were self-aids—helps which they must make every use of if they would work with order, with economy, and to the best advantage. As all our knowledge and all our progress had been gained direct from Nature herself, and as she revealed her secrets only in return for real, hard work, so their success with her would be much less if they were not trained to their task, and it was for this they had all of them gone through the lessons and the exercises of their youth. This mind-training was considered of such first-rate importance, that every encouragement had been given them to make its cultivation an attractive task. Without doubt they had already learnt something about their Profession; they must recollect, however, that their real work now commenced in earnest, that they now entered upon the studies which revealed to them Medicine as a grand and noble science. The road was at present clear before them, the result in a great measure depended upon their own exertions. They might not, indeed, all excel, but they would all learn a great deal, and he could promise them that if they worked now with industry and with determination, they would not fail to attain to that which all naturally covet, modest it may be, but substantial and honest success.

By their so-called scientific studies (he referred to those sciences with which in the Profession of Medicine they were more immediately concerned) they were to undestand those which gave them a knowledge of Nature, of what they saw going on around them in Nature's processes, and of principles based upon observation of these facts; studies which possessed this substantial recommendation, that they gave life and reality, as it were, to their practical work, to studies which would otherwise consist in the experience and learning of bare facts, interesting and valuable in themselves no doubt, but wanting the cohesion and oneness which science gave by connecting them with the ebb and flow of a common-life action. What with chemistry and botany and physiology, they might be said, to a certain extent, to have before them all knowledge for their province, and as they knew that much was required of those to whom much was given, so they might be well content to learn that the work which their Profession demanded of them, if they would stand well with their fellow-men, was essentially good work—work which should better their moral nature, and which should entice them to live more in harmony with the hopes they should entertain of the life to come.

After referring to the importance of the study of anatomy, of physiology, and of pathological anatomy, Mr. Callender told them that after all their chief difficulty lay in learning how to treat disease. Here they must bring to bear what was known as practical knowledge, the wisdom which experience gave, that experience of which Carlyle wrote, "She doth take dreadfully high wages, but she teacheth like none other." Nor was it difficult to explain to them what was meant by this practical knowledge. A physician, for example, might know all about his subject, man—his diseases, their causes, their effects, and their recognised treatment, but above all this was the facile and dexterous handling of his knowledge and of his remedies, so as to fence and parry, and, if possible, get the better of disease, and, be it how it may, this was a possession few had excellently well, and which, despite all its training, the scientific mind sometimes failed to grasp. At the same time, the value of scientific knowledge was great. They lived, it was said, in a practical age. By all means let them be practical, but let none the less possess the scientific knowledge which fitted them to be so. Practice alone could give them experience in treatment. Books could not do more than teach them general principles, for man's body was so moulded and confirmed to the mind which controlled it, that influences of education, habits, associations (the accompaniments of health), gave rise to endless variations in the progress of, and consequently in the management of, disease, which no book yet written could even pretend to indicate. They should learn to recognise means of cure other than those tabulated in the Pharmacopœia. Fresh air, diet, cleanliness, mind-occupations, and the like, these were the remedies with which to assist Nature in throwing off disease; they should never forget Nature effected, if possible, the cure; and that the physician was best skilled who, by judicious selections from his Materia Medica, so lightened her task as to relieve the passing pain, who supported, and, if needs be, stimulated her efforts, or who transferred the stress of a disease to where it could be better borne by the system.

They would advantage themselves much more of the help their teachers willingly gave if, avoiding the common errors of frivolity and want of purpose, they would strengthen themselves for work with materials which were always ready to their hands. First, they should practise control and discipline; not the discipline to which all must succumb, that which society imposed, in some guise or another, throughout life, upon all, from the highest to the lowest. This was the discipline enforced from without. The self-discipline of the mind was a voluntary restraint—the discipline which resulted from willing nothing until it had been well thought over, and the order which must ensue as to the outward sign of such methodical, business-like self-control. The intellect, too, must be tutored in obedience to moral control; for although man might reason well and possess the will to carry his purposes into practice, yet he would systematically err if there was not over all this a higher influence, the absence of which the world was a sharp censor to detect. Subject to moral control, to be well drilled in self-discipline they must habitually reflect and think over all matters which engaged their attention, and thus utilise another of their possessions—the power of concentrating thought. Nothing was more difficult to strengthen than was this faculty, none more to be regretted in its weakness. The mind of man was, in fact, in perpetual movement, and this motion resulted only in

unfettered imagination when the ordinary exercise of control was suspended or diverted. In the pursuit of discipline they acquired thoughtful habits, and by thus reflecting and meditating they ripened another of their possessions—memory, which required this exercise to enable them to put forth its fulness of power. We were much in the habit of speaking of memory as a gift specially to some, but in truth it belonged to all, and only needed calling upon to respond. Memory, however, was often found to be more subtle for one thing than for another, a fact which merely proved that in many cases inclination or necessity prompted its cultivation for some special object. This was the case in most instances of remarkable calculators, in whose reckonings memory played so important a part; as it was, too, with Charmidas, the Greek, of whom Pliny wrote that he could repeat from memory the contents of the largest library; so, too, with great linguists, as the Cardinal Mezzofanti. They might be quite sure he was a bad workman who complained of his memory, and that by work and by degrees they would certainly remember better and better, and as their knowledge lived in their memory so it would be ready for use and for application on every apposite occasion; it would be always at hand to support their opinions or to illustrate their treatment. The impressions would be most sharply and durably cut in the mind which made their marks through congenial tastes; and knowing this, he would not press routine too closely upon them, but whilst endeavouring to interest them in their studies, and to make their minds work with intensified vigour, he would leave them to apply themselves to the acquisition of knowledge through those channels in which they were best aided by their memory.

To practise control and discipline, to exercise thought and memory, required patience and perseverance. As perseverance, however, was a term of general significance, and implied the pursuit of an object irrespective of the good or evil which might ultimately come of it, industry, honest industry, should rather be their watchword. They should set down in the very beginning their resolve to be faithful to it, for without it there was no hope of success or of future distinction. Originality, new thoughts, came only through patient work; examples abounded. It was especially through those taken from humble life that they could best appreciate the great results which followed industry in the pursuit of knowledge, leading men out from comparative barbarism, and enabling them to be serviceable to others, and to make their mark in the world. Although it was a twice-told tale, he could not refrain from warning them against relying upon Fortune, that various goddess to whom Demosthenes dedicated, in golden characters, the shield which he left disgraced upon the battle-field of Chæronea; the same Cicero invoked in one of his prologues as the *adjuncta fortuna* who crowned success. The reason for distrusting fortune was simply that no such thing as luck or chance, as they should understand the term, virtually existed. It was confused with the clear sight which seized the right moment for action. The battle of Marengo was won by a charge of the French cuirassiers, and the world said, "By what a lucky chance;" but General Kellerman described his exploit, "I see it—I am in the midst of them!" and thus in a few words gave the key to the successful result, by expressing the rapidly-formed and accurate judgment of the well-trained officer, which enabled him to make use of an opportunity one less practised might have let slip. So, then, to avail themselves of so-called fortune, they must be well trained through habits of industry and observation to be ready to make good use of opportunities.

They would be helped, then, by the exercise and training of their own powers, to assist themselves in the pursuit of knowledge. Much as they might learn, their work knew neither halt nor stop; they must continue at all times and in all seasons in attentive observation upon nature, striving to get as near truth, or truth's likeness, as they could; they must bear in mind that, after all, the acquisition of knowledge was not the only or, indeed, the chief aim of their intellect, for knowledge and wisdom, far from being one, have ofttimes no connexion. And wisdom was not to be mastered by work alone, like knowledge; it came only, assisted, it was true, by knowledge, as the growth of time. Wisdom was the sum total which resulted from the moral control, the self-discipline, and the industry of which they had been told. Yet he scarce expressed himself aright in naming wisdom to them as a sum total, for it was ill-likened to a final number that would be indeed perfection, for whatever share of wisdom they might possess, they must still pursue restless for more; for what more excellent gain than to feel that increasing years added to their capabilities for the wiser practice of their art? It was something to know that at least they were now working in the right direction. He would not conceal from them that he considered their work must increase with the advance of knowledge generally throughout the land, and that more would be required of them if they were to maintain their position in advance. The claims upon their industry were without doubt many, and they were increasing. Let them remember, however, that perseverance was irresistible; before it their difficulties would imperceptibly disappear, and their work was sure to be crowned with the desired success, if only they would act up to the advice given by the Wisest of the wise—"Whatever thy hand findeth to do, do it with thy might."

Had they seriously thought about the work which, as physicians and surgeons, they would hereafter be responsible for? Was it to heal the sick? Was it to stand, not unfrequently—he said it with all humility—between life and death? It was more even than this. It was to do this better, more wisely, more surely than heretofore. This had been our work in the times gone by—we toiled for it now; and this it was men would look to them for in the times to come.

MIDDLESEX HOSPITAL.

The Introductory Address was delivered by Dr. GREENHOW. He said that the occasion which had brought together an audience comprising so many different classes of men—old and young, professional and non-professional, veteran and recruit—could scarcely be considered other than an important and interesting one. It was no less than the inauguration of a new year of labour and study—a new year which was of vital importance, not for itself only, nor for what might be done or left undone in it, but for the influence which the habits formed or encouraged during its lapse could not fail to have on their future lives. The object which had brought them together seemed to him to dictate alike the section of his hearers he should especially address, and also the subject on which he should address them. That object being the inauguration of a new year of labour and study, he should specially adapt his address to the particular class of his hearers most deeply concerned in those labours and studies—viz., the young men who already were, or who were about to become, students of the Middlesex Medical College. He would remind these gentlemen that this day was the commencement of a new era to them all; it was the landmark of their past progress; the starting point of their future course; and a few practical counsels that might help to guide them on their course and to assist their progress were what he proposed to offer them during the remainder of the time at his disposal. With this purpose he proposed to consider—1. The object with which they had entered themselves as students of the College. 2. The studies that would be necessary to secure this object. 3. The manner in which they could pursue these studies to the best advantage. 4, and lastly. The spirit and aims with which they should pursue the calling for which these studies were to qualify them.

With regard to the first point, there could be no question that their object in coming there was to qualify themselves to become medical practitioners—*i.e.*, to make use of medical treatment for the restoration of health or the mitigation of

disease. And here he had used familiar terms, which, nevertheless, were often but vaguely understood—he meant the terms health and disease. Perfect health might, perhaps, be most clearly defined as the normal condition of all the various organs and tissues of the body, together with the normal performance of all their functions. Health, however, as it was now spoken of by common consent, was rather a relative than an absolute state. The term was not used to imply the same precise condition in all persons, or even in the same person at all times; but rather to express, with regard to each individual, that well-balanced condition in which hereditary taints or personal tendencies were sufficiently neutralised by the powers of compensation with which the human frame was endowed to enable the individual to perform the ordinary duties and enjoy the ordinary pleasures of his age, without conscious inconvenience or unconscious injury to himself. Disease, on the other hand, as opposed to health, perfect and absolute, included, of course, every alteration in the normal condition of the various organs and tissues of the body, and every imperfection or perversion of their normal functions. But disease, as medical men were called on to mitigate, and if possible to conquer it, was practically limited in its meaning to those alterations of bodily structure, and those perversions of bodily function, which caused sensible disturbance of the well-balanced condition he had described as constituting ordinary health. He thought a clear apprehension of the above distinctions important to those whose profession would call on them to deal with health and disease that they might early realise to what extent they could reasonably hope to restore the one or to mitigate the other. He had assumed that their object was to render themselves competent members of the Medical Profession; and he trusted that this really was their object, and that none of them had in view either the partial object of studying only some one branch of medical knowledge, or the degrading object, as he could not but consider it, of merely securing their diplomas. He would wish to impress on all of them that no excellence was to be attained in any one specialty, unless a broad and solid foundation of general professional knowledge were first laid during the period of their residence there as students. But far more strongly he would wish to denounce the indifference to all branches of medical knowledge alike which led some men to be satisfied with barely passing the examinations of the several boards whose standard of proficiency was necessarily a low one; for deliberately to place oneself on a low level and aim at a low standard was, in his opinion, degrading to any man's self-respect. He recommended every student, on the contrary, to aim high—to aim at the worthy object of qualifying himself thoroughly for the responsible duties of a noble Profession.

The lecturer now came to the second point—viz., the studies necessary to secure this object. With regard to preliminary education he need go into no details. It had of late been wisely provided that every medical student should give proof of his having received a fairly good preliminary education, and he would therefore proceed at once to the consideration of the special studies necessary to qualify them for their Profession. In the first place they would have to study anatomy and physiology, which teach the natural structure and healthy functions of the various organs and tissues of the body; in the second place, morbid anatomy and pathology, which teach the various deviations from natural structure and healty function that constitute disease; and, in the third place, materia medica and therapeutics, which give an account of the various remedies in use for the cure of disease, and specify their doses or modes of employment. In connexion with these three groups of sciences, because closely allied to them all, they would have to study chemistry. There remained the ancillary sciences of botany and comparative anatomy. Botany, though far less essential than chemistry, deserved, in his opinion, all the attention that could be spared to it, as being the one branch of natural science which, perhaps more than any other, cultivated habits of minute and accurate observation. Again, comparative anatomy should receive a portion of their attention, because it was impossible thoroughly to understand human physiology without frequent reference to the comparative structure and functions of the several classes of the lower animals. Dr. Greenhow said he had now exhausted the list of their scientific studies, and he must now exhort them never to forget, in the wide and interesting fields of knowledge which these would open to them, that, as intending medical practitioners, they must study every science with reference to its applicability to the purposes of medicine as an art. Here and elsewhere he should be understood to speak of the art of medicine in its wide and legitimate sense, as including every branch of the healing art. It was true that they might master all these sciences perfectly, and even their practical applications to the purposes of medicine, without becoming competent medical practitioners; just as a man might be well acquainted with the principles of drawing and the use of colours, and yet be unable to paint a picture, or with the science of music and the use of notation, and yet be unable to play an instrument. For medicine was an art no less than painting or music, and required long practice to attain even moderate skill; but in one respect it differed from every other art—viz., in that it was exercised upon living fellow-creatures, to whom bungling might prove fatal. The tyro in painting or music might spoil the materials or instruments of his art, and yet do no worse harm than that of offending the taste or the ears of his neighbours; but the tyro in medicine might destroy precious lives in his crude experiments upon human subjects, and must therefore be content to learn his art in the first instance by observing the practice of others, and only to begin to practise it himself when he could do so with safety to his patients. This observation of medical practice, no less than the study of medical science, must be mainly accomplished during their attendance on the medical school and hospital. In his opinion, therefore, from the day that they entered the lecture-room as students, they should begin also to observe disease and its treatment in the hospital; and although during the earlier period of their attendance the larger portion of their time should be devoted to the study of science, and during the latter period, on the contrary, to the study of practice, yet, from first to last, these studies should go on together, and they should neglect neither, for neither would bear to be neglected. Before concluding the consideration of the studies necessary to qualify them for becoming competent medical practioners, he must say a few words on one branch of their training, which was a very real, though not exactly a nominal study—he meant the education of their physical faculties. This kind of education had, in a certain sense, been going on ever since they were born; but these faculties required special cultivation in the medical man. They must bear in mind, however, that it was not merely by being shown the relation between certain visible signs and certain internal diseases, by being made to listen to the sounds in the chest which indicate particular forms of pulmonary or cardiac disease, or being told to feel the crepitus of a fracture or the heaving expansive impulse of an aneurism, that they could educate their senses. Instruction, it was true, came by precept; but education could come only by use. Teachers might indeed direct their attention to these things; but it was only by constant and patient practice that students could educate their physical faculties themselves so as to be able to use them skillfully in the examination and diagnosis of disease.

With reference to the third point—the manner in which they could pursue these studies to the best advantage,—it would, perhaps, be more in accordance with custom if he were to limit himself to the sound but general advice that they should form a plan for the distribution of their time, in which labour should alternate with rest, study with recreation, mental effort with bodily exercise; and in which regular attendance on the medical school teaching should be combined with diligent reading at home. But he had found that such general counsels did not, in fact, save students—especially first-year students—from wasting precious opportunities, for want of knowing what those opportunities were, or understanding their true value, while the time for profiting by them remained; and he

had found also that some students, throughout the whole period of their attendance, lost the benefit to be derived from prosecuting their studies on a regular connected plan from sheer inability at first to form such a plan for themselves, and from drifting, in consequence, during their earlier sessions, into indolent and desultory habits. In pursuance, therefore, of his desire to render his address practically useful to his younger hearers, rather than interesting to his audience generally, he should endeavour to lay before them the details of a scheme for the systematic employment of their time by a general adherence to which, subject to necessary individual modifications, they would, he thought, be enabled to pursue their studies to the best advantage. The lecturer then proceeded to explain the distribution of hours which he proposed to first-year students, in order to combine regular attendance on the prescribed courses of lectures, on anatomy, physiology, and chemistry, with a diligent study of practical anatomy by means of dissection, and a due share of attention to the study of disease and its treatment, chiefly in the medical and surgical out-patient rooms of the hospital. Much has been said as to medical students being compelled to attend to many lectures; but he was sure that, with average diligence and ability, a man might profitably attend all the prescribed courses, and keep up with them in his reading, without being overburthened with work. A thorough knowledge of anatomy formed the essential foundation, whether of medical or surgical skill; and this could not, in his opinion, be acquired unless they begun at once to dissect, and continued during their first two winter sessions to devote to this supremely important study a larger portion of time than was now usually given to it by medical students. He recommended that their study of disease and its treatment should, during the first winter session, be carried on in the out-patient rooms, where the majority of cases closely resembled those they would be called on to treat as young practitioners; and also admitted of being more thoroughly examined by the student, without detriment to the patients, than was possible with the cases of more advanced and acute illness generally found in the wards. If they would systematically attend the practice of one physician and surgeon at a time for a period of three months each, they would reap far greater advantage than from any number of irregular attendances. Much of the most valuable knowledge and skill could not be communicated in lectures or even put into words by its possessor, but they would insensibly acquire some of it by steadily watching the practice of him who possessed it. He further advised that they should, as a rule, devote at least three hours every evening, except Saturdays (and of course Sundays), to reading at home, strictly in connection with the lectures and work of the day. The lecturer afterwards sketched out, more briefly, plans for the employment of the students' time during subsequent sessions; and concluded this portion of his address by observing that he had now gone through their three years' course of study, and that, as they had seen, each year, nay each day, had its proper work, which could not be postponed to the next. They should, therefore, cultivate punctuality, method, and accuracy. There was no time to spare, but there was sufficient time for everything if everything was done at the right time; and it was certain that nothing less than everything there prescribed would suffice to qualify them for the arduous duties of their Profession.

He had now arrived at the last point for consideration—viz., the spirit and aims with which they should pursue the calling for which these studies were to qualify them. Time forbad more than a few words on this most important subject, and these few would necessarily apply, in many respects, to other professions almost as much as to their own; for in whatever line of life a man's lot might be cast, his duties were to himself, to his neighbours, and to God, and should, therefore, be performed in the spirit of self-respect, of charity towards his fellow-men, and of faith and obedience to his Maker. At the same time, there were trials and difficulties peculiar to the Medical Profession, and unless they were met with the preparation of a right spirit, they might easily lead its members astray from the right aims of life. It had been truly said, that most men regard themselves too much and respect themselves too little; and in no profession was there so much danger of this fault as in theirs, in which rapid progress often depended most on gaining the favour of those least able to judge of real professional merit. The medical man should also especially cultivate the spirit of charity towards his neighbours. In benevolence to those who needed but could not requite their aid, few or no members of their Profession were, happily, found to be deficient; but it must be remembered that charity, in this restricted sense, was in accordance with their professional instincts, and seldom in even apparent opposition to their professional interests. Charity, in the wider sense of candour and goodwill towards their more successful professional brethren, was a rarer and higher virtue, and one which it behoved them to cultivate more for their own sake than that of others—for the sake of the immunity it would secure them from the painful and mistaken jealousies which equally embittered failure and poisoned success. They would need all the support to be derived from the spirit of faith and obedience towards God in the trying and harassing circumstances to which, at one time or other, they were pretty sure to be exposed in their intercourse with patients, and sometimes even with members of their own Profession. They would have to endure follies and caprices from some of the former, and probably to encounter unfair dealing from some of the latter. In such trials they must preserve their equanimity, and do their own duty fearlessly and faithfully, never doubting that the result would be commensurate with their deserts. It was only true merit which could, in the long run, pass for such, and it was the truest kind of merit which did, as a rule, win the higher class of rewards. They might almost infer the aims they should pursue from what he had said of the spirit in which they should pursue them. The aim of professional success was the first and most obvious with them all, and it was a necessary and legitimate aim to which he would wish to see all of them earnestly aspire. But though they were bound to strive for it as a means of livelihood, and might honourably strive for it as a means of distinction, it should never be their highest or their sole aim. They should strive to cultivate to the utmost, and to employ with their utmost energies, all the faculties and skill they might possess with the high and conscious aims of diminishing the sum of human suffering, and increasing the sum of human enjoyment, and of thereby fulfilling God's purpose in the station of life to which He had been pleased to call them. Of medical knowledge, above all other knowledge, it might surely be said, that it should be "not a shop for profit or sale, but a rich storehouse for the glory of the Creator, and the relief of man's estate."

CHARING-CROSS HOSPITAL.

Mr. HANCOCK commenced with some impressive remarks on the necessity for constant application and unwearied exertion, not only during the period of studentship, but also throughout the whole course of professional life. The period and order of study required by the various boards were then touched upon; after which the lecturer alluded with pleasure to the recent appointment of Dr. Frederick Headland to the chair of Materia Medica. Much stress was laid upon the necessity of thoroughly mastering the rudiments before attempting to grapple with the higher branches of the Profession; and Mr. Hancock pointed out the order in which studies might be most advantageously carried on, laying particular emphasis upon the necessity for neat and careful dissection. He then passed in review the system of medical education at present pursued, giving it as his opinion that the pupils are over-lectured, and that it would conduce very much more to the welfare of the student if the theoretical lectures, or the two courses at present enforced, were done away with altogether, and a

regular course of practical clinical lectures were instituted in the place of the present half-and-half system of principle and practice.

The proposed scheme of extended preliminary education was then brought forward. The system which had produced such men as Baillie, Chambers, Stokes, Watson, Hunter, Cooper, Brodie, Lawrence, Guthrie. Syme, Liston, Fergusson, and a whole host of other celebrities of the Medical Profession, was presumed to be worthless; but it would be advantageous to consider how far the proposed changes were desirable. The great error into which the advocates of these changes had fallen was their non-consideration of the peculiar character of the practice of our own, compared with that of the sister professions—necessitating the supply of medical men for the poor as well as for the rich. After dwelling upon the subject, the lecturer observed that "as a high degree of education naturally induces a tone of refinement, the man who has incurred the expense and labour of a preliminary education such as proposed will revolt at the idea of taking up his abode in the squalid districts of the poor; and the practical result will be that a very large proportion of the population will be sacrificed to the ignorance and dishonesty of charlatans and quacks."

The much-vexed question of the army and navy medical services next occupied the attention of the lecturer, who forcibly dwelt upon the injustice done to the medical officers of the Indian service by the late Warrant. He was rejoiced at the spirit which was manifesting itself amongst the junior members of the Profession, whom he strongly urged not to be misled by specious statements, but to pause and consider well ere, by consenting to become candidates for commissions in the service, they lowered the status of the Profession and surrendered their own just rights and position.

Mr. Hancock dwelt at some length upon the various examples of self-sacrifice and courage displayed by members of the Medical Profession, and especially alluded to Mr. Philip Harpur, Dr. Cunningham, Dr. Fayrer, and Herbert Llewellyn, late students of Charing-cross Hospital. With regard to Llewellyn, he observed, "Let his reply, 'No, I will not peril the wounded,' be engraved in imperishable letters on the tablet of time. Let it be to him as Horace says—

"'Monumentum ære perennius
Regalique situ pyramidum altius,
Quod non imber edax, non aquilo
Impotens possit diruere, aut innumerabilis
Annorum series, et fuga temporum.'"

WESTMINSTER HOSPITAL.

Dr. Basham delivered the Introductory Lecture. He glanced over the interval between 1852, when he last delivered the introductory lecture, and the present year, and inquired by what features it had been distinguished—whether it had been marked either by discoveries of magnitude or utility, or by the useful application of scientific principles to practical purposes. He detailed many of the discoveries which had been made and enlarged on points of practice. In reviewing the progress and change of pathological doctrine which had characterised the last few years, Dr. Basham traced a large portion of that revolution of opinion to the researches of the microscope pathologist. The rapid development of past facts and a clearer insight into the minute structures of the tissues had led to the conviction that the cell, the ultimate element of the tissues, played a more important part in the performance of the functions of development and secretions than had hitherto been conceived. Out of these physiological facts had been developed those more reasonable conceptions of the nature and character of the inflammatory and other morbid processes to which he had just referred. The advantage of a sound preliminary education was pointed out. Of all the elements of a preliminary education there was none of more importance than a moderate knowledge of the leading branches of physical science. The student was exhorted to habits of industry and economic use of his time, for the qualities that came out during the probationary period of study, and attendance on hospitals and lectures, more or less stamped the man in after life. Habits of industry and observation would follow them in their professional life, when they were called to the exercise of their acquirements and abilities. The exigencies of time, fully occupied by the demands their patients made upon them, might deny them the opportunity to aid much by the publication of their experience the advancement of the science of Medicine; they would, however, be ready to recognise, and be prepared to benefit by the efforts and researches of others (perhaps in past days their fellow-students), who, like those of the present generation who were around to-night, would be in their turn devoting themselves to the advancement of their art, and beneficially contributing to the mitigation and perhaps removal of the diseases of the generation in which they live.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

ADDRESS BY MR. LONG.

The annual distribution of prizes to the successful students at the medical school in connection with the Royal Infirmary took place on Saturday week, in the theatre of the school. The Rev. Dr. Howson was called to preside, and among those present were Mr. J. Cropper, Mr. Long, Dr. Walters, Dr. Nevins, Dr. Gee, Dr. Cameron, Mr. Fletcher, Dr. Edwards, Dr. Collingwood, Dr. Grimsdale, Dr. Whittle, &c. There was a fair attendance of students.

Mr. Long then delivered an address introductory of the coming session, of which the following are the principal portions:—

"It is now more than a third of a century since I first entered the ranks of the Profession. During this comparatively short period I have witnessed many changes in it. I have seen many epidemic delusions of the mind, as well as epidemic diseases of the body. I have witnessed strange revolutions in medical practice. . . . I have seen the rise and declension of many 'pathys,' and as many 'isms'—heroic treatment and expectant; alcoholismus and nihilismus, all no doubt at times and in certain cases useful, but none of universal application. . . . This nihilismus has arisen naturally out of that perversity which makes men rush from one extreme to the opposite, or out of that infirmity which makes us unable to strike the balance between two independent truths. Our forefathers put too much faith in drugs; and we by way of compensation get rid of one error by running into another; and, though doubtless our ancestors erred by an over-officious and meddlesome line of practice, and acted as if their medicines possessed specific virtues (which few can lay claim to), and as if no natural proof could go on without help, giving medicines whether they were wanted or not, these, no doubt, being often injurious, though happily as often inert, still it is true that there are diseases and conditions in which the effect of drugs is active and beneficial; and when we see the enormous power possessed by medicines on the animal economy, especially on the nervous system, we shall be wise not to sanction opinions which set at nought these instruments, and leave the younger members of our Profession to despise them, instead of seeking out for themselves a thorough knowledge of their virtues. As the body is afflicted with a vast variety of diseases—many inscrutable, and many that bid defiance at present to the best directed efforts of our art—who knows but that among the variety of plants which exist on the surface of this earth, and by the researches of modern chemistry, some remedies may not be provided for what is now considered incurable, and that he who diligently seeks may find them? Many such have been discovered already. I will in this place only instance two—one of ancient, the other of recent date—viz., Peruvian bark in intermittent diseases; and the remarkable effects produced on the pupil of the eye by the Calabar bean. What, in nature and disease, to us at present appears pur-

poseless for good, probably is intended to call forth the inquisitiveness, activity, and persevering industry of the human mind. An objection has been raised by some to the use of medicines, that they are 'unnatural,' and they speak of nature and art in the treatment of disease as if they were antagonistic. Surely man does not now live in a state of nature; and diseases, I think, may be considered quite as unnatural as medicines. An altered state of body requires, I imagine, an altered mode both of living and of treatment by medicine; therefore, to neglect air, food, and regimen in the treatment of disease would be absurd; and, as to the use of drugs, 'he that is wise will not despise them.' . . . We must always bear in mind that we are rather ministers to, and interpreters of, Nature, than antagonists engaged, as it were, in a constant warfare with her. The prevailing fault, I think, at present is not so much to trust overmuch in drugs, as to be sceptical of their utility. We have a more positive knowledge of the extent and limits of the power of Nature on the one hand, and of the real use of drugs on the other, in the cure of morbid states, than was possessed by our predecessors. . . . Gentlemen, you are entering a profession in which you are to have the principles and the practice, the science and the art, of medicine and surgery. We recognise no distinction at the outset between medicine and surgery, but the practical applications of science are made the ground for its sub-division. We may then regard medicine and surgery in a twofold aspect. As regards theory and practice, the principles and their application, science then embodies principles; art consists in the application of those principles. The more perfect the science the more simple will be the rules by which the artist may work, but when its principles are of high comprehensiveness the practice of them requires more operative skill and sagacious judgment. In medicine no principles of any high degree of generality can be said to have been established, and no rules of practice therefore exist which can be applied without exception or qualification to individual cases. The complexity of the conditions which affect the phenomena of disease renders the knowledge to be acquired, before means can be employed in the cure of it, one of the most difficult among the objects to which the attention of the practitioner can be directed. . . . Much has of late years been accomplished in scientific and practical surgery, especially in that direction termed 'conservative.' A good summary of this progress has lately been brought before the Profession by Professor Ferguson, in his lectures at the Royal College of Surgeons of England. . . . I also hail with pleasure a new edition of Paget's 'Surgical Pathology,' which has already accomplished so much for scientific surgery. . . . Great improvement of late years has taken place in medical education. The preliminary examination, before the student can enter the pale of the Profession, is most judicious. No person ought to enter upon the study of the Medical Profession who has not had a liberal education; and this examination is the test of it. The division of the examination into periods or stages is advantageous, instead of, as formerly, crowding all the subjects into one short and imperfect examination. This new plan, without over-taxing the energies of the student, enables him to be better prepared upon all subjects than was possible under the former system. It is a question whether the age of sixteen may not be too early for a youth to enter into the medical or any other profession. The choice has to be made before the mental powers have had time to develop themselves; when, in fact, they are in a transition state, and before the tastes have been fully displayed. If general education were prolonged until the eighteenth year, the mind and tastes would have had a longer time and more opportunities for unfolding themselves. It is more than probable that a young man previously well prepared in general knowledge will commence the study of Medicine at eighteen, nineteen, or even later, with the probability of much greater success than he who is bound an apprentice at sixteen, and has passed three or four years in the acquirement of desultory and ill-digested knowledge of its least important details. The law does not allow of early marriages, and yet a youth of sixteen may be compelled, or of his own free will, or caprice, may tie himself to what his whole subsequent life is to be dedicated, and to what is to be his business, and as much as possible his pleasure. He has the best chance of success in his profession whose *heart* is in it as well as his *head*. *Taste*, therefore, as well as *intellect*, should be consulted in the choice of a profession. Men obliged to devote their intellectual powers to occupations laborious and distasteful to themselves do not succeed; and this holds good especially in medicine. A comparatively superficial practitioner, who *shows* that he likes his profession, will secure a large practice; whilst another possessed of three times the amount of his professional acquirements, and having perhaps greater intellectual pleasure in the pursuit of it, yet whose tastes are offended at its details, will remain, so far as the public are concerned, in neglect and obscurity. It has been well observed, 'La Medicine est la plus noble des professions, et le plus triste des métiers' (a noble profession, a shocking bad business). A systematic curriculum of study should be pursued, its chief advantage being rather to point out the path to the student than to conduct him along it, and attendance upon lectures, which are not demonstrative, are chiefly valuable to the student as connecting the knowledge he may have acquired from other sources, and indicating to him the points in which he is most deficient. Examinations are most useful as summarising what has been given in the previous lectures, and as a test of the attention and proficiency of the pupil. By lectures we instruct—by examinations we educate. . . Practice is but a continuance of education in which we soon learn how little we are to be guided by authority, and how much we have to trust to our own judgment for the selection of the means of treating diseases. To expect a perfect knowledge of the Profession, medical, surgical, obstetrical, &c., is out of the question. 'Non omnia possumus omnes' (we can't do everything). Whilst uniformity of medical education is desirable, there can be no objection to a sub-division of medical practice into various departments. It is impossible for any individual to keep pace with the progress of knowledge in all the branches of medical science. It is universally allowed that 'division of labour' is favourable to perfection in all art, and there is no reason why it should be otherwise in the practice of the healing art, provided always that a choice of a special department be not made until the principles of the science of medicine have been fully acquired. . . . The qualities to obtain a fair knowledge of your Profession, and to insure success in it, are not at all extraordinary—they are common sense and perseverance. There must also be a spirit of self-reliance and self-help. Help from without is often enfeebling in its effects—help from within invigorates. What is done for us to a certain extent takes away the stimulus and necessity of doing for ourselves. There is an education not to be learned from books, or acquired by any amount of literary training, and all observation serves to illustrate the lesson that man profits himself more by work and observation than by reading. The steam-engine is itself a monument of the power of self-help in man. The idea, promulgated by Horo, of Alexandria, was never lost, but like the grain of wheat entombed with the Egyptian mummy, it sprouted and grew vigorously when brought into the full light of modern science. Grouped around it we find Savary, the Cornish miner; Newcomen, the Dartmouth blacksmith; Cawley, the glazier; Potter, the engine-boy; Smeaton, the engineer; and towering above all, the laborious, patient, untiring James Watt, the mathematical instrument maker. We find that the greatest results in life are usually attained by simple means, and the exercise of ordinary qualities. The great high road of human welfare lies along the old high way of steadfast well doing, and they who are the most persevering, and work in the truest spirit, will invariably be the most successful. Fortune is ever found on the side of the industrious. We must never forget that progress of the best kind is comparatively slow. Great results cannot be achieved at once; and we must be satisfied to advance in life as we learn to walk, step by step. We must sow before we reap, and often have to wait a long time content, meanwhile to look patiently forward in hope—the fruit best waiting for often

ripening the slowest. There is an Eastern proverb worth remembering—"Time and patience change the mulberry leaf to satin."

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician to Deputy Inspector-General Dolmage at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

On the Effects of Electricity.

Case I.—*Violent Epilepsy.*—The patient was past the middle age, of—as it is commonly expressed—a large make, and bore the appearance of having been formerly robust in health, and powerfully developed as to muscular strength. I had been summoned to him hastily, and asked to come at once as he was dying. On my arrival, a few minutes after receiving the call, I found the patient working most strongly in fits of violent epilepsy, the left side being that which was most affected: indeed, the right side seemed scarcely at all to participate in the violent agitation, the leg being the only part which was convulsed. The muscles on the left side of the chest and abdomen were involved in the affection, while those on the right were apparently quiescent. The head was drawn forcibly to the left side by the violent contraction of the left cervical muscles; the facial muscles worked strongly; the jaws were forcibly approximated by the convulsed masseters, and when relaxation was obtained for a short time, the same violent clenching was repeated several times in each fit; the tongue and lips had been severely bitten, and were covered with thick, bloody, frothy mucus, or saliva, and all the front teeth were broken, and had been probably swallowed; the eyes, open but expressionless, were rolled about in their sockets, and the pupils were widely dilated; the surface of the body was moist, but not perspiring, and was cool rather than warm, notwithstanding the violent action which existed.

On the accession of each fit the patient uttered a peculiar low sound, which he continued to utter till the attack had ceased. The arm of the left side was drawn forcibly in upon the chest, the forearm being as forcibly flexed upon the arm, and the hand upon the forearm, while the fingers also were flexed upon themselves; the penis was not erect, nor was there any emission of semen or discharge of the alvine evacuations.

As soon as I entered the room, I had the windows and door thrown open, so that a free current of air might find entrance; the face and neck abundantly, and with some degree of force, besprinkled with cold water; the bed clothes turned aside in order that I might grasp the wall of the abdomen with my left hand, while with all my strength, and by means of the right hand, I compressed the abdomen itself at that part which corresponds to the situation of the solar plexus. This manœuvre seemed at first to check the violence of the fits, and accordingly, when I became tired, I committed my office to one of the patient's friends, who, according to instructions, exercised steady and very great pressure.

I would here mention that I have found this plan of action most effectual in immediately abating the violence of epileptic convulsions, or even of putting a period to them at once. In the present instance, however, it failed, and I was forced to abandon it in favour of some other expedient. Chloroform suggested itself to my mind, and in order to obtain it I despatched a messenger to the nearest chemist's shop. As there was delay in procuring it, I sent home for my electric battery; and as soon as it arrived I proceeded to pour into the patient's system a continued stream of electricity, fixing the poles of the battery in the palms of the hands, and having the fingers clenched tightly by the aid of two assistants.

At the time of beginning the administration of the electricity the patient was working violently in an epileptic paroxysm; the "rattles" were in his throat, and had been so for some time previous to my having been summoned; death was imminent, and seemed to be quickly drawing the suffering man to his end.

Immediately that I commenced the electrifying process the fit was arrested; encouraged, therefore, by this *immediate* effect, I had the poles taken out of the hand and applied to the epigastrium, as nearly as possible over the semi-lunar ganglia. This roused the patient, and he became quite conscious of the pain occasioned by the electricity; I now altered the position of the poles, having one placed on the epigastric region and the other on the left eyebrow, just where the supra or vital nerve makes its exit; and instead of giving him merely a continued strain of the electric fluid, I alternated the strength of the battery, so that the patient should experience severe shocks. Seeing that the desired effect was produced, I again shifted the poles first to the supra-orbital regions (immediately over the foramina), and then I had one pole put to the left side of the neck, directly over the course of the phrenic nerve, and the other to the left side of the epigastric region. This woke up the patient most effectually, the full strength of the battery being used. The current was then passed through the thorax by having a pole laid on each side of the chest, the left pole being in close apposition with the intercostal space which corresponds to the apex of the heart.

I now had the pleasure of hearing my patient ask for a discontinuance of the shocks, and beg for a little cold water.

The fits were completely stopped; the patient was fully conscious to everything; the poles were removed; the electrifying process no longer continued, and I administered forty minims of tinct. opii, with the hope of procuring sleep as soon as possible.

The first effect of the electricity was to increase the action of the heart, and consequently to make the pulse fuller and more frequent: to these supervened a glow of warmth over the entire surface of the body, the bursting out of profuse warm perspiration from every pore, and, in fact, general reaction.

I should, in the first instance, have applied the poles of the battery to the spine; but as the man was in a dying state when I was summoned, I hesitated in rolling him on either side lest the heart, already enfeebled from exhaustion, should cease to beat.

I must admit that I was not a little astonished at the rapid effect of the means employed for the patient's recovery, and of the complete efficacy both in stopping the paroxysms (which returned about every three minutes) and in preventing their return.

I would mention that the patient was of most intemperate habits, and had been in a state of intoxication for some days previously; that he had been attacked on three several occasions with similar epileptic fits, none of which, however, had been at all so severe as the one of the present time; also, that the paroxysms were of the most violent character, recurred at an interval of three or five minutes, and that the entire attack lasted for six hours, having commenced at six p.m. and not having ended till about twelve midnight.

The patient has since done well.

9 Lupus street, St. George's square, Pimlico.

Cambridge Lunatic Asylum.—It is proposed to erect a detatched ward at this asylum for the reception of noisy and refractory patients.

Bath County Court: Parker v. Fisher.—This was an action brought by Mr. Parker, of Daniel street, surgeon, against Richard Fisher, of Holloway, to recover 15*l.* 15s., for plaintiff's attendances upon defendant's wife from January to July, 1864. The charge was for the application of tin splints of the plaintiff's invention; the defence being that there was no arrangement made for payment, and further, that so numerous attendances were unnecessary. The jury returned a verdict for plaintiff, fixing the amount at four guineas.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 12, 1864.

PROFESSOR QUAIN'S INTRODUCTORY LECTURE AT UNIVERSITY COLLEGE.

The Introductory Lecture of Professor QUAIN at the commencement of the Medical Session of University College was on the subject of Medical Education, but the topics of the address were rather retrospective than prospective, as they partook more of the nature of a summary of the past than of a guide to the future. Still, the progress of Medical Education has been so much, we do not say dependent upon, but associated with, the fortunes of University College, in the hospital of which Mr. Quain holds the office of Professor of Clinical Surgery, that we do not wonder the lecturer considered the two subjects as in great measure related to one another; and we need no apology for considering them together.

In the middle of the last century, and at the commencement of the present, there could scarcely be said to have been any system of Medical Education at all. Surgeons obtained their knowledge the best way they could, by seeing the practice of an hospital, or by attending the lectures given at some rare intervals by private lecturers, or by attaching themselves as pupils to some distinguished surgeon; and this was the mode in which such surgeons as Hunter, Astley Cooper, and Abernethy received the elements of their education, and these were the sources whence they derived the lessons which they afterwards turned to so much profit in the diagnosis and treatment of disease. Physicians had even less opportunity than surgeons of acquiring a knowledge of the Profession of Medicine in England, and they were obliged to resort to foreign countries for that purpose, especially to the Universities of Italy and Holland, which, at the period to which we refer, were the great seats of Medical learning, such as it then existed, and from them our English physicians were accustomed to take their degrees. Even when the Doctor's degree was taken at one of the English Universities, it was usual for the graduate to travel on the Continent in order to acquire an insight into the Medical knowledge of the period, before he entered into actual practice at home. As for the class of general practitioners, they could hardly be said to exist at the end of the last century; for although the London Society of Apothecaries had received somewhat enlarged powers from James I. of England, and were in some measure licensed to practise Medicine as well as to compound and sell drugs, yet their jurisdiction was very limited, the number of their members was small, their system of education very imperfect, and their examinations little more than a form.

The changes which occurred in Medical Education at the commencement of the present century are now matters of history. Surgeons' Hall had become converted into a Royal College of Surgeons, the Royal College of Physicians had preserved its dignity without having added much to its influence, and the Apothecaries' Act of 1815 conferred upon the London Society of Apothecaries the power of granting licences to practise Medicine throughout England and Wales. What this Society did with their newly-acquired powers is also well known—namely, that they set themselves to work in effecting a thorough but gradual change in the whole system of Medical Education so far as it concerned the practice of apothecaries, over whom alone the Act of 1815 gave them jurisdiction. Attendance on lectures and hospital practice, which had before been optional, was now made compulsory; and it was necessary that every one who aspired to a licence to practise should pass an examination with a view of exhibiting his competency.

Strange as it may appear, now that the subject is viewed through the vista of years, the operation of the Apothecaries' Act was at the time eminently successful and beneficial, and instead of diminishing the number of Medical practitioners, it largely increased them; and, moreover, it called into existence and into systematic operation a scheme of Medical Education in England which, with more or less modifications, has lasted to the present day.

A very few years after the passing of the Apothecaries' Act, the Liberal party in the State conceived the idea of establishing an institution for the instruction of the masses of the people in every branch of literary and scientific education, Medicine, of course, included; and, under the auspices of this party, the University of London—as the stately fragment in Gower street was then called—was opened in the autumn of 1828. The study of Medicine, however, though an integral part of the scheme, was at first considered quite subordinate to the other educational features of the establishment; and the first few Medical Sessions began, as is well known, without even an hospital, which was not erected until several years had elapsed and the Medical School of the institution had assumed an unexpected degree of magnitude and importance. It was intended, and it was confidently hoped, that the then University would obtain the power of granting degrees in every branch of learning, and this hope at one time appeared to be near its fulfilment when the party which supported the institution came somewhat unexpectedly into power on the death of George IV. The success, however, which it was hoped would attend the establishment of the new seat of learning was not achieved; the persons who were disposed to pursue or encourage learning for its own sake were found to be comparatively few; and although the system adopted as the watchword of the new University, of civil and religious liberty to all, was fully carried out, it found no particular favour even with the masses for whose benefit it was intended. On the other hand, it raised a host of active and able opponents among the Conservative, or Church and State party, who not only loaded it with every species of ridicule and abuse, but who showed their practical antipathy to its principles by founding and opening a rival institution, now, as it was then, known as King's College, London.

In reference to Medicine, it must be admitted that the views of the founders of the new University were highly praiseworthy; and the mode in which those views were carried out by the executive was generally commendable. It was intended that the student of Medicine, instead of repairing to foreign countries or to different localities in his own land, for the purpose of acquiring various kinds of knowledge, should find at one central metropolitan institution the means of obtaining both General and Medical Education; and it was also intended that the system of apprenticeship should be superseded by an attendance on those courses of General Literature and Science for the pursuit of which the University offered extensive facilities. With the special view of improving the mode of teaching Medicine and Surgery, the most distinguished Professors of those branches, with the collateral sciences, were invited from all quarters, and several were appointed. If we do not mistake, the celebrated Meckel was actually appointed the first Professor of Anatomy, although for some reason he never occupied the post; but Sir Charles Bell was the first Professor of Surgery, holding the additional chair of Physiology; the present Dr. Watson was the Professor of Forensic Medicine; Dr. Conolly, of the Practice of Physic; and the late Dr. A. T. Thomson, of Materia Medica. The first Professor of Anatomy was Mr. Pattison, who turned out a failure; and the first Demonstrator of Anatomy was Mr. J. Bennett, an accomplished anatomist, who had long taught the subject to English students in Paris, but who, after lecturing for three sessions, was cut off by disease at an early age. The first Professors of Chemistry, Botany, and Comparative Anatomy were Dr. Turner, Dr. Lindley, and Dr. Grant; and undoubtedly no better appointments could have been made, for they were all men thoroughly acquainted with their respective departments, and were, moreover, admirable lecturers and lucid writers; and each and all of these gentlemen, two of whom survive, have done good service in diffusing among the Profession accurate and enlightened views on these collateral though most important branches of Medical Education.

As the institution itself was a new one, the plan of instruction was new likewise; and as the materials comprising the study of Medicine had largely expanded, and the knowledge to be gained by the student was proportionally greater, so the courses of lectures were extended in duration and the period of attendance on lectures and hospital practice was increased. This extension of lectures, we may mention by the way—although the fact was not alluded to by Mr. Quain—was borrowed from the system pursued at Edinburgh, where six-months' courses were delivered instead of three months', which was the usual duration of the lectures in London, two courses being given in the space of one winter session. Chemistry was taught, and, we may add, taught well and profitably, and by no means tediously, in courses which lasted from October to the middle of May; and Physiology, instead of being appended as a sort of makeweight to the lectures on Anatomy, was elevated to the rank of a special science, and taught by a separate Professor, the first occupants of the chair having been, as we have mentioned, Sir Charles Bell, and then the late Dr. Southwood Smith. Dr. Sharpey, the present respected Professor of Physiology, was not elected until long afterwards.

Another new feature in connexion with the Medical lectures was the institution of the plan of weekly examinations in each class, and the award of prizes and certificates of honour at the close of each session. These new features have been adopted at many, if not all, of the Medical Schools; and whatever difference of opinion may exist as to the expediency of the prize system for our Medical students, there can be no difference of opinion at all as to the propriety and, indeed, necessity of weekly examinations in each class; and this improvement upon former plans, the then University of London, as far as we know, was the first to originate.

Such were some of the topics touched upon in Professor Quain's Introductory Address; and in reviewing the course of events in the establishment with which he has so long been connected, he might, perhaps, without overstepping the limits of modesty, have declared, in the words of the Trojan hero, "quorum pars magna fui," as there are very few circumstances connected with the fortunes, good and bad, of the Medical Department of University College of which he has not had cognizance, or in which, indeed, he has not taken a rather active part. Still, he had no hand in the foundation of the institution, and he did not become connected with it until two years after it opened, when he commenced his career as a teacher in the capacity of a joint Demonstrator of Anatomy with the late Mr. Benjamin Phillips, and he was afterwards sole demonstrator, while his brother, Dr. Jones Quain, held the position of Professor of Anatomy and Physiology.

It would be a long story to follow the vicissitudes which befel the University, to record the misfortunes which it suffered in the secession of some of its most worthy teachers, and in the early death of others, or to trace the rise of its Medical school to the highest point of eminence and success, and its subsequent comparative decline. It is sufficient for the present to remind our readers that the University of London is no longer the name of the building in Gower street, which has sunk into University College; but still the latter may point with pardonable exultation to some of its alumni, deriving their honours from other sources than their Alma Mater, and it may exclaim with the Roman poet, altering a single word—

"Hos ego *discipulos* feci, tulit alter honores;
Sic vos non vobis mellificatis apes."

SUMMARY OF THE WEEK.

SOME RECENT PROCEEDINGS UNDER THE MEDICAL ACT.

Under our head of Legal Intelligence we have lately recorded some proceedings taken by a Mr. Talley, a solicitor, against several persons who were charged with having committed various offences punishable under the

Medical Act; and in our present number we report a further proceeding instituted by the same gentleman, with what success we are unable at present to determine. We quite agree with the 'Lancet,' that some of Mr. Talley's measures indicate more zeal than discretion, and in one case—namely, that in which he summoned a gentleman possessing a diploma of the College of Surgeons, on the ground that he was not registered—Mr. Talley was unquestionably in the wrong in point of law. But without knowing anything whatever of Mr. Talley, except what has appeared in the newspapers, we think that his efforts to root out and expose, and if possible to punish, the infamous crew of quacks who are fattening upon the vices and the credulity of the English public, deserve every support from the Profession and from the community in general. The 'Lancet' knows as well as we do that the only reason why the Medical Press does not denounce and expose this iniquitous gang, is because they possess such enormous wealth that they can, and actually do, buy up any amount of legal assistance to defend themselves against any attacks which may be made upon them; and because, moreover, they have, by spending thousands of pounds in advertising, bought up a great portion of the Press, both metropolitan and provincial. Without mentioning names, which might expose ourselves to legal consequences at the hands of these scoundrels and their attorneys, we ask our readers whether some of the vilest impostors of the class to which we allude have not been made to appear to the public as the victims of persecution in the speeches of their counsel and in the garbled accounts published in some of the daily newspapers. Mr. Talley, whoever he may be, exhibits great boldness in grappling with a gigantic evil, with which, perhaps, he is not strong enough to cope; but his efforts deserve encouragement rather than blame, although we hope that he will be more careful in future in selecting his cases. The parties with whom he has now to deal are like the fabled Proteus, and can assume an infinity of shapes and a vartety of names; and, what is extraordinary, it seems that the law actually protects them in such assumptions.

THE CASE OF DR. GOSS.

The remarks made last week as to the alleged conduct of Dr. Gervis and Mr. Llewellyn in the late unfortunate case of Dr. Goss, have called forth from the former two gentlemen an explanation of the part which they took in the transaction; and we are bound to state that they appear to have been free from blame in the course they pursued. The woman, who was the patient of Dr. Goss, was attended by Mr. Llewellyn, called in after Dr. Goss had left her, and she was then found with the os uteri widely dilated and the child's shoulder presenting. Mr. Llewellyn, under these circumstances, called in the assistance of Dr. Gervis, who delivered, with great difficulty, by the operation of turning. So far, it is universally admitted, no blame whatever was attributable to either of these gentlemen, who merely did what was necessary under the urgent necessity of the case. The patient, it will be remembered, died fifteen days after delivery, and a coroner's inquest was held upon the body; and here is the point in the history where the conduct of Dr. Gervis and Mr. Llewellyn is impugned, as it was broadly alleged that they assisted in "getting up" the inquest, and that it was owing to their evidence that Dr. Goss was committed to take his trial for manslaughter. It now appears, however, that the inquest was demanded by the relatives of the patient, and that neither Dr. Gervis nor Mr. Llewellyn had any concern in it, except that they were, as a matter of course, summoned as witnesses, and, after the verdict of the jury, were bound over to give evidence at the Central Criminal Court. It must be also recollected that it was upon the evidence of Dr. Gervis that Dr. Goss was acquitted. We are very much rejoiced to find that both Dr. Gervis and Mr. Llewellyn positively disclaim any intention of injuring Dr. Goss, who, we must repeat, has been cruelly ill-treated in the whole matter.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. J. MARION SIMS, of New York, contributes some "Clinical Notes on Uterine Surgery," his remarks being confined to the method of uterine examination which he adopts. He describes the position of the patient for the touch or the speculum examination, a common table being recommended by him for the latter purpose; and he prefers the dorsal decubitus for the touch, but for the speculum the left lateral semi-prone position. The speculum employed by Dr. Sims, from 1845 to 1853, was what is called the *duck-bill* instrument, from its peculiar shape. The use of this speculum requires the presence and assistance of a third person; but Dr. Sims thinks that this circumstance is a strong reason in favour of the instrument, and he thus expresses his opinion on this point:—

"I insist that a third person should always be present on such occasions. Delicacy and propriety require it, and public opinion ought to demand it: I do not mean lay, but professional public opinion. I am sure that I never made a vaginal examination or used a speculum a dozen times in my life without the presence of a third person. I have never had a patient to object who was educated or sensible. But the silliest person would see the necessity of it when told that 'propriety required it, even if an assistant were not necessary.' The few that have objected to the presence of another person in the room at the time of a speculum examination have done so from the fear of personal exposure. We are too apt to disregard this innate feeling of delicacy when we have been much used to hospital practice, but we can never make a mistake if we always cultivate the same gentleness and kindness towards the poorest hospital patient that we would towards the highest princess. I repeat, then, that we should never, in our examinations, allow any exposure of person, not even in hospital practice. When the touch is made there can be none of course, with the patient on the back, and covered with a sheet. When the speculum is introduced, we should see only the neck of the womb and the canal of the vagina."

THE OPHTHALMIC REVIEW: A QUARTERLY JOURNAL OF OPHTHALMIC SURGERY AND SCIENCE. Edited by J. ZACHARIAH LAURENCE and THOMAS WINDSOR. No. III. October.

The present number contains a "Case of Amaurosis coin-

cident with Oxaluria," by Dr. William Mackenzie, of Glasgow. The treatment, which was successful, consisted chiefly in the administration of nitro-muriatic acid and sulphate of iron. The next paper is on "Some Cases of Paralysis of the Oculo-Motorius," translated from the clinical lectures of Professor Von Grafe, published in the 'Berliner Klinische Wochenschrift;' and there is also a "Clinical Lecture on Cataract," by the same surgeon, translated from the 'Klinische Monatsblätter für Augenheilkunde.' A "Contribution to the Clinical History of Glaucoma," by Dr. Magawly, of St. Petersburg, is translated from the 'St. Petersburger Medicinische Zeitschrift.' Mr. Robert Moon contributes a "Report of Cases treated at the Surrey Ophthalmic Hospital, under the care of Mr. Laurence;" and Dr. Charles Taylor, of Nottingham, relates some "Cases of Cataract, extracted by Moorea's Method." Mr. Windsor furnishes a "Retrospect of British and Foreign Medical Journals, relating to Ophthalmology," and the number concludes with reviews of Zander's work 'On the Ophthalmoscope,' and Dr. Jago's 'On Entoptics,' and a short notice of the Heidelberg Ophthalmological Congress, held on the 3rd, 4th, and 5th of September last.

The Journal of British Ophthalmology and Quarterly Report of Ophthalmic Medicine and Surgery. Edited by Jabez Hogg. No. I. October.

This periodical is intended to be a fair and impartial exponent of the views and practice of English ophthalmic surgeons, and proposes to give prominence to, and extended notice of, the additions constantly being made in this department of the Profession among our own countrymen. It is announced that the contents will consist of Original Articles and Papers, Reports of Hospital and Private Cases, Reviews and Critical Notices of Books and Papers published in Great Britain and in every part of the globe, and of Correspondence, Miscellaneous News, and other matters relating to ophthalmology. The first article is a rather long one, entitled "British *v.* German Ophthalmologists," and is devoted to the subjects of Iridectomy and Section of the Ciliary Muscle. The purpose of the writer appears to be to show that the claims of the German school to originality in the theory and practice of ophthalmic surgery are overrated, and that the researches of British writers have been unfairly overlooked. The well-known paper of Von Gräfe "On Iridectomy as a Means of Treatment in Chronic Iritis and Irido-choroiditis" is sharply criticised, and it is urged that Mr. Hancock's operation for the division of the ciliary muscle will become the general practice in those cases for which iridectomy is now recommended by some ophthalmic surgeons. The rest of the Journal is devoted to Original Articles, Records of Ophthalmic Practice, Reviews, and Hospital Reports. It should be mentioned that the Journal is printed on tinted paper, the effect of which is agreeable to the eye.

The Liverpool New Fever Hospital in connexion with the Liverpool Workhouse has just been opened for the reception of patients. It contains eight wards, each capable of accommodating twenty patients. The space allotted to each patient is 1,100 cubic feet. The total cost has been about 6,500*l.*

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE HOSPITAL.

Case I.—A little boy, a patient from disease of the right side of the lower maxilla. The face was somewhat enlarged, but more especially on the right side, where there was so great a prominence as to lead, at first sight, to the supposition that there was a malignant tumour beneath the cheek, and that it occasioned the projection. This swelling of the face, however, arose altogether from the irritation created by the presence of diseased or dead bone.

At a point in the cheek about a little posterior to the centre of the lower edge of the ramus maxillæ there was an opening in the soft parts, quite large enough to admit the tip of the forefinger; in front of this aperture and a little higher up on the cheek there was another opening, but of a smaller size than the former: both of these communicated with the bone. Through the posterior aperture Mr. Smith proceeded to examine the condition of the maxilla; and not at first detecting any part of the bone to be movable, he hesitated in adopting measures for removing the dead portions, lest in taking them away he should damage the entire bone more than disease had already done. He therefore examined more minutely; and when he had satisfied his mind that the dead bone was mobile he commenced its extraction, using for this purpose, first the forceps and then the gouge. He did not take away all the necrosed bone; as some of it was firmly connected with the living portions of the maxilla and not at all loose, he preferred to wait ten or fourteen days, so as to give Nature an opportunity of throwing off the dead tissues; and he hoped that at the end of such time the diseased part would be completely loosened and would offer no difficulty to removal.

This was the second operation which had been performed upon the boy.

In the course of some remarks upon the case, Mr. Smith pointed out the danger of pushing the administration of chloroform in such a case as the present, when pallor so quickly and to so great an extent overspread the face and the entire surface of the body.

Examination of the fragments of bone subsequent to their removal showed that one of them was altogether composed of osseous tissue completely dead, while the other had part of its bulk dead and the remainder yet living.

Case II.—*Epulis.*—This was a female, suffering from epulis. The tumour grew from the posterior surface of the gum and directly behind the incisor teeth, between which it protruded, but which it had neither dislodged from their sockets nor pushed aside from their regular positions. It was red, smooth on the surface, dense and firm to the feel, and seemed, owing to the projection of its anterior part between the incisors, divided into two lobes.

The patient was not brought under the influence of chloroform. Grasping the tumour with the fingers, the first incisions of dissection were made; and when the blood began to flow, the forceps was substituted for the fingers; the dissection was then completed, a scalpel being used throughout. No teeth were drawn, since such a procedure would have been an ugly complication to the operation, owing to the deformity which would have resulted. The bleeding was arrested by the application of the strong nitric acid.

In the using of this acid Mr. Wood had another object in view beside the arrest of the hemorrhage: it was the destruction of the periosteum whence the tumour had sprung. Moreover, it was also hoped that, this membrane having been destroyed, the flake of bone which lay next to it would be killed and would come away, thus leaving not a trace of the tumour, and precluding the possibility of its being renewed. This plan of removing the periosteum and the bone in immediate contact with it was deemed better than seeking to attain the same objects by means of scraping away the periosteum.

To the naked eye a section of the tumour presented a distinctly fibrous arrangement.

CASE III.—*Oblique Inguinal (or Scrotal) Hernia.*—The protrusion of the bowel was on the left side. The canal was fully open, so that the intestines readily slipped up or down.

The causes of the descent of the bowel were independent of a faulty condition of the peritoneum—an imperfect closure of the canal of Nuck, a late descent of the testis, and want of proper development of that organ. These views concerning the occasion of hernia (inguinal, or scrotal) have been long entertained by Mr. Wood, and have been propounded by him in his treatises on this affection.

In the present instance there was no testis on the side opposite that upon which the descent of the bowel had occurred.

The patient was stout; and the fat which filled the tissues constituted a source of difficulty in the operation, since the greater caution was required in order to avoid forcing it up into the inguinal canal, where it would form only a temporary barrier, owing to the rapidity with which its absorption would be effected. Another difficulty in this operation proceeded from the very great toughness of the scrotal fascia, which on this occasion resisted the knife when applied to it for its division. There was a little more hæmorrhage than is usual in this operation; probably because the scrotal vessels were somewhat enlarged in their calibre, and participated in the toughness of the fascia covering them.

In his remarks, Mr. Wood mentioned, that when operating on the male or the female subject, and there happens to be an abundance of fatty tissue, we must be careful not to attempt to plug the patent canal with it, since we should only be disappointed in our expectations, if we trusted that it would form a permanent and effective hindrance to the descent of the already prolapsed bowel. He likewise pointed out that, in the passing of the needle, we must avoid getting its point entangled in the tissues through which we seek to make it traverse; that the needle, when armed with the wire, must be withdrawn quickly, in order to prevent any such entanglement as we have just noted; that the wire must be strong enough, so as to have no risk of its getting broken, and should have its angle of curvature nicely rounded, in order to avoid any hitching when the needle is being withdrawn, and that the withdrawal should be effected during the expiratory movements, inasmuch as they would aid us in our efforts.

CASE IV.—*Large Fatty Tumour upon Back of Thigh.*—The patient was a woman below middle age, of stout habit of body, and in the enjoyment of excellent health.

Five years since she noticed a little prominence at the lowermost part of the back of the thigh, and immediately above the popliteal space, but she used no attempts at its dispersion, as she dreaded any interference.

With his usual rapidity, carrying the knife from above downwards, and cutting through the integuments and the capsule of the tumour, Mr. Smith turned out the latter by compressing it between his fingers. The entire of this part of the operation occupied an incredibly short time, and the evolution of the tumour was effected so rapidly that it was scarcely perceptible. The bleeding vessels, of which there seemed to be not a few, were secured, and the wound was brought together by the thread sutures; straps of adhesive plaster, pledgets of lint (wetted with water), and the folds of a calico bandage completed the entire operation.

Before its excision the tumour was about the size of the head of a human fœtus; was firm, yet elastic to the touch; readily movable, not alone upon the tissues by which it was subtended, but also underneath the skin. Though firm to the feel, it possessed a certain degree of softness, which helped very materially to demonstrate its nature. A number of veins coursed over its surface; and each vessel seemed to be enlarged in its calibre, no doubt from the pressure exercised by the tumour upon the deep as well as the superficial structures.

Previous to making the incision in the skin, Mr. Smith punctured it, driving the knife sufficiently deep to penetrate the tumour also, and thus to ascertain the exact nature of its contents. After the completion of the operation, Mr. Smith dwelt upon the necessity of making this exploratory incision, lest we should be deceived in our diagnosis, and attempt the excision of a chronic abscess which we may have mistaken for a tumour of a nature similar to the present; also of freely dividing the capsule, and of forcing or tearing out its contents. This last-mentioned method of removal is very far preferable to dissecting out the tumour with the knife, since there is not by any means the same amount of time or blood wasted. It cannot, however, be practised if the tumour has been exposed to violence, and should have been attacked with inflammation; because in these instances the capsule will probably be adherent to the substance which it encloses. The under surface of the fatty mass had attached to it a few small masses of the same material, showing that the tendency to the development of such growths still continued. These small bodies would, no doubt, have attained a magnitude as great as the tumour for which the operation was undertaken, had they only been allowed a sufficient time for their development.

CASE V.—*Cystic Tumour of the Eyelid.*—This occurred in an old man. The tumour was situated in the upper lid of the right eye, and had been growing only for a period of five months. As in the last case, Mr. Smith first punctured the tumour, so as to ascertain its contents. These he found to be composed partly of purulent matter and partly of a serous fluid, both of which escaped when the cyst was penetrated. The cyst itself was next most carefully dissected out from its berth, and none of it allowed to remain, lest it should again spring into growth, and so there should be a return of the affection. Simple water dressing was the only treatment which was subsequently used.

LEGAL INTELLIGENCE.

THAMES POLICE-COURT.—CRUEL AND GROUNDLESS CHARGE AGAINST A SURGEON.

Mr. William Richard Goodfellow, surgeon, of No. 81 Turner road, Limehouse, and Mr. Henry English, shoemaker, of No. 6. St. Andrew's terrace, in the same locality, appeared before Mr. Selfe—the first charged with violating the person of Emma English, a girl who will be fourteen years of age on the 25th of this month; the other with assaulting and wounding Mr. Goodfellow in his own shop. The statement of the girl made out a strong *primâ facie* case against Mr. Goodfellow, that he had invited her into the parlour behind his shop on the afternoon of Friday, the 23rd of September, between half-past two and three o'clock, and there committed the offence charged against him. The father was not informed of the dishonour of his daughter until Monday last, and he went to the house of the surgeon and saw Mrs. Goodfellow. He informed her that his daughter had been dishonoured by Mr. Goodfellow, and that he should seek redress. When Mr. Goodfellow returned home he was informed of Mr. English's visit, and what he had said. Mr. Goodfellow sent for the girl's father, who, on entering the shop, upbraided the surgeon with ruining his child, and committed a violent assault upon him, in the course of which he took something from the sleeve of his coat and struck the surgeon with it on the top of his head, inflicting a wound and causing blood to flow copiously.

Mr. Charles Young, for Mr. Goodfellow, addressed the magistrate in a lengthened and able speech. This was a case of the last and most vital importance to his client, a young married gentleman, who only began to practise in May last, and whose good moral character could be testified by a host of very respectable witnesses who were in attendance. The defence he meant to set up, and on which he should rely, was an *alibi*. The defendant was not at home at the time the alleged offence was said to have been committed. He could account for the whole of Mr. Goodfellow's time from an early hour of the morning until a late hour at night on

the 23rd of September. The evidence in support of the *alibi* would be full and satisfactory, and he believed the magistrate would dismiss the case, and declared there was no foundation for this unjust charge.

Many witnesses were called in support of the *alibi*. The defendant was visiting his father, a retired tradesman, No. 33 Arbour square, Stepney, a few yards from the Thames Police-court, from eleven until half-past one. He then left, returned at half-past two, and remained till half-past three, when he led his father to Stepney Old Church, went to No. 6 Upper John street, White Horse lane (a mile and a quarter from Turner road), which place he reached at four o'clock, received some rent for his father, and discussed the necessity of some repairs with the tenant, and then returned to the Turner road. Defendant was visiting patients who called when he was away from his father's house, and was in Arbour square from half-past two to three o'clock.

Mr. Thomas Arthur Hardy, of No. 22 Turner road, was sent for to the defendant's house on Monday last. He found him bleeding from a wound on the head. A police-constable was sent for and they went to Mr. English's house. It was reported he was not at home. He then accompanied Mr. Goodfellow to the surgery of Mr. Nightingale, where his head was dressed, and returned to the house of Mr. English. They saw Miss English and some women in the passage. Mr. Goodfellow asked the girl if anything improper had ever passed between them, and she replied, "No, sir."

Mr. Selfe said he had given much attention to this case, and fully and deeply considered it. The case was a frightful one on one side or the other. Mr. Goodfellow was either a villain of the deepest dye or a much-injured man. There was no other alternative. The defendant was either wholly guilty or wholly innocent. He could come to no other conclusion than that Mr. Goodfellow was an innocent man (loud applause, which was soon suppressed, followed this announcement). Mr. Selfe then went over the evidence, and said he never heard an *alibi* more perfectly and satisfactorily sustained. The defendant's journal and the entries in it from day to day were unmistakable evidence in confirmation of the *alibi*. He wished to say as little as possible of the girl's testimony. She was evidently a girl of some attainments and education. Apart from the contradictions in which she was involved by the testimony of the women called for the prosecution, there were peculiarities in the family to which she belonged, and from some irregularities which had lately occurred in her condition he was afraid she had been labouring under some aberration of intellect. He hoped that was the explanation of the story she had given. Not only would no jury convict if he sent this case for trial, but no jury ought to convict. That disposed of the case against Mr. Goodfellow, who was discharged. He would now allow Mr. Goodfellow to be examined on oath as to how he spent the day on the 23rd of September.

Mr. Goodfellow was sworn, and detailed all that he had done on the day named, and that he was from home from half-past ten until five o'clock. He never heard of any charge against him until last Monday afternoon, and he immediately proceeded to Mr. English's house.

In answer to questions from Mr. Selfe, he said he had talked to the girl across the counter in his shop several times. She was twice in his parlour, on Friday and Saturday last week. She asked permission to look at the flowers in his garden, and she looked through the window. Others were present at the time.

Mr. Selfe said nothing could be more satisfactory than the statement of Mr. Goodfellow. He then called upon Mr. English to stand up, and, addressing him, said it was impossible not to sympathise with him, and there was no doubt that labouring under the impression his daughter had been dishonoured by the surgeon he went to his shop and committed a violent assault upon him.

Mr. English wished to repudiate the impression that there is any insanity in him or his daughter.

Mr. Selfe.—I did not say there was. There are various inscrutable ways in which a faulty mind will exhibit itself. The girl has misled her father.

After some further conversation, Mr. English was called upon to enter into his own personal recognisance in the sum of 50*l.* to keep the peace and be of good behaviour to all her Majesty's subjects, and especially to Mr. Goodfellow, for the next six months.

Mr. Goodfellow.—Do I leave this court without a stain on my character?

Mr. Selfe.—I have fully vindicated you, and believe in your entire innocence.

Mr. Charles Young was quite satisfied with the magistrate's decision and explanation.

The investigation lasted six hours. The Court did not adjourn until eight o'clock in the evening.

[This is one of the most monstrous cases of which we have ever heard. We hope that Mr. Goodfellow will indict the girl for perjury,—Ed. Medical Circular.]

MARLBOROUGH STREET.

The Medical Act.

Mr. Talley, of Beaconsfield, Bucks, attended before Mr. Tyrwhitt, and said he had received a letter from Dr. Kahn, expressing a hope that it would be publicly represented that a person was misrepresenting him by using his name. He did not wish, beyond reading the letter he had received, to occupy the time of the Court.—Mr. Tyrwhitt said he did not see why Mr. Talley should do so. There were no proceedings under the Medical Act before him. He did not wish to hear the letter read, and would not.—Mr. Talley said that being the case he wished to make an application against a person keeping an anatomical museum.—Mr. Talley then entered into a long statement, which was interrupted by Mr. Tyrwhitt asking him to let him know what his application was for.—Mr. Talley said it was for a summons under the 4th section of the Medical Act against a person assuming the title of physician, and carrying on an extensive practice according to his own statement. He (Mr. Talley) had been through that museum kept by him, and there were not fewer than 40,000 representations in it. The person was practising a gross fraud on the public, as Dr. Kahn was in Vienna.—Mr. Tyrwhitt asked Mr. Talley for the letter from Dr. Kahn, and the handbill alluded to in it.—Mr. Talley said his worship would see that the handbill stated—"Dr. Kahn, finding that the great demands upon his time at his museum rendered it necessary that he should see patients there only, begs to intimate that he can no longer be consulted at his private residence."—Mr. Tyrwhitt said the question was, whether the statement was not true when the handbills were issued.—Mr. Talley said the bills were issued daily; he had them thrust into his hand on all sides. He wanted a summons against the person who practised at the museum.—Mr. Tyrwhitt asked Mr. Talley how he could show the person practised.—Mr. Talley said he would do so. He had not brought his witnesses with him, wanting the summons first.—Mr. Tyrwhitt said he would not grant a summons till he had a good deal more laid before him. When Mr. Talley showed him that the person at the museum practised as Dr. Kahn he could have a summons, but not all the eloquence in the world would induce him to grant one before.—Mr. Talley then left the court, and shortly after returned, stating that he had to apply for a summons against Mr. Bearnard.—Mr. Tyrwhitt inquired what the summons was for.—Mr. Talley said that on a former occasion he (Mr. Tyrwhitt) gave him permission to apply again.—Mr. Tyrwhitt remarked that Mr. Talley had already done so, and that he then told him, as he would do again, that he would grant no summons in the case till after the 10th of November.—Mr. Talley said he was acting on public grounds, and according to his instructions, and he was much obliged to his worship for the hearing he had given him.

ST. MARYLEBONE REPRESENTATIVE COUNCIL.

THE MEDICAL OFFICER OF HEALTH FARCE.

The appointment of the Medical Officer of Health for the parish of St. Marylebone continues to excite much interest throughout the district, and it having become known that the committee of the whole board as to the duties and salary of such officer would present their report to the meeting of the Representative Council on Thursday, every seat was filled. Mr. Churchwarden Baddeley presided.

The vestry clerk read the report, which was of a very meagre character, simply referring to the regulations and duties pertaining to the medical officer of health when Dr. Thomson was appointed, but recommending a reduction in the salary to 300*l.* a-year. It was as follows :—

"St. Marylebone, Oct. 5th, 1864.

"At a committee of the whole board on the duties and salary of the medical officer of health,

"Your committee report :—That they have considered the duties of medical officer of health as laid down in the Metropolis Local Management Act, and the report of the committee of vestry of January 5, 1856, and entered upon the minutes of the 19th day of January, 1856 ; and they have also referred to the Metropolis Gas Act of the 23rd and 24th Vic., cap. 125, for appointment of chemical examiner of gas, and the Adulteration of Food Act of the 23rd and 24th Vic., cap. 84, for the permissive appointment of analyst of articles of food and drink, and they recommend that the report of the committee in January, 1856, be considered as the standard of the duties to be performed for the future, and that to those duties be added those of examiner of gas under the Metropolis Gas Act of 1860, and that the salary for the duties of the medical officer of health, including the examination of gas, be 300*l.* per annum. Your committee have considered as to appointing the medical officer of health also analyst of food and drink, but they do not now recommend any appointment under the Adulteration of Food Act.

(Signed) "GEORGE BACHHOFFNER, Chairman."

Dr. Bachhoffner moved the adoption of the report, and in doing so referred to the general feeling there was in the committee of the whole board that 300*l.* per annum was a sufficient salary for the office.

Mr. Tavener contended that the report was a most meagre and indefinite affair ; and as it did not specify the duties required of a medical officer as an analyst, and was, in fact, generally very indefinite, he moved an amendment "That it be referred back to the committee for further consideration, and for a more definite report."——This was seconded, but negatived by a large majority.

Mr. Vesey moved a second amendment, to the effect "That the report be adopted, with the exception of its reference to the former report of January, 1855, not restricting the medical officer of health from private practice, and that the medical officer of health be required to devote his time and talents exclusively to the duties of the office." If they wished to have the duties of this very important office properly discharged, they must have a gentleman who would devote the whole of his time to the service of the parish.——Mr. Tavener said the course which the committee of the whole board had adopted in reducing the salary to the sum of 300*l.* per annum would only bring them third-class men, instead of first-class men as candidates. Why not give a proper salary, and have a gentleman who could devote the whole of his time to the duties of the office. Believing that this amendment was a step in that direction, he would second it.

Mr. Yardley (the magistrate) had not pledged himself to vote for any candidate, but he could not allow the observations of Mr. Tavener to pass without saying that it would appear from that gentleman's observations that that vestry was desirous of obtaining the services of the most inefficient officer possible.

Mr. Tavener : Yes ; that is what it appears to me by offering such a salary.

Mr. Yardley did not agree with him. He would venture to say that they could not get any gentleman who would consent to devote the whole of his time as medical officer of health under any circumstances ; therefore the amendment was preposterous.

This amendment was put and negatived, amidst loud laughter, there being but two hands in its favour.

The report was then put and carried with but two or three dissentients.

Mr. Hutchons congratulated the board that they had at last arrived at this stage, and moved a resolution to the effect that advertisements be issued inviting candidates to send in their testimonials for the office on Thursday next ; that they then be reduced by show of hands to two, and that such two proceed to the election on the following Thursday.

Mr. Herring denounced the advertising for candidates as a perfect farce, and declared his intention of putting a notice of an amendment to Mr. Hutchon's motion on the paper, to the effect that a certain gentleman be at once elected to the office of medical officer of health. (Cries of "Hear, hear," and "oh, oh.")

Professor Marks felt pretty much as Mr. Herring did on this question, but still he hoped that Mr. Herring would do nothing so well calculated to bring that board into ridicule and disrepute.

Mr. Herring said he should persist, but it was ultimately understood that he would not, although he said it would be a perfect farce to advertise for candidates, as Dr. Whitmore was sure to be elected.

The proceedings then terminated.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Friday, September 30, 1864, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College :—Cornelius Benjamin Fox, M.D. Edin., Truro, Cornwall ; Thomas Stevenson, M.B. Lond., Guy's Hospital.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the preliminary examination in the subjects of General Education :—William Bernard Boyd, Wells, Somerset ; Alexander Fox, Stoke Newington ; Thomas Joshua Gittens, Barbadoes ; Frederick George Guy, Shoeburyness ; Anthony Alfred Henley, Ringwood ; Edward Withers Minter, Southsea ; George Hargrave William Broughton Parker, King's College ; Henry Sutcliffe, Rochdale.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, September 29, 1864 :—David Chas. Lloyd Owen, Smethwick, Birmingham ; George Fowler, Jun., Newington terrace, Kennington park ; Fenwick Metcalfe, Inglethorpe Hall, Wisbeach ; Geo. Richard Turner Phillips, Leinster square, Hyde park ; Henry John Ryder Bush, Warwick street, Regent square ; Henry Thomas Ryder, Upper Fitzroy street, W. ; Joseph Birt, Grove House, Leamington.

The following gentleman also on the same day passed his first examination :—Charles E. H. Rogers, Westmeon, Petersfield.

PROFESSOR OWEN, F.R.S.—On Monday week this gentleman delivered in the Temperance Hall, Birmingham, the first of a course of four lectures "On the Classification, Geographical Distribution, and Geological Relations of the Class Mammalia." So great an interest did the appearance of this distinguished physiologist in Birmingham create, that the large hall was filled in every part.

HEALTH OF THE ARMY ABROAD.—The returns which have been issued from the Army Medical Department relating to the health of the army in 1862 are not quite complete in so far as regards the European regiments in India in that year. The general abstracts, however, include all but one regiment, and present this very encouraging result :—Admissions into hospital, 1,736 per 1,000 of mean strength ; deaths, 25·68 per 1,000, the deaths being nearly a third

under the proportion of 1861. The mortality in the Madras Presidency was 20·83 per 1,000 ; Bombay, 24·60 ; and Bengal (where the majority of the troops are quartered), 27·55, the Bengal mortality of 1860 and 1861 having averaged 42·27. These statements include the deaths of invalids on their passage home, or while waiting their discharge in England. There were no less than 96 cases of sunstroke, or heat apoplexy, and 30 terminated fatally. A death from starvation is recorded, that of a corporal of the 54th Regiment, who deserted, taking with him some public money, and who, after living on berries in the woods for some time, was found starved and dying. The number of invalids sent home in the year for discharge or change of climate was 1,795, being 28·17 per 1,000 of mean strength. The return of deaths at each age shows a much more rapidly progressive increase of mortality in India with the advance of age than is usual in temperate climates, the mortality at the ages 35·39 being double that at the ages 20·24 ; the practical bearing of these results upon the question of the reliefs of regiments in India must be obvious. In 1862 the draths from spasmodic cholera in Bengal were only a third of the ratio of 1861, but it still remains the chief cause of mortality in this presidency, and its fatal character appears to have undergone no modification, the proportion of deaths to cases having still been 1 in 1·61. Passing now to the European troops employed in China in 1862 we find an average strength of 3,511, admissions into hospital 1,847 per 1,000 men, and deaths no less than 99·12, literally decimating the force. This is due chiefly to the returns from North China ; in South China the ratio was 28·78. At Shanghai, where the average strength was 1,362, the deaths were 163 per 1,000, a fearful rate of mortality, due in nearly equal proportions to epidemic cholera and to dysentery and diarrhœa. There was a large increase of the force there just at the commencement of the usual sickly season, and Shanghai abounds in all the elements of unhealthiness. The army surgeons are not sanguine of its ever proving a healthy station for European troops. The ravages of cholera were not confined to the country round Shanghai, but extended along the north of China, crossing over to Manchuria and reaching down to Japan. It is estimated on good authority that between Shanghai and Scon-Kiang, distant some forty miles, about an eighth of the Chinese population died from cholera in 1862. With relation, next, to New Zealand, we learn that the average strength was 5,482, the admissions into hospital only 546 per 1,000, the deaths 9·10. Mr. Mouat, Deputy Inspector-General of Hospitals, notices the comparative absence of some diseases, as venereal and malarious fever, and the entire absence of others, such as small-pox and cholera ; he considers that with improvements (much required) in barracks, a proper check upon intemperance, and an allowance of four consecutive nights in bed, the mortality might be reduced one half. In Australia the average strength was 1,000, the admissions into hospital 683, and the deaths 22. This is a considerable increase in the mortality ; it occurred chiefly in tubercular diseases, which were three times as fatal as usual. This probably arose from the circumstance that when the 12th and 40th Regiments embarked for service in New Zealand, all the weakly and delicate men were transferred to the wings of these corps, which were left for service in Australia. But making every allowance for this, the number of cases of sickness and deaths is still so high that it would seem to indicate that the Australian climate is not well suited to persons having a tendency to tubercular disease. In Ceylon the force was below 1,000 ; the returns show a considerable decrease in the admissions into hospital, but the deaths continued above 19 per 1,000. Here also tubercular diseases were a source of considerable mortality, but were comparatively rare among the native troops. Dr Dane, Deputy Inspector-General of Hospitals, reports that a complete change in the construction of the buildings occupied by the European soldier will have to be made before he can be placed in a fair position to contend against the influence of the climate. In Mauritius the deaths rose to nearly 44 per 1,000, owing to the prevalence of epidemic cholera ; the mortality from it amounted to 1 in 2·64 cases. The chief cause of the invaliding, which was much above the average of the three preceding years, was pulmonary disease. At the Cape of Good Hope the average strength was 4,519, the mortality 9·73 per 1,000, just 1 per 1,000 above that of the army at home in the same year ; more than 20 men per 1,000 were in hospital for diseases directly resulting from intemperance. From the West Indies the mortality return from Jamaica, 12·81 per 1,000, is favourable, but in the Windward and Leeward command the deaths were 13·10 per 1,000, which is considerably higher than in the previous year ; the increase was owing to an outbreak of yellow fever at Barbadoes. Steps have been taken for remedying various sanitary defects in the barracks. From Canada the return is favourable—admissions into hospital 667 per 1,000, and deaths 8·36, and this notwithstanding that upwards of half the troops had to travel into Canada in the depth of winter, and that the sudden accession caused for a time a considerable degree of overcrowding. The admissions into hospital were chiefly from venereal disease or the consequence of intemperance. The former is most prevalent in the summer, owing to its importation by sailors on the opening of the navigation. It is suggested that they be examined by the health officer before being allowed to land. At Malta this class of disease was reduced in the year by more than half, owing to the adoption of a system of police surveillance of the loose women. At Gibraltar the sickness and mortality were lower than in the army at home, but continued fevers were in excess of the average. They are attributed to the continuance of imperfect drainage, overcrowding, intemperance, and exposure to the heat of the sun on the public works. Mr. Paynter, Deputy Inspector-General of Hospitals, believes intemperance to have been the source of two-thirds of the diseases which came under treatment. In the whole army at home and abroad in the year 1862 the admissions into hospital amounted to 1,165 per 1,000 of mean strength, the deaths to 16·38, and the discharges by invaliding to 26·13. The number constantly non-effective by reason of sickness was nearly 50 (49·77) per 1,000, excluding Bengal, from which there is no return.

Metropolitan Association of Medical Officers of Health.—At the first meeting of the above Association for the present session, held at the Scottish Corporation Hall, Crane court, Fleet street, on Wednesday afternoon, Dr. Hillier in the chair, the following resolution, moved by Mr. J. Liddle, and seconded by Mr. Burge, was carried unanimously : "That the members of this Association deeply lament the loss they have sustained by the decease of its late President, Dr. Dundas Thomson, F.R.S. To the late Dr. Dundas Thompson the medical officers are not only greatly indebted for the zeal and energy he constantly manifested in the promotion of the interests of the Association, but especially so for the kind services he liberally afforded them by throwing open to their use at all times his valuable chemical laboratory, and for his personal assistance so freely given to them in their investigations. The Association are desirous of recording an expression of the esteem and respect they felt towards him, and also the opinion they entertained of the very able, efficient, and courteous manner in which he discharged the duties of President during the whole time he held that office. That a copy of this resolution be forwarded to Mrs. Thomson, signed by the chairman. Resolved also that the meeting do convey to Mrs. Thompson an expression of its heartfelt sympathy with her, in this hour of her affliction, in the irreparable loss she has sustained in the premature death of her late husband." The Association then proceeded to the election of a new president, and the choice fell upon Dr. Druitt, one of the medical officers for St. George, Hanover square.

Statues to Eminent Medical Practitioners in France.—Statues are to be erected, in their respective native places, to Laennec and to Dupuytren. There is, however, a marked difference as to the sources whence these tokens of respect originate. In the case of Dupuytren, the mover is the prefect of the department; in Laennec's the medical association.

Leprosy in India.—The Royal College of Surgeons having prepared a series of interrogatories, with a view to collect information concerning leprosy, copies were sent to

this country and forwarded to medical officers in all directions, with a request that they would furnish full and explicit replies to the queries propounded. Those attached to stations in the Upper Provinces have complied with these injunctions; and their reports have been published by the Government. Although treating on a disorder which all mankind have consented to look upon with loathing, these documents are full of interest. They make us acquainted with many singular facts of which we were before ignorant, and, descending as they do to details, they place before us, as in a mirror, the physical, social, and moral position of the unhappy sufferers. With the appearance of the disorder all our readers must be more or less familiar. Our streets and bazaars furnish us with terrible illustrations of the ravages which this disease makes on the human face and figure. The disease generally manifests itself at from twenty to thirty years of age, and proves fatal in from twelve to thirty. It is, however, very seldom in itself attended by such results, but it commonly induces a predisposition to other diseases, such as dysentery, low fever, &c., from which the patient generally dies. It is allowed that it more commonly attacks the male sex, but as females can and do conceal the disease, and are themselves prevented from appearing in public when belonging to any but the poorer classes, this assertion must be accepted with an allowance. Opinions would appear to be divided as to whether it attacks Europeans in this country or not. It affects Hindoos and Mahomedans almost equally, and occurs both among high caste men who eat only vegetables, and low caste men who eat everything. The disorder is by some attributed to the miserable way in which natives live, in foul unventilated houses, alongside of miasmatic marshes and heaps of all kinds of filth, wearing clothes which they never put off except for a few minutes when they dip them in some pond, and their generally unclean habits. But in this some of the writers cannot agree. The disease is considered hereditary. Dr. Paske, of Saharunpore, states that the belief in the hereditary transmission of this disease was so deeply grounded in the minds of the Rajabeer generally, that they were in the habit of burying alive, not only the leper himself, but all his relatives and friends, lest in multiplying their kind the disease should be communicated to distant generations. Of course the practice has been checked by Government. In Shreenuggur, Gurhwal, a similar custom prevailed. Every person affected with leprosy was buried alive, a father burying his son, and a son his father. Here, also, Government interposed. Although the natives believe that leprosy is contagious, the authors of the reports before us are decidedly of a different opinion. Lepers retain their wives who are never affected; hospital servants who wash the ulcers of these unhappy sufferers remain free; wealthy lepers entertain men for the same purpose, who wash and dress their sores once or twice a day, and are in constant attendance on them, and are yet untouched by the disorder. Dr. Corbyn, of Bareilly, mentions an instance of a woman, who is a leper, being employed as a cook in a public serai, and she assured him that no objection had ever been made by travellers to food prepared by her. Dr. Paske believes that the discharge from the ulcerative stage, if applied to an abraded surface, would inoculate the individual with whom it came in contact. Dr. Loch, of Mirzapore, and Dr. Annesley, of Jhansie, report two cases of spontaneous cure, the former of father and son, the latter of two women. In the former case the boy was wholly cured, the father partially. But, generally speaking, medicine can only check progress, not restore the patient to perfect health. We hope the intention expressed by Mr. Paske at the end of his letter will be carried into effect, and that he will microscopically examine the different forms of the disease and the blood secretions, and subject the bodies of defunct lepers to a close examination. Results may be obtained of the most important character such as shall enable medical officers to contend successfully with the most loathsome and repellent disease by which human nature is afflicted.—'Bengal Hurkaru.'

THE MEDICAL CONGRESS AT LYONS.—This congress was opened on the 26th inst., under the presidency of M. Barrier. Nearly 300 members sent in their adhesion; and a great portion of these were present. Valuable papers were read in the morning meeting "On Embolism;" and in the evening the memoirs were "On Progressive Muscular Atrophy." The discussions which followed in both instances were highly interesting and instructive.

DR. RUSSELL REYNOLDS has been elected a member of the Imperial Academy of Naturalists of Vienna. The Academy is one of the oldest in Germany; amongst the members we find the most renowned men of all countries, both in Natural Philosophy and Medicine, and the works of the members, the well-known "Nova Acta Acad. Cæs. Nat. Curios.," form a most valuable source for researches in those sciences.

HEALTH OF THE ARMY AT HOME.—The annual reports—statistical, sanitary, and medical—from the Army Medical Department have been issued in relation to the year 1862. The average strength of non-commissioned officers and men in the army serving in the United Kingdom was 78,173; and for every 1,000 of mean strength there were, in the year, 989 admissions into hospital, 53·45 constantly sick, and 8·72 died. All these numbers are lower than the average of the two previous years. The reduction in the mortality was chiefly in miasmatic and respiratory diseases. Venereal diseases, though decidedly less prevalent than in the two previous years, continued to hold a very prominent place as causes of inefficiency, the admissions into hospital still reaching to a number about equal to a third of the number of the entire force. At Colchester the admissions were as high as 464 per 1,000 of mean strength; at Manchester, 455; at Canterbury, 441. The total inefficiency from this cause was equal to the loss of every man in the home force for eight days, or the constant loss of two regiments out of 78,000 men. Intemperance also causes a considerable amount of inefficiency; in the cavalry depôts the admissions into hospital from intemperance and delirium tremens reached 13·17 per 1,000 of mean strength. Corporal punishment ranged between 6·4 per 1,000 in the Military Train, and 0·6 in the Foot Guards, but in none of the arms, except the Military Train and depôt battalions, did it amount to two in a thousand of the force. The mortality in the cavalry, artillery, Military Train, and infantry regiments was below that of the civil population of healthy districts in England at the same ages. but the mortality is kept under by the process of invaliding. The invaliding, however, was much less than in the previous year, and amounted to only 41·27 per 1,000, or 3,226 in all. The mortality in the regiments on the average of three years was lower than in civil life under 25 years of age, the same as in civil life between 25 and 30, but considerably higher at the more advanced ages. In the French army serving in France in the same year, 1862, the number constantly non-effective from sickness and the sick time to each soldier were almost identical with those of the British army at home. The deaths of non-commissioned officers and men in the army serving in France amounted to 9·59 per 1,000, or 0·87 above that of England. It appears a legitimate inference from the French returns that the cases of venereal disease in the year were at least as numerous, in proportion, as in the British army.

DEATH UNDER THE INFLUENCE OF CHLOROFORM.—A youth named John Downing, aged fifteen, an in-patient of the United Hospital, Bath, died on Saturday week, while under the influence of chloroform, which had been administered to him with a view to a surgical operation. An inquest was held at the Guildhall on Monday, before Mr. A. H. English, coroner. From the evidence of Mr. R. T. Gore, Surgeon, it appeared that the deceased, who was the son of a small farmer at Seend, near Melksham, was admitted to the hospital about a month ago with a crippled leg, with which he had been afflicted from his birth. It was found that nothing could be done for his benefit but amputation. This was communicated to deceased's friends, who consented to that step being taken, and he himself expressed his willingness thereto, and also a wish that chloroform should be given him while the operation was being performed. Mr. Gore having minutely examined him, and found that he could bear it, arrangements were made for the administration of

chloroform, and a smaller dose than usual was administered by Mr. Gaine, Surgeon-Dentist to the Hospital. The administration had the desired effect, and the operation went off well, and was to all intents over, when it was discovered that deceased's circulation had stopped. Every restorative remedy was promptly applied, but without avail. Mr. Teale, the House-Surgeon, having corroborated the evidence of Mr. Gore, and stated the result of a post-mortem examination he had made, the jury returned a verdict to the effect that deceased died from chloroform causing an arrest of circulation through misadventure.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 12.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, OCT. 13.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 14.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 15.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 17.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 18.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Eighth Annual Report of the Medical Officer of Health made to the Vestry of St. James's, Westminster.

The Journal of Mental Science. Edited by C. L. Robertson, M.D., and H. Maudsley, M.D. No. LI.

The Social Science Review for October.

The Ophthalmoscopic Review: a Quarterly Journal of Ophthalmic Surgery. Edited by J. Z. Laurence, Esq., and T. Windsor, Esq. London: R. Hardwicke, 192 Piccadilly.

Present State of the Dietary Question. By Dr. E. Smith. London: Walton and Maberly, Upper Gower street.

The Journal of British Ophthalmology and Quarterly Report of Ophthalmic Medicine and Surgery. Edited by Jabez Hogg, Esq. London: John Churchill and Sons, New Burlington street.

A Manual of Practical Hygiene, prepared especially for use in the Medical Service of the Army. By Edmund A. Parkes, M.D., F.R.S., &c. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

R. P., *Bath.*—Dr. Livingstone is a member of the Medical Profession, being a Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

A SUFFERER.—There is nothing unusual in the case, which may be safely left to the care of your ordinary Medical adviser.

CHIRURGUS.—In our opinion, a physician who pays what he calls "friendly visits" to a patient in the absence of the general practitioner in attendance, violates one of the first rules of Medical etiquette.

DR. H. S.—The pretended diagnosis of disease by the examination of a patient's water was very much practised in the time of Elizabeth, and hence the allusion to the circumstance in some of Shakespeare's plays.

MR. FLETCHER.—The newspaper has been received.

DR. H.—The notice is inserted.

A STUDENT.—Apiol is the active principle of the parsley (*apium petroselinum*), and is said to be useful in some cases of dysmenorrhœa.

DR. S., *Mile-end road.*—We are not aware of any cases in which the application of venereal matter to the uninjured skin has caused a chancre. There must have been some abrasion in the case referred to.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
T. H. Fenn, Esq., Sudbury	0	10	6
Ed. Bicknell, Esq., Coventry	1	1	0
Dr. H. Clark, Sedgefield	0	10	0
Dr. Jas. H. Dowling, Cerne	0	5	0
Dr. S. H. Steel, Abergavenny	0	10	6
Amount previously announced	64	16	6
Received at the 'Lancet' Office	3	11	0

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Oct. 5, 1864.

WE have received a copy of the 'Brighton Observer' of the 7th inst., containing the account of an inquest upon a woman who had caused her own death by taking the tincture of ergot of rye, as it is supposed, for the purpose of causing abortion. It appears that she took, for eleven weeks, one tea-spoonful three times a day of the tincture of the ergot. The verdict was *felo de se*, and the jury appended to their verdict their opinion that greater caution should be observed by chemists and druggists in dispensing such drugs. A Dr. Edward Roberts came forward voluntarily to give evidence, and stated his opinion "that death could never be primarily caused by ergot of rye," but gave no reasons for holding this strange view.

General Council of Medical Education

and REGISTRATION of the UNITED KINGDOM,
32 Soho square, London, W.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1865, as directed by the 27th Section of the Act, will contain those names only which appear in the General Register as existing on the 1st day of January, 1865.

It is particularly requested that claims for the Registration of first or additional Qualifications, and NOTICES OF ALTERATION OF RESIDENCE, may be sent to this Office as soon as possible.

October, 1864.

St. Pancras, Middlesex.—Resident

ASSISTANT-SURGEON to the WORKHOUSE and INFIRMARY.—The Vestrymen of the said Parish will meet at the Vestry Hall, King's road, Pancras road, on MONDAY, the 17th October instant, at Ten o'clock in the forenoon, to receive applications in writing from persons desirous of being admitted Candidates for the above office. Candidates to be eligible must be unmarried and possess one of the two following qualifications—viz.: 1st. A Diploma or Degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a Degree in Medicine from a University in England legally authorised to grant such Degree, or together with a Diploma or Licence of the Royal College of Physicians of London; or, 2ndly. A Diploma or Degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a Certificate to practise as an Apothecary from the Society of Apothecaries' of London. Salary 85*l.* per annum, with board and residence in the Workhouse. The appointment determinable by one month's notice from any time, by either party, or by payment of one month's salary, from any time, in lieu of notice, without any allowance for board and residence. The person elected will be required to commence his duties immediately after election. Applications endorsed "Resident Assistant-Surgeon," accompanied by Certificates of Qualifications and Testimonials of recent date (not exceeding six in number), to be left here before Two o'clock on Saturday, the 15th October next.—Candidates to be in attendance on Monday, the 17th Oct., at Half-past Ten o'clock in the forenoon.—No travelling or other expenses will be allowed on any occasion of attendance.

By order,
Vestry Offices, Pancras road, F. PLAW, Vestry Clerk.
October, 1864.

St. John's Hospital for Skin Diseases,

12 Church street, Westminster.—SESSION 1864-65.

Physicians—Tilbury Fox, M.D., J. Mill Frodsham, M.D.
Surgeons—Erasmus Wilson, F.R.S., J. L. Milton, M.R.C.S.

The Introductory Lecture (to a Course) will be delivered by Erasmus Wilson, Esq., F.R.S., on Thursday, October 13th, at 8 p.m.

Clinical Lectures will be delivered during the Session by the Medical Officers.

Fees for Hospital Practice, &c., for three months, 3 guineas; perpetual, 5 guineas. H. A. ALEXANDER, Hon. Sec.

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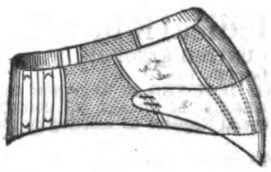
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Post office Orders made payable at the Old Cavendish-street Branch.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 232.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Distension of the Bladder.—So far as I know, this cause of flooding has not hitherto been mentioned in any of the principal treatises on Midwifery. My own attention was drawn to it through the great similarity of the answers which I repeatedly received to one of the questions usually put to patients on the first visit after delivery, "Have you lost much?" The answer frequently given was, "Yes, sir, until I made water." I do not for a moment think that, in all these cases, the hæmorrhage was due to distension of the bladder, for some of them will bear a different explanation. It is not uncommon for blood to collect and coagulate in the upper end of the vagina, which is much more capacious and baggy than its vulval extremity. From these clots a draining of blood continually goes on, and gives to the patient the notion that she is losing a great deal. In four or five hours after the termination of labour she turns over on her knees, or, may be, sits up, for the purpose of emptying the bladder. During the exertion made, and from the position necessarily taken by the patient, the clots collected in the vagina slip out, and the draining from them also, of course, ceases. In such cases, the full bladder and the free draining of blood do not stand in the relation to each other of cause and effect. The above explanation will not, however, hold good in every instance, for I have now met with seven cases of flooding which were distinctly set going and kept up through the injurious influence of a distended bladder upon the lately parturient uterus.

The bladder, when distended, from its intimate connection with the lower fourth of the uterus, readily displaces or dislocates that movable organ. It may displace the uterus in four directions—either backwards, as in retroversion; upwards, or to one side, as may be noticed after delivery; and downwards, if the bladder should be prolapsed. After delivery, the two most common displacements of the uterus from a full bladder are directly upwards or towards one or other iliac fossa. The hæmorrhage results from the uterus not being able to contract perfectly, either on account of its being displaced, or through the sympathetic influence which exists between the two contiguous organs. A distended bladder is probably one of the causes of *primary* post-partum hæmorrhage only; for, although it might induce in a few cases a slight degree of secondary hæmorrhage, I have generally noticed that, if the uterus once contracts firmly, and keeps so for several hours, subsequent distension of the bladder merely displaces it, but does not affect it so as to set up flooding.

Diagnosis.—If the bladder should be distended before delivery, it becomes necessary to find it out for one or two reasons: we may save the bladder from rupture; at all events we may give our patient great relief; and lastly, but not least, we may by timely aid prevent flooding from coming on after the birth of the child. When the bladder is full to a considerable extent during labour, generally the sufferings of the patient are very much aggravated. At every uterine contraction the uterus is thrown forwards, and produces considerable pressure upon the bladder. The countenance and attitude of the patient draws our attention at once to the agony she is undergoing. Instead of bearing down, as is usual with women after the os is fully dilated, the pain seems too great; the mouth is kept wide open, and the eyelids also; the eyes are fixed; the eyebrows knit; the breathing is suspended for a moment; the chin thrown forwards and upwards, and the shoulders raised. The whole appearance of the patient leads one to fear that, if the uterine contraction were only to last a little longer, some grave accident would certainly take place. Notwithstanding the severity of the pain, the progress of the labour is often slow. When the uterine contraction passes off, of course the pain is very much less; but the patient stills complains of an uneasy sensation in the hypogastric region, and she tells you that the pain never goes quite off. Such symptoms as unusual suffering, the progress of the labour not being by any means equal to the severity of the pains, and there being no obstruction to the birth of the child to account for the slow but very painful labour, should be quite sufficient to make us suspect the condition of the bladder, and make it advisable to pass the catheter, even if the patient should tell us that she has passed her water only a short time before. We cannot tell readily, by an abdominal examination before delivery, whether the bladder is full of urine, because, from the pressure of the gravid uterus, the bladder gets flattened from side to side, and also from the abdominal cavity being so uniformly distended by its various contents. The diagnostic signs of a distended bladder after delivery are more conclusive. We can at any time study them by telling a patient lately confined not to empty the bladder for ten or twelve hours, and we shall then be able to examine at leisure the effect of a distended bladder upon the uterus. The proper position of the uterus after delivery is the hypogastric region; but when the bladder is distended, the uterus is displaced and its place filled up by the bladder. We find the uterus either still keeping its central position, and pushed directly upwards as high as the umbilicus or even above, or we find it lying towards one or other ilia of the pelvis. The fundus of the uterus reaching as high as the umbilicus, or even extending above that point, would not of itself be sufficiently diagnostic, for it might be due to simple hypertrophy of its structure, or to its cavity being distended by some foreign mass. The characteristic point is, that, in distension of the bladder, the continuity of the uterus into the pelvis is suddenly lost. When the bladder is empty, if we pass our hand over the uterus from the fundus downwards, we feel it dipping into the pelvis at the symphysis pubis, but not so when the bladder is full; we then feel a soft, fluctuating tumour intervening between the hard structure of the uterus and the pubes. If the elevation of the uterus were due to hypertrophy of its structure, or the distension of its cavity by clots or placenta, we would still feel the hard uterus passing into the pelvis at the symphysis; whereas, in distension of the bladder, we lose the hard structure of the uterus at some distance from the pubis, the space intervening being occupied by the soft, fluctuating bladder. If the urine be now removed, the uterus, whether it were high up before or turned to one side, will be found to have descended and taken up its usual central position in the hypogastric region, and the fluctuating tumour will have disappeared.

The patient also often complains of a great load in the supra-pubic region, or expresses a desire to make water. If we place the tips of our fingers on the soft mass between the uterus and pubes, and give with them a sudden jerk, the patient will generally flinch, and say that she wishes to pass water. The flinching and desire to empty the bladder is caused by a wave of fluid being urged against the sphincter vesicæ.

Treatment.—When the hæmorrhage is due solely to the distended state of the bladder, the treatment consists, of course, in emptying that viscus by the catheter. The simplest way of using the catheter in flooding cases I have already considered in a previous number.

Illustrative Cases.

I.—Mrs. F., æt. twenty-four, mother of three children, residing in Glover street. I was called to attend her at seven p.m., and found the os all but fully dilated, and the head presenting in the first position. The labour progressed very slowly, notwithstanding the pains seemed almost unbearable. There being no disproportion, as far as it was possible to judge, in the size of the fœtal head and the maternal struc-

tures through which it had to pass, I ruptured the membranes, thinking that perhaps the retention of the liquor amnii prevented the uterus from acting efficiently. The labour afterwards progressed more rapidly, but the patients' sufferings were most intense, and made me anxious lest some accident would take place. At length the child was born, and in a quarter of an hour the placenta descended into the vagina, and was easily removed by traction. Having aseertained that the uterus had contracted well, I went down stairs for about ten minutes, and on my return found a large clot lying close to her. I applied pressure to the uterus, and it responded readily. The hæmorrhage having ceased, I again left the room for a short time, and during my absence another great clot had been expelled. The uterus was compressed, and the flooding ceased. Thinking that the uterus would now keep contracted, I went downstairs for the third time, and remained away about five minutes; however, on my return, a fresh clot of considerable dimensions had just been expelled, and draining was going on freely. The loss of blood was now telling upon the patient; she complained of faintness; the face and lips were pale, and the pulse quick. I then examined the state of the uterus through the abdominal walls more carefully. The uterus, although readily responding for a time to pressure, was high up; on passing my hand downwards, the continuity of the uterus into the pelvis was suddenly lost, the hand coming upon a soft, fluctuating tumour which lay between the hard uterus and the pubes. On pressing that soft mass, she immediately exclaimed, "Oh, sir, I feel such a load there; if I were to make water I should feel better." I told her I perfectly agreed with her upon that point, but I could not allow her in her state to use the exertion necessary in emptying the bladder. As I had left the catheter at home (a most unusual thing for me to do), the husband was sent with a note for it. While he was away, the hæmorrhage went on, notwithstanding cold was applied to the uterus and vulva. She constantly complained of the great load felt in the hypogastric region, and begged me to let her pass her water, as she was sure she would then be better. I gave ergot, and kept on applying cold and pressure until the husband returned. The catheter he brought back was not of the slightest use, as it was old and broken; therefore, under the circumstances, not feeling myself justified in leaving the patient bleeding to get the catheter, I thought it better to try first what passing the hand into the uterus would do. A few clots were removed, the uterus contracted, and the hæmorrhage again ceased. I now felt it more safe to leave her, and went home and got the proper catheter. On my return, I found the flooding had recommenced just as bad as ever, and the patient had fainted away. Having first administered some brandy-and-water, I passed the catheter, and withdrew an enormous quantity of urine. The hæmorrhage then ceased entirely; the uterus was now felt in its proper position; the fluctuating mass had vanished; the sensation of a great load was gone, and she expressed great relief. The patient was, as might be expected, in a very low state during the night and the next day; but no further hæmorrhage took place.

II.—Mrs. D., æt. thirty-five, mother of five children, residing in Regent row, Caroline street, had a very easy labour. The child was born in about five minutes after my arrival. The placenta came away easily, and the uterus apparently contracted firmly; but considerable draining kept up notwithstanding. I stayed with her an hour; and although she was pale, and the loss of blood seemed more than was right, the pulse was not above 80. As a slow pulse in hæmorrhage is very rare, I deceived myself with the idea that she was not losing too much. About four hours after, I happened to go near her house and looked in. The nurse said she had sent for me, and was glad of my arrival, as she had not been able to make Mrs. D. speak for the last hour. On examining the state of things, I found the clothes under her saturated with blood, and free draining going on. The patient was blanched, but the pulse was still slow. Through the abdominal walls, the uterus could be felt high up, and a fluctuating mass lay between it and the pubes. A large quantity of urine was removed, the uterus descended into its proper position, and the hæmorrhage at once ceased, as in the former case. The patient did well.

III.—Mrs. L., æt. twenty, primipara, residing in Bellbarn road, was delivered of a male infant after a tedious and painful labour. The placenta came away in about ten minutes, followed by a great gush of blood. I applied for a time pressure to the uterus, which was tilted to one side of the central line. Suspecting the state of the bladder, from the uterus not being in its proper position, together with the hæmorrhage, I passed my hand over the hypogastric region and there felt a soft tumour. The fluctuation could not be so effectually made out as in the two former cases; but when a jerk was given to it with the tips of the fingers, the patient instantly expressed a desire to pass water. The condition of the patient was rapidly getting worse; the pulse was very quick, at least 140; and every vestige of colour had fled from the face and lips. I removed a large quantity of urine; the uterus returned to its proper central position, and for a time the hæmorrhage was entirely arrested; but it gradually returned again, although not with its former virulence. However, as the patient's condition became worse instead of better, I felt it necessary to take further measures for its arrest. I passed my hand into the uterus and removed some clots. The hæmorrhage was now effectually arrested, and the patient recovered.

This case differed somewhat from the two preceding. In the first two cases the distension of the bladder was the primary and only cause of hæmorrhage; whereas in the last there were two causes. The primary was the distension of the bladder, which prevented the uterus from contracting perfectly, and thus allowed clots, which were the secondary cause in keeping up the hæmorrhage after the bladder was emptied, to collect in its cavity.

IV.—I was called to this case by one of the students of the Queen's Hospital. Hæmorrhage had came on after delivery, and he had tried in vain to stop it by cold, pressure, and ergot. The uterus was high up, in consequence of the bladder being full. I removed the urine and the flooding at once stopped.

FLOODING AFTER DELIVERY.

By RICHARD GRIFFIN, Esq., of Weymouth.

A patient, resident in the country, in labour with her second child, was found, on my arrival, standing by the bed and holding the bed-post for support. The nurse had just extracted the placenta, which was in a chamber utensil placed between her legs, the child having been born a few minutes previously. I at once placed the patient in bed, and, on examination, found protruding from the vagina part of the membranes, which extended into the uterus: these I removed. The uterus itself was contracted, and all was apparently going on well. In ten minutes from this time she complained of great pain in the back and looked very pallid. On external examination, the uterus was found to be flaccid, but it contracted under pressure of the hand and ejected about a pint of clotted arterial blood from the vagina. A pad and bandage were carefully applied, and all clothing, excepting a shirt, was removed. In half an hour, symptoms of hæmorrhage again returned. On passing my hand into the vagina, I found the superior part of it filled with coagulated blood, the os uteri open, with its lips perfectly flaccid, and conveying the impression that I was handling parts as soft and flabby as the external labia vaginæ. The body of the uterus was fairly contracted, the internal part rugous; pressing on the lips of the uterus had no effect on them, and the blood continued to trickle from the vagina. Cold water was dashed on the abdomen, the window thrown open, and the patient's person freely exposed to the air; but notwithstanding this, bright arterial blood still continued to flow, the pulse became scarcely perceptible, and there was tossing of the arms, and the woman was turning from side to side, although the case appeared nearly hopeless. Brandy was administered as frequently as she could take it, but only in small quantities, as it was difficult to get down more than a tea-spoonful at a time. I

procured a lemon, which I peeled, taking off both outer and inner rind, so that the juicy part was entirely exposed, and then introduced it into the vagina, forcing it well up between the lips of the uterus so as to squeeze out some of the juice; and in order to keep it in close contact with the os, I introduced part of a small napkin well up the vagina. The hæmorrhage immediately ceased. In an hour I withdrew the napkin, and with it a small clot of dark treacly-looking blood, its colour having been altered by the lemon-juice. In three hours I withdrew the lemon; but this was a work of some trouble, as it kept continually turning round and thus evaded the grasp of the fingers: however, with a long hook, I ultimately succeeded. On another occasion I introduced a piece of twine through the lemon before its introduction, by which means it was easily withdrawn. The lemon was covered with blood of the same treacly appearance as on the napkin. I believe the introduction of the lemon saved the woman's life; but other means were also tried, and amongst these ergot of rye, the best preparation of which is, as I found, ergot kept whole in a bottle with camphor, to keep off the mites, excepting an ounce which I bruise in a mortar and always take with me, and usually give two drachms of it, boiled in rather less than half a pint of water, then strain and add to the decoction about a tea-spoonful of sugar and a table-spoonful of brandy. As soon as it can be cooled, which it may speedily be by pouring it into a large cold basin and placing this in water, I administer it to the patient either all at once or in two doses, at an interval of ten minutes, and it rarely fails, which is more than can be said of any of the preparations procured by me from the druggists. In the case now recorded, the infant was also applied to the breast—a means which I think should always be adopted, as it certainly causes contraction of the uterus. In a fortnight's time the woman was attending to her domestic affairs, and quite well.

I have used the lemon with success in another case of flooding from an uncontracted uterus. I have also used an orange where a lemon could not be procured; but in that case the patient was dying when it was applied, and therefore its application was useless.

ABSTRACT OF AN INTRODUCTORY ADDRESS ON THE PATHOLOGICAL PRACTICE OF SURGERY. IN A SYSTEMATIC COURSE OF ORIGINAL LECTURES, ILLUSTRATED CHIEFLY BY CASES IN THE WARDS.

Delivered at the Royal Free Hospital, October the 3rd, 1864.

By Frederick J. Gant, F.R.C.S.,
Surgeon and Pathological Anatomist to the Hospital.

Gentlemen,—If I were asked what is the most professionally important study in which the medical student and practitioner can be engaged, I should answer the question by appealing to experience, rather than by any abstract consideration of preconceived and presumed relations of different branches of science to the art of medicine and surgery. Thus, I should not select anatomy, for its guidance is limited, and of far less value than advocated in the schools. Primed with descriptive anatomical knowledge, regional and systemic, the student commences practice. He then begins to feel the faithlessness of much of that knowledge he had been at such pains to acquire—by dissecting so minutely, by inspecting anatomical plates so diligently, by reading and reflection to combine into a mental realization of regional anatomy, ever capable, as he thought, of being applied. The smaller arteries and their anastomoses around joints; the almost terminal filaments of nerves; the artificial distinctions of ligaments which naturally form but one around this or that joint; the no less complicated diagramatic views of synovial membranes, with their "processes" between bones and tendons; even the minute descriptions given of the origins and insertions of muscles; and, lastly, the artificial conception of bones—as dead bones, scraped and dried, with their eminences and depressions exaggerated into an apparently practical importance which they have not in the living subject, *prepared* bones, as seen only in the dissecting room, the anatomical theatre, or museum, and never afterwards met with at the bedside or in operations;—all this, which formed a mental photograph of anatomy highly prized by the diligent student, now begins to fade away, as it fails to regulate the successful treatment of injuries and diseases, or to guide the practitioner's hand in his hour of peril. Accordingly, year after year, he mistrusts such knowledge, then ignores and necessarily forgets it, until his view of descriptive anatomy subsides into that of the prominent aspects of structure with the more obvious relations of parts, and as presented in the living body. In fact, anatomy is at length wrought by experience into surgical dimensions and shape, portable and comfortable to carry—a balance, not a burden—a clear and permanent standard of comparison, not an obscure and fleeting vision. But observe, this restriction does not extend to organic and histological, or textural anatomy, the minute knowledge of both of which is all-important to the earliest and most exact diagnosis in very many cases.

Does, however, its companion, physiology, for the most part, prove more serviceable? Like anatomy, over-taught in schools of medicine, it is indeed hard to realize; but it is also far more an artificial creation, far less itself a reality. Physiology, *human*, so called, yet chiefly the results of experiments on the lower animals, and so far inferential only, is proportionately unqualified to illumine the pathway of medicine and surgery. Experimental observations on the force of the circulation in large dogs, as shown by the hæmadynamometer, or on the functions of different portions of the brain and spinal cord in rabbits and frogs, are not likely to do much for the practitioner at the bedside of a paralysed man or woman, and not calculated to regulate the treatment of aneurism by compression. Better, far better to candidly acknowledge the truth, that much of human physiology is an undiscovered country, and perhaps, under the circumstances of investigation, for ever undiscoverable, than that the student in Medicine should be otherwise taught, and encouraged at the outset of his career to follow an *ignis fatuus* which charms only to mislead. In the course of practice at the bedside, he discovers the failure of this false physiology, its specious promises, and barren performances. Meanwhile, with the fallacy on his lips, the deception is propagated, and many younger minds may be, doubtless are, thus led astray from a more fertile land of promise near at hand, when he, having long since awoke from the dream of his student-days, has happily found by experience that the light which was in him was darkness.

By mature clinical experience this delusion, thus early inculcated, may be quite dispelled, and the practitioner's physiology settles down to a *clinical* view of the functions of the different parts of the body and their mutual relations—a far more sound and therefore more enduring knowledge of the laws of human life than the deceptive depths of bygone years. This practical physiology—ever ready, ever guiding,—conjoined with practical anatomy, together represents man in health, structurally and functionally, in relation to the purposes of medicine and surgery; and by constant reference to this, as his standard of comparison, the practitioner habitually detects and estimates the beginnings of disease, or the disorganization effected by injury. It is the *foundation* of rational medicine, including surgery.

He is now standing at the bedside. Discovering therefore the practical bearing of certain other branches of science, as botany and comparative anatomy, which are obviously of yet more remote consequence than human anatomy and physiology,—to approach nearer the character of the model practitioner, should I answer the question proposed by designating pathology, the pathology of man, the most important study in which he can be engaged?

Now, this pathology is a science of wide extent and significance. It is the knowledge of *disease* (including injuries); and this represents—firstly, the alterations, tructural, physical, and chemical, which, singly or collec-

tively, the different solids and fluids of the body may respectively undergo, with the situation (if localized) and extent of such changes ; secondly, the external causes of these alterations, and their own *operation* as (internal) causes of other alterations, contiguous to or remote from the original disease ; thirdly, the course and tendency of the morbid condition, with, possibly, its subsequent complications, to or towards a favourable or an unfavourable issue. All this, observe, not to mention the analogous consideration of mental diseases, with their grand practical distinctions of irresponsible and responsible actions. I here restrict human pathology to its *bodily* significance.

The first and part of the second of these aspects of disease are represented by pathological anatomy ; the remainder, and third aspect, exclusively, by pathology proper.

Taking them in order, which has the greater or more immediate practical importance ? Assuredly not pathological anatomy *per se*, which, as mere morbid anatomy, is unmeaning, because inoperative. The operation, and the continued operation—*i. e.*, the natural ccurse and tendency of disease and injury—is that kind of pathological knowledge which should immediately guide, regulate, and determine our therapeutic interference and assistance—medical, operative, or both. Pathology proper is therefore our polar star in the practice of medicine and surgery.

To avail ourselves of the guidance of this knowledge, obviously it must become foreknowledge— it must become prognostic. Even the consideration of injuries and diseases, as objects of preliminary clinical inquiry, is unmeaning, unless it point to the operation, and especially to the course and tendency, of the lesions themselves.

This aspect of pathology at once suggests the guiding and regulating principle of all therapeutics, both medical and operative ; and to its three indications I would now specially commend the abiding consideration of the Profession.

We thus discover the *earliest occasion* for interference with the order of Nature, if any be necessary, in some cases of the *kind*, and the *least amount* of such assistance as may be needed from time to time to conduct the case to recovery. But observe, so far as the careers of diseases and injuries are naturally to, or towards recovery, such course and tendency implies the (existence) operation and resources of a self-restorative power, in-born and inherent in the (human) body. Consequently whenever our interposition is needed, and whatever our aid, it can only be supplemental—co-operation, not coercion, by our remedial measures and surgical proceeedings. Hence, also, the threefold principle of therapeutics must turn upon the degree of operation, and the self-sufficiency, or otherwise, of the resources of this power ; the *earliest* occasion for our interference being suggested, and the *least* amount, no less than the kind, of our assistance guided and regulated by a just appreciation of its curative efficacy.

Clinical observation, having gone thus far, shows further that the curative power of Nature is manifested more efficaciously at the *commencement* of injuries and diseases than at any subsequent period of their career, during which, indeed, complications arise, in most cases denoting its proportionate failure ;—complications by constitutional disturbances surpervening, by direct extension of the disease to adjoining textures and organs, and by disorganizing results in the part originally affected ;—complications by the supervention of structural alterations in parts remote from the primary disease. Take, for example, scrofulous disease of the knee-joint, limited, in the first instance, to carious softening of the cancellated portion of the articular ends of bone ; subsequently extending to disintegration of the articular cartilages, with the escape of pus into the synovial capsule, and eventually disintegration and destruction of the cancellated bone itself. In the course of this disease the supervention of hectic fever, and, perchance, the formation of secondary abscesses in many joints, or other parts remote from the primary disease of the knee-joint.

Guided, then, by the teaching of the earliest clinical observation as to the career of diseases, it follows that the *earliest* (and *most exact*) prognosis, or foreknowledge thereof, is absolutely necessary to secure the most advantageous co-operation with the restorative power—i.e., *before* the supervention of any unfavourable condition, which, announcing that its curative efficacy is failing, would then, probably, frustrate the aid of remedial measures, whether medical, operative, or both, as the case may be. Should any complication have *already* arisen, or should any be present at the very commencement of a case, as that of a compound comminuted fracture of the tibia and fibula, accompanied, probably, with considerable laceration of the muscles, and possibly of either tibial artery, by similar prognosis or foreknowledge thereof we gain the opportunity for having recourse to adequate remedial measures before the supervention of *worse* complications.

In the more rare cases, where the restorative power is itself *alone* sufficient from first to last, such foreknowledge of this self-sufficiency is still necessary, in order to *withhold* any interference which would, or might, divert the natural course of the morbid condition to recovery. We have at at least an approach to non-interference suggested by the natural or normal course and tendency of certain fevers—*e.g.*, measles, scarlatina, and other eruptive fevers, all of which are apparently so many manifestations of the effort of Nature to eliminate various blood poisons. In these and similar cases the purpose of rational medicine is fulfilled by interference only when some "complication" arises by which remedial assistance then becomes requisite "to avert the tendency to death."

To sum up : thus far, therapeutics, and in some few cases total non-interference with the order of Nature, is suggested by the earliest and most exact prognosis—itself acquired by similar clinical observation— respecting the natural career of diseases and injuries individually to or towards recovery. By virtue of this pathological knowledge of any morbid condition, whenever its course is foreknown to issue in recovery, in such case *any* interference with the order of Nature is accordingly withheld. In all other cases assistance is solicited, the *earliest occasion* being determined by the first requirement on behalf of the restorative power, to remove any unfavourable condition, if present ; the favourable course that the disease or injury will *then* take showing the *kind* of assistance required, while its tendency towards recovery measures the *least amount* necessary ; and so on, from time to time, to conduct the case to a happy issue. Such, then, are the indications of treatment peculiar to the fundamental principle of therapeutics, drawn from pathology. The varied expression of these indications will be found to constitute rules of practice, of analogous character, in every branch of medicine and surgery.

Hence an original *system* of therapeutics, medical and operative—a system which presents a continued illustration of one and the same fundamental principle—the guidance and regulation of our treatment always by considering the natural course and tendency of diseases and injuries. This being that pathological knowledge which is most directly important to us as practitioners, and which to be available must become prognostic—the more early and exact the more competent for the purposes of our treatment,—the application of such foreknowledge will form the most conspicuous feature in these lectures.

Bearing in mind the *terms* of that cardinal principle of therapeutics which I have introduced to you, I would now invite your attention to what is denominated "conservative" surgery. Whence this distinctive title ?—and what its signification *hitherto ?*

Both these questions are clearly and definitely answered by Mr. Fergusson. In his lectures this year before the Royal College of Surgeons, he claims, and I believe justly, to have first introduced the term "conservative" into surgical nomenclature. He did so in a paper "On Resection of Bone, with Cases of Resection of the Radius, of the Ulna, and of the Elbow-joint," which was published in January, 1852. But, at the same time, Mr. Fergusson distinctly disavowed *any* originality in relation to the principle of practice he thus designated ; that, in fact, "conservative surgery has been carried to a high pitch in modern times," as is there instanced more particularly by the practice of Sir B Brodie in 1827—just twenty-five years prior to Mr. Fergusson's communication. So that, respecting the object of the

present paper (1852), "it is," he adds, "not so much to offer anything new to the Profession, as to draw attention to subjects which are in many respects familiar, but not justly appreciated by the mass of those who practise surgery, even in the present day."

Having made this due acknowledgment of the prevalent practice of conservative surgery, its guiding principle is thus defined (in small capitals):—"The preservation of the greatest portion of the body at the smallest possible sacrifice;" which is then illustrated by the operation of "excision" of (certain) bones and of a joint as contrasted with that of "amputation." Up to the present year Mr. Fergusson still adheres to this definition. He re-expressed it in his lectures referred to (No. 2); and it is still the prevalent view of conservative surgery. Preservative of the integrity of the body by the removal of only the diseased (or injured?) portion, as contrasted with the removal of, possibly far, more by amputation. The same principle may be extended, and is applied in those lectures, to preservation of the skin over a tumour in its removal rather than the excision of one with the other. Here, excision itself is limited by the guidance of conservatism in the practice of surgery. And, I may add, all operations of removal, whether by excision, amputation, or any other mode, thus become more restricted in *extent*, approaching, therefore, in character the other great class of operations and manipulations—the reparative; those designed to bring about the repair of any part whose mechanism has been damaged by injury or disease, or is congenitally defective, the aim of both these primary classes of surgical operations being preservative of the integrity of the body.

But, gentlemen, such is the purpose and end in view of all *true* surgery, whether designated conservative or simply surgery. There is, then, nothing new or peculiar about "conservative" surgery, in its present sense—preservative. A new term, without a new idea of any kind attached thereto, it is a barren fallacy, or calculated only to mislead by implying a new kind of surgery, without really directing our practice from any original point of view. Then, again, conservative surgery, as hitherto understood, has reference only to operations. Advancing a step further in this direction, to obviate the necessity for any operative assistance—*e.g.*, the preservation of a joint without excision, is "conservative" surgery equivalent to "the medical treatment of surgical disease?" another more recent definition which I have somewhere read.

This medical aspect of surgery, as a principle—if anything so ambiguous be worthy of such designation—goes no further in effect than that advanced on the part of operative surgery. It equally relapses into the obvious purpose of therapeutics—the preservation of the integrity of the body; if possible, by medicinal measures, rather than by any operation, however little mutilation one may imply as compared with another operation. But while we admit the necessity and admire the wisdom of reforming the body politic to yet higher states of efficiency, the human body—endowed with the power of growth, development, and restoration—is self-productive and self-protective; wherefore we need not interfere with its organisation otherwise than so far only as our assistance is solicited by the shortcomings of its own operations and the failure of its own resources. You will not fail to mark how the subjection and adaptation of all therapeutics—in time, kind, and degree—to the operation and requirements of this self-restorative power (of Nature) confer a truly conservative character on the practice alike of medicine and surgery; and, by ever referring us, as medical practioners of whatever denomination, to clinical observation of the natural courses and tendencies of injuries and diseases, rule our art from the sure and commanding ground of pathology. To this end, diagnosis and etiological knowledge, each of the earliest and most exact character, are obviously subservient; and to more nearly realize this standard in both these preliminary clinical inquiries will be an additional and scarcely less conspicuous feature in these lectures. It will develop the resources of pathological anatomy at the bedside—"clinical pathological anatomy," as I have named this science, thus applied during life.

The whole will constitute one continued application of my 'Principles of Surgery, Clinical, Medical, and Operative;' of which it is the fruit. That the science, this the art of surgery, guided and regulated by pathology, and as distinguished from empirical practice. Having enlarged upon and illustrated this purpose at length, Mr. Gant concluded:—If, gentlemen, this design sounds somewhat like a 'revolutionary epic,' remember that it is so throughout only by an appeal to your own judgment, and as gathered from your own experience. In your daily practice, do you find yourselves recurring to much of that knowledge which in bygone years was lectured into you so dogmatically, which you credited so implicitly, and eagerly spent so much time to acquire and retain; or does not what I have here commended approve itself to your maturer judgment, as the more excellent way? This is that pathological surgery which I have now for some years taught, by precept always, by practice at the bedside and in operations, by the force of earnest exposition, and by the persuasion of patient example, by toilsome concentration and conversion of the labours of others, by persevering industry in the pursuit of my views to this end, and by pure devotion to the cause of truth.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

On Thursday night a conversazione was given by the medical officers of the hospital.

Mr. Erasmus Wilson, senior surgeon of the hospital, and who has taken a prominent part in its establishment, delivered an inaugural address, which fully explained the object sought to be attained. After some introductory remarks, Mr. Wilson said that they were assembled for the purpose of inaugurating a new hospital for the clinical teaching of cutaneous medicine, and he believed he was correct in saying the first hospital with this object in view that had ever been established in the metropolis of England. The object sought to be attained was the development and perfection of British cutaneous medicine; and as a culminating result of that object the safety, the protection, and the cure of the afflicted. He hardly knew whether to say that the origin of this hospital was an humble or a heavenly one. It was humble in so far as the idea was that of an individual man; but it was heavenly because the permeating of that idea came from Almighty God. The founder of St. John's Hospital for the treatment of diseases of the skin was John Laws Milton—(applause)—and the idea that Mr. Milton had in creating it was to render it a free hospital—an hospital to give help and succour to all that might apply, and to which the only recommendation needed should be poverty and disease. There were many free hospitals in London, and the origin of the first of our free hospitals was deserving of passing remark. A medical man was returning home late one night from seeing a patient, when his attention was directed to a sight not uncommon in the streets of London—a poor woman huddled up in the corner of a doorway, in rags, and worn out by exhaustion and disease. There was then no friendly hospital to receive her. That sight, impressed on the mind of an intelligent man, and the heart of a human one, was the germ of the useful and important institution in the Gray's-inn road. The founder of that institution was a man unknown to most—it was William Marsden. Returning to the immediate subject of his address, Mr. Wilson narrated some very interesting circumstances connected with the origin and progress of the new hospital, all tending to show how much had already been done with comparatively insignificant means, and how much still remained to be done. Notwithstanding many discouragements, and backed by a total sum of 50*l.* 17*s.* 6*d.*, and a most seasonable present of drugs, the gift of a generous druggist, Mr. Milton pursued his labours of love with the full confidence of success. Seven hundred and fifty-three patients had received the benefit of his treatment, but the committee had found it no easy matter to keep open their wards and supply cod-liver oil and quinine in many of the most urgent and distressing cases upon the

sum of 50*l.* 17s. 6d., and as a consequence increased support was urgently required. If any arguments were needed to convince the sceptic of the importance of an hospital for diseases of the skin, he thought it would be well found in the fact of the great number of applicants for relief to this small establishment; and it would also be found in the general horror which diseases of the skin created amongst the people. He thought, therefore, that the hospital possessed many claims upon society, and he believed that it only required to be made better known to secure for it that position which it deserved.

After the address the company were entertained by being afforded an opportunity of inspecting a collection of various objects of interest, lent for the occasion.

REVIEW OF BOOKS.

Metamorphoses of Man and the Lower Animals. By A. de Quatrefages. Translated by Henry Lawson, M.D., Professor of Physiology in Queen's College, Birmingham, &c. London, 1864.

The 'Souvenirs d'un Naturaliste,' which were translated a few years ago, and appeared under the title of 'The Rambles of a Naturalist,' have rendered the name of M. de Quatrefages familiar to the English public. The present volume may be regarded as an amplification of certain portions of 'The Rambles,' and were written, as the author tells us in his preface, with the double object of making known the results of his own researches and of calling the attention of an intelligent, but unscientific public to the wondrous phenomena accompanying the development of living beings. It treats mainly of the transformation, the metamorphosis, and the geneagenesis of animals—special terms, which he defines as follows :—

"I shall term *transformation*, the series of changes which every germ undergoes on reaching the embryonic condition; those which we observe in every creature still within the egg; those, finally, that the species born in an imperfectly developed state present in the course of their external life.

"I shall retain the term *metamorphosis* for the alterations undergone after exclusion from the egg, and which alter extensively the general form and mode of life of the individual.

"Finally, I shall designate by the term *geneagenesis* (*a*) the changes which relate to generations themselves" (p. 13).

Passing over several chapters devoted to "Transformations of the Egg," "Transformations which the Mammal undergoes within the Egg," and "Transformations which the Mammals undergo after they have left the Egg," we come to the subject of "Metamorphoses properly so-called." The metamorphoses of insects are first considered. The author narrates in most graphic style the "life history" of the cabbage-butterfly (*Pieris Brassicæ*). The flirtations of the female, and the energy with which the male presses his attentions upon her before he can compel her to yield to his embraces, are described with a vividness and warmth that almost make us doubt whether we are reading a French novel or a sober work on natural history. "The male urges his suit, and the female rejects it in true coquettish spirit. Finally she settles down, but her wings are closely applied to each other, in this way covering the entire body. The male moves round and round her for a few moments, and then, as if he had taken his final departure, flies almost out of sight. As soon as the female unfolds her wings and exhibits her entire form he returns quickly enough, but to no purpose; for she folds her wings together on his approach, and then the flirtation, pursuits, refusals, and pretended departures commence again." The curtain here drops upon the exciting scene; but as we read, a few lines further on, that "the female deposits her eggs, several hundred in number, upon some portion of a cabbage-leaf," we are led to the conclusion that she finally adopted the precedent established by Donna Julia—

"And whispering 'I will ne'er consent,' consented."

The form and history of the caterpillar that springs from each of these eggs, the preparations which it makes for its metamorphosis into the crysalis state, in which it remains during the winter, its condition in that state, and its final metamorphosis into a perfect butterfly in the beginning of summer, are also admirably described. Many of our readers are probably not aware of the means which Nature adopts to prevent the devastation to which our gardens would be subjected if all the hundreds of eggs laid by each cabbage-butterfly came to maturity. There is a common insect belonging to the family *Ichneumonidæ* which, to the ordinary observer, resembles a small fly, but which is known to scientific naturalists as *Microgaster glomeratus*. The female of this insect carries within the posterior part of her abdomen a lancet or hollow sting, composed of three distinct pieces, and termed from its function an *ovipositor*. When she is about to deposit her eggs she settles upon a caterpillar of the Pieris, and grasping it firmly she pierces its skin with a single thrust of her sting; she next drives it more deeply into the body of her victim, and forcing down an egg from her ovary through the ovipositor, whose three distinct pieces (arranged somewhat like the separate portions of a speculum) constitute a hollow tube, leaves its safely embedded in the tissues of the caterpillar. This process she repeats till she has deposited forty or fifty eggs, the caterpillar by its writhings obviously protesting against the operation. The punctures, however, soon heal, "and it prepares to undergo its first metamorphosis just as if nothing had occurred; but it undergoes no further development, and instead of a butterfly there springs from the crysalis as many little maggots as there had been eggs."

Twenty or twenty-five (or about half of this brood) finally reach the stage of perfect female insects, who soon sacrifice as many caterpillars to the cravings of their maternal instincts; and in this way it is calculated that 197 out of 200 of the eggs of this butterfly are prevented from reaching maturity, only three giving rise to perfect insects."

Amongst other insects whose metamorphoses are specially described by our author are the common cockchafer (*Melolontha vulgaris*), the white-winged day-fly (*Ephemera albipennis*), and the chameleon stratiomys; and these special descriptions are followed by various illustrations of *incomplete* metamorphosis which, according to our author, "may be due either to a premature development of the insect while within the egg, or to an arrest of development after it has been hatched."

The metamorphoses of Batrachia, of lampreys (discovered in 1856 by Auguste Müller), myriapods, crustaceans, annelids, and molluscs are fully discussed in chapters ix., x., and xi., while the twelfth chapter, which treats of "The Nature, Causes, and Processes of Metamorphoses," abounds in interesting facts and deserves a careful study.

Of the third and last part of the volume, treating of *geneagenesis*—under which title the subjects of alternation of generations and parthenogenesis are fully considered—we can speak in terms of the highest commendation. It places the most obscure and profound departments of comparative physiology as clearly before the reader as is possible without the aid of diagrams or pictorial representations. While cordially thanking Dr. Lawson for his translation of this volume, we would venture to remark that the value of a second edition would be much increased by the addition of a few illustrations.

(*a*) From γενεὰ and γένεσις, literally the reproduction of generations.

LUNACY IN NEW SOUTH WALES.—The following proportions of lunatics to the population are given in the 'South Australian Register':—England and Wales, 1 in 557; Ireland, 1 in 659; Scotland, 1 in 767; France, 1 in 795; Rhenish Provinces, 1 in 666; New York, 1 in 702; Norway, 1 in 550; whilst in New South Wales it is stated to be, according to the public returns, 1 in 380.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Charles H. Moore contributes a "Clinical Lecture on Surgery," his present subject being perforation of the small intestine. He relates the particulars of three cases of this form of lesion, the first being one of extravasation of fæces, with sloughing of the groin, and perforating ulcer of the jejunum. The history was obscure, and the patient died three days after admission. The second case was that of a woman who had a fistulous opening of the small intestine through the abdominal wall, and who had undergone an unsuccessful operation for its closure. The galvanic cautery was used in and about the fistula, which was temporarily healed, but continued to discharge fæcal matter at intervals. The third case was one of ulcerated communication between the jejunum and the vagina, originating from cancerous disease, and was fatal. —— Dr. Murchison continues his "Contributions to the Etiology, Pathology, and Treatment of Scarlet Fever," and endeavours to develope the laws regulating the attacks of this extraordinary and dangerous disease. The results are not very satisfactory, owing to the numerous anomalies observed; and great mystery still hangs over the mode of propagation of the malady, the recurrence of the attacks, the origin of the contagion, and the method of arresting its force and preventing its spread. There is no relationship between the severity of the fever in the person who imparts it and the person who receives it, a mild attack giving rise to a severe one in another person, and *vice versâ*. Though second attacks in the same person are rare, yet instances of the kind are by no means uncommon. The poison of scarlatina is generally believed to be destructible by heat, and an apparatus for subjecting clothes to the disinfecting power of dry heat is now in constant operation at the London Fever Hospital. There is good reason to believe that scarlatina attacks the lower animals, as dogs, cats, and horses. With regard to the nature and mode of action of the poison of scarlet fever, it would appear that the miasma is not readily transmitted through the atmosphere, but may be retained and propagated by fomites; and hence it is supposed to be of a solid rather than of a gaseous nature.——Mr. George Lawson contributes a paper "On Sympathetic Ophthalmia; its Nature and Treatment." He describes this form of inflammation as most insidious in its attack, destructive in its progress, and irreparable in its results. The primary cause of the affection is the peculiar relationship which the nervous systems of the two eyes bear to each other, so that when one eye is the subject of irritation a sympathetic action is set up in the other. Mr. Lawson states that a simple wound of the cornea, even though of considerable extent, provided none of the deeper tissues are implicated, will generally soon heal, and, beyond impairment of vision, no further evil will probably ensue; but if the cut is extended beyond the cornea into the ciliary region, the danger is immensely increased, not only to the eye itself, but in the risk of causing a sympathetic action in the other. Sympathetic inflammation is essentially adhesive, and an eye thus affected seldom suppurates.——Dr. G. D. Gibb communicates an anatomical paper "On the Various Forms assumed by the Glottis," the examination of which is very much facilitated by the instrumentality of the laryngoscope.

'Medical Times and Gazette.'

Dr. Harley continues his course of lectures "On the Urine and Diseases of the Urinary Organs." Phosphoric acid, and phosphates in rickets, diseases of the brain, spinal cord, bladder, and other affections; phosphatic gravel and calculi, their diagnosis and treatment, are all considered. Phosphorus, in some one or other form, is an indispensable constituent of the human system; it is not found in the healthy subject to exist in a free state, and when so found in the system it is when used internally either in medicinal or poisonous doses. It exists in the bones and brain of the human being; in the bodies of the minutest animals and plants. It is widely diffused through Nature; not, however, in a free state, but as phosphoric acid in combination with lime or some other base. In this state it pervades organic and inorganic bodies. The method for ascertaining the presence of the acid is detailed. In the urine it is in combination with potash, soda, lime, or magnesia. In different people the amount of phosphorus varies according to the age and the diet; a difference also exists in the combinations with bases. Healthy urine does not allow of any spontaneous phosphatic deposit, at least while it is fresh; but on its becoming stale and its urea being decomposed, the triple phosphate is precipitated. Hassall has shown that the phosphate of lime occurs in human urine in a crystalline form; that it is of frequent occurrence; that it is of greater pathological importance than the triple phosphate. The muddiness of alkaline urine is dependent upon the presence of insoluble phosphates. Urine loaded with phosphate of magnesia is rendered turbid by adding to it a few drops of ammonia, the ammonio-magnesian triple phosphate being thrown down. The methods for obtaining the amount of phosphoric acid in urine by means of the quantitive analysis are given.—— Mr. Evans, of the Southern Hospital, Liverpool, reports "The Recent Cases of Poisoning by the Calabar Bean." Forty-six cases are noted; the ages of the children varied from two to thirteen. The most marked symptoms were—prostration, vomiting, purging, dizziness, and trembling. Only one case died, but nothing unusual was found at the post-mortem examination. The treatment adopted consisted in giving emetics of sulphate of zinc or mustard, or both, one after the other, followed by plenty of warm water to encourage the sickness; and, as soon as this had ceased, by stimulants to rouse the patient from the state of collapse and to procure reaction. In the case which died, the death was probably from paralysis of the heart. There was little pain experienced by any of the sufferers, a little "belly-ache," or cramp, or "griping," being all of which complaint was made. In no case was there any loss or even impairment of sensation; and in only one was there noticed any approach to convulsions; in it symptoms resembling spasmodic closure of the jaws presented themselves. From the feeble influence exerted by electricity when applied to the neck, &c., after death, it is concluded that the "Calabar bean" has the effect of impairing muscular irritability.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 19, 1864.

THE PRESENT STATE OF MEDICAL EDUCATION.

In the Introductory Lectures delivered at the commencement of each winter session, the subject of Medical Education is made to appear to the public all *couleur de rose*. It is true that the students are duly admonished that they must work hard and must consume much midnight oil in the prosecution of their duties, and they are also warned of the absence of much solid reward as the prize of their exertions. But it is always understood that each school possesses abundant opportunities for teaching, and that all the students are eager to learn ; and no allusion, so far as we are aware, is ever made to the lamentable failures which attend the career of many of those who, with rosy countenances beaming with youth and hope, crowd the benches on the opening of a medical school. We do not mean the failures which often beset men in the active pursuit of their Profession, but those they meet with in their career as pupils, rendering their entrance into the Profession a matter of great difficulty, or even preventing them from getting into it at all.

Nothing is plainer, on paper, than the progress of a youth from his studentship to his maturity as a practitioner : it is like the regular gradation of the larva through the chrysalis state, till it arrives at the perfect form of an insect, armed with legs and wings, and able to soar into the regions of space.

Given a youth of seventeen or eighteen, and the opportunities afforded him at a medical school, he ought, as a matter of course, to finish his student's career by showing himself qualified to enter upon the duties of his Profession ; not, indeed, that he is able at first to undertake with confidence the treatment of all the cases of disease or injury with which he may meet, but that he can show such a knowledge of principles as will be a sufficient guide to him in forming his opinions, and preventing him from falling into downright error. The curriculum of study is generally well calculated to effect the desired object, and the different branches of Medical Education are presented in such regular order that they resemble a well-chosen and well-arranged meal, the mental digestion being consulted at every course, and care being taken that fish does not come before soup, or soup after the game, or any other anomaly coming in to spoil the enjoyment and the utility of the repast. Classics and mathematics, in a mild form, are the oysters and lemon-juice, just to give a relish to begin with ; anatomy and chemistry are the fish and soup ; medicine and surgery are, of course, the *pièces de résistance ;* while botany, comparative anatomy, materia medica, and other such trifles are thrown in as the *hors d'œuvres* and *entre-mets* to fill up the intervals.

We must admit that there are some good reasons shown by those who have the arrangements, in favour of the succession and alternation of the various dishes ; and although the hosts at different hotels do not all agree in the details, there is considerable unanimity of opinion on the main points. But in practice it is found that the meals, however well prepared and served up, are not eaten and digested as they ought to be, and then the question arises whether the fault is in the cooks, or in the provisions, or in the digestive power of the guests.

To drop metaphor, we at once assert, whatever may be alleged to the contrary, that the Examining Bodies in Medicine at the present day are profoundly dissatisfied with the amount of knowledge exhibited by candidates for degrees, licences, and diplomas. The gentlemen who exercise this function perform a duty which is pleasing in the case of successful candidates, and most painful in that of the others. For mere pass examinations, everyone who comes up for his ordeal ought to pass, and few or none ought to be rejected ; and those who come within the latter category must be considered as having wasted their opportunities, and thus far as having done discredit to themselves or their teachers. The time is gone by when it could be alleged, with any degree of truth, that Examiners favoured one set of candidates, or some particular schools, and showed antipathy to others ; and the truth rather seems to be that many inefficient persons are sent forth into practice from too great leniency on the part of the Examiners, rather than that any are remitted to their studies from unworthy motives.

The duty of Medical Examiners in a pass examination is simply to inquire whether a candidate has employed his time profitably, and whether he possesses such an amount of elementary knowledge as may enable him to practise with safety to the community. Some of the Examining Bodies receive with a certain degree of confidence the certificates brought to them from the teachers, testifying to the diligence of the candidate in the prosecution of his studies ; while other bodies place no reliance at all, or very little, on any such testimony, and sift out the candidate's attainments by repeated and stringent personal inquisition. A combination of both these methods is the best plan to adopt, because a certificate of attendance on the means of instruction is a *primâ facie* evidence in favour of the candidate, which may be confirmed or otherwise by his subsequent achievements under examination. Much also may be said of written examinations, and much of those that are oral ; but here again, a combination of the two is found to work the best, and is now universally adopted.

It would be obviously unfair to require of a youth of nineteen or twenty-one (for at such ages may candidates be admitted respectively to their first and second examinations) that he should prove himself to be a profound anatomist, or chemist, or a practised physician or surgeon ; and any Examining Board which should put questions for the mere sake of puzzling the candidate, or of showing its own learning, would incur well-merited censure. But every Board ought to require from the candidates a competent know-

ledge of the structure of the human body, and we would add that some knowledge of chemistry is also indispensable; while, in the practical subjects of medicine and surgery, the aspirant should at all events prove himself to be acquainted with the ordinary manipulations of the art he proposes to practise, and with the general history of the nature and treatment of diseases.

Now these are precisely the very subjects with which many of the medical aspirants of the present day are *not* acquainted, and the absence of this knowledge is the subject of regret felt by everyone who has at heart the welfare of the Profession. We do not for a moment deny that many students show themselves fully qualified for entering the Profession, but we assert that they at present do not form a great majority. Some students, without being uneducated, are only half-educated—that is to say, they may have a knowledge of anatomy, but, perhaps, know nothing of chemistry; or they may have gathered from books the mode of performing operations, and are wholly unable to execute the most common surgical proceedings for themselves.

We strongly doubt whether, upon the whole, the students of the present day are as well *up*, as it is called, in their studies as those of a quarter of a century ago. At that time, it was the custom for youths destined for the Profession to begin their studies at some provincial hospital, or a workhouse, or in parish practice, and they thus acquired a habit of manipulation and a general knowledge of medicine and surgery before they began their two-years' course (for that was the duration of their hospital attendance and lectures in London), so that when they came in contact with the Metropolitan Professors, their mental soil was cultivated for the reception and digestion of the higher kinds of Medical knowledge. Now, however, *nous avons changé tout cela;* the tyro who has never seen a tooth drawn, and has never made a black or yellow wash, is at once introduced into the lecture-room, where he hears about transcendental anatomy, and homologies, and morphologies, and the atomic theory, and isomerism, and isomorphism, and crystallography, and organic radicals, and the like, together with a host of names of Germans and Dutchmen and Italians who have contributed to the advance of Medical Science in latter times. Can we wonder if the alumnus, however conscientious he may be, has his brain bewildered by the phantasmagoria thus dancing before him, and if the images made on his mind rather resemble those of a kaleidoscope, where all colours and forms are jumbled together in heterogeneous confusion, than a definite series of objects presented in orderly succession.

We are here drawing no fanciful picture. We have often seen and pitied the youth endeavouring to wade his way through ponderous tomes on every conceivable subject, and have considered how hopeless it was for him, without a guide, to grope through the farrago of rubbish to find the jewels, or to trace the paths which he ought to follow. We of the present day have done away with apprenticeship, it is true, but we have also done away with that kind and paternal assistance which was formerly rendered to every youth destined for the Professson. We have given him books in abundance, which he has not time even to read, far less to digest, and lectures in multitudes, all of which he has not time to attend; and can we wonder that when he comes up for examination his mind is like a wilderness —*rudis indigestaque moles* like primitive chaos—even supposing him to have been diligent and studious? Many of our alumni, however, finding that they cannot digest all the meals set before them, decline the banquet altogether; and even for these we feel, under the existing circumstances, some touches of compassion. They have looked at the mountain they have to climb, and feeling their inability to reach the summit, they give up the attempt in despair.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ST. GEORGE'S HOSPITAL.

Cases under the care of Mr. Pollock.

Case I.—Traumatic Stricture of Urethra.

A boy, about the age of puberty, was laid upon the table for operation. Chloroform was administered and the feet and hands were bound together in the same way as for lithotomy. The nates having been brought well over the end of the table, Mr. Pollock passed an instrument of small size into the bladder, and giving it into the hands of an assistant, he sat in front of his patient as though he were going to remove a calculus from the bladder; the scrotum and testes were drawn up out of the way, and an incision was made into the perinæum as close as possible to the seat of the constriction in the urethra. This external incision was hardly large enough to admit the tip of the finger, but, when the point of the knife had entered the urethra and come down upon the groove in the small staff, Mr. Pollock ascertained by means of the forefinger of his left hand the condition of the parts where he had made the wound; and when he had fully satisfied his mind about it, he again passed the point of the knife into the urethra, turning the edge of the instrument, not towards the rectum as in the first incision, but towards the scrotum, and slightly enlarged the wound by cutting in the direction of the edge of the knife.

The history attached to the case is as follows:—Nine months since the patient had met with an accident, and falling astride the object with which he had come into contact, an injury of the perinæum and urethra had been sustained, producing the stricture for which the operation was necessitated. The boy had for some time been suffering very much from excessive irritation of the bladder and genito-urinary passages—to so great a degree, indeed, that it was deemed advisable no longer to delay operative interference.

The catheter was passed immediately after the opening had been made into the urethra, yet it seemed as though an entrance had not been obtained into the bladder, the urine not flowing through the instrument; this, however, was not really the case, because on slightly withdrawing the catheter the water came away readily and there was no difficulty in emptying the bladder. The probable reason of the water not flowing was obstruction of the instrument by a clot of mucus or a coagulum of blood.

When the urine did not flow through the catheter and it seemed doubtful if the instrument had entered the bladder, Mr. Pollock passed the forefinger of his left hand into the rectum until he brought it into contact with the fundus of the bladder and could feel the extremity of the catheter in that viscus.

This, as Mr. Pollock pointed out, is the readiest and

surest means of ascertaining the course of an instrument introduced into the urethra, and enables the operator to determine the exact position of the point of any such instrument.

The catheter is worn by the patient for three or four days, and at the expiration of that time it is withdrawn, there being no further necessity for its continuance in the bladder.

CASE II.—CYSTIC TUMOUR OF LEFT LABIUM.

This patient, a young, strong woman, of good health and condition, lately married, had, in the posterior part of the left labium, a cystic tumour, in size equal to a walnut. Chloroform having been administered, the patient was placed on her left side; but as this was found to be an inconvenient position for the necessary manipulations, she was turned upon her back and placed as though she were about to be operated on for the removal of calculus from the bladder. Mr. Pollock, grasping the tumour in the fingers of his left hand, made an incision parallel with the long diameter of the labium—that is, from above downwards—cut through the integuments and into the cyst, which, when emptied of its contents, was carefully dissected away from its attachments.

Mr. Pollock pointed out that this tumour might have been mistaken for a vaginal hernia, especially as the woman had stated that it came down, and when down became enlarged each time that she coughed. Its true nature, however, was without difficulty and immediately ascertained by a vaginal examination; and it was also found to have connection with the tuberosity of the ischium of that side upon which it lay.

The contents of the cyst were serous, and its interior was lined by a smooth membrane.

Allusion was made to the case of a woman who had been under the care of Mr. Hewitt, and in whom a labial cystic tumour existed, but with attachments of a far more serious nature than had taken place in the present instance. This tumour, to which we now refer, engaged part of the ischio-rectal space and of the pelvic cavity. Removal had been attempted; success, however, had not attended the operation; and the result was fatal to the patient.

CASE III.—DISEASE OF THE ANKLE-JOINT.

The little girl who was the subject of this affection was pale and anæmic, but without any general emaciation. The limb in which the disease existed was swollen at and above the ankle, and in the swollen part were two apertures communicating with the diseased structures which were deeply situated. The nature of the disease was indicated by the peculiar red blush that suffused the surface beneath which the lesion obtained.

The probe was passed down through the apertures, and when the dead bone was reached, its exact condition being diagnosed, a director was introduced, and the already existing wound enlarged by means of the scalpel, and to such a size as enabled the finger to enter and transverse it, and the nail to be brought into immediate contact with the denuded bone. After this examination had been concluded, the handle of the scalpel was passed down to the bone in order to loosen it; the forceps and gouge were next applied, and as much of the bone removed as was considered advisable. The wound had placed over it dossils of wetted lint, which were maintained in their place by the turns of a calico bandage.

The affection had originated in an attack of acute periostitis, to which had supervened an acute abscess.

CASE IV.

A little girl in whom existed hare-lip and cleft palate, the fissure being on the right side. Chloroform was administered, and when the patient was brought under its influence Mr Pollock dissected away the small portion of the upper lip which lies immediately on the right of the median line. The knife was entered just below the right nostril, and was then made to cut its way downwards towards the red margin of the lip; the same was done on the left of the fissure, and that part of the lip thus circumscribed by the incisions was removed. The edges of the wound were apposed and kept in their position by means of the figure of eight suture, in the forming of which the lower needle was first put in, so as to secure the even continuation of the red marginal line of the lip; the upper needle was then introduced and the operation completed.

CASE V.—A man, aged seventy, emaciated and of not a very strong condition of health, was placed upon the operating table for the purpose of having removed the dead bone that lay in the ankle-joint. Mr. Pollock enlarged the wound in the soft parts by making a crucial incision, and through this he introduced the handle of the scalpel so as to ascertain the condition of the bone and to remove it if such a measure were practicable. After this the finger-nail was passed down to the bone, and the state of the parts more exactly determined; then, with the gouge, the rest of the operation was finished. The wound was left open; some wetted lint was placed over it, and this was kept in its place by means of a bandage.

CASE VI.—This was a patient under the care of Mr. Henry Lee. The affection of which she complained was a tumour situated upon the patella of the right knee; in size it was equal to a large orange; in shape it was round; to the touch it was smooth and very moveable, under the integument as well as upon the patella; when the patient lay in the supine position it hung outwards, showing that it was on the outer rather than the inner side of the mesial line of the leg.

An incision extending from above downwards was made across the tumour; the outer flap was dissected off, and then Mr. Lee removed the inner from the tumour, the dissection being carefully conducted lest the entire of the capsule should not be included in the removal. During these necessary steps of the operation the bared tumour was seized, and held out of the way by the vulsellum forceps; and when the flaps were fully dissected back the tumour was in its entirety everted from its bed; the larger arteries were tied, while, for the checking of hæmorrhage from the smaller, version alone was sufficient. The wound was closed by the bringing together of its edges and surfaces with adhesive plaster, and it was hoped that union by the first intention would take place.

After removal the tumour was divided and its true nature made apparent: this was found to be sero-cystic. Mr. Lee took occasion to show that, in the first instance, the contents of this growth had been fluid—had been, in fact, serum—and that it had been poured out as the result of continued irritation, created by the girl constantly kneeling for the purpose of fulfilling her duties as housemaid; that, secondarily, absorption of the more watery constituents of the effusion had been effected, and to such an extent as to cause a consolidation of the tumour.

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—In a paper on the drinkable water supplied by the river Durance at Marseilles, M. Grimaud describes as follows the plan adopted in many private houses to cool the water and impart to it perfect purity of aspect:—

The apparatus employed consists in two earthenware jars placed one above the other; the upper vase is perforated at the bottom like a flower-pot, and is filled with the finest sea-sand, which is covered with an earthenware disc pierced with many holes. The water is poured in, filters through the sand, and is received in the lower receptacle, which answers the purposes of an alcarraza, whence it is extracted at will through an india-rubber tube.

THE OPERATION OF OVARIOTOMY.

In the course of the last two years, M. Kœberlé has performed twelve operations of ovariotomy, and states, in a recent communication to the Academy, that nine of the patients have recovered.

In the three fatal cases, death supervened at the close or towards the middle of the week which followed the operation. One of the women died, after an interval of six months, of cancer of the womb; seven are still in the enjoyment of perfect health, and one has given birth to a child weighing upwards of nine pounds.

In five instances, both ovaries were removed ; in three, one ovary was amputated, and also several hypertrophied Graafian vesicles in the other ovary ; in four cases, the excision was confined to one side, and in one woman the second ovary was also diseased, but it was found impossible to extirpate the tumour, which has not, however, increased in size during the last eighteen months. In one case, *both ovaries and the womb* were amputated, and the patient is now in robust health. She had been previously subject to hysterical fits, which have not since returned.

In conclusion, a cure was effected in 75 per cent. of the cases—a result particularly remarkable, as seven operations of ovariotomy performed at Strasbourg by different surgeons have all proved fatal.

Partition of the Uterus impeding Labour.

Academy of Medicine.—M. Parise, Profefsor of Clinical Surgery at the School of Lille, reported the case of a woman for whom M. Depaul had been consulted, and who at her second confinement presented an unusual impediment to labour, in the shape of a partition which divided the lower part of the uterus into two separate cavities. The child's head was found on one side of the partition, and the feet on the other, the body lying across its superior margin. M. Parise succeeded in grasping the upper edge of the band, and divided it in its entire extent with a probe-pointed bistoury, an operation which was soon followed by the expulsion of the fœtus.

M. Parise conceives that in the present case the fœtus had been simultaneously developed in the uterine cavity and in the parietes of the womb. This condition of course materially interferes with the progress of labour, and forms a new variety of dystocia. Most fortunately, it can often be recognised in time, and effectually remedied so as to save both mother and child. The following are its symptoms : a large rounded tumour occupying the upper part of the vagina, and apparently formed by one of the labia of the os uteri, within which portions of the fœtus may be felt. The orifice of the womb is situated high up on one side of the mass, and assumes a crescent shape. This unnatural furm of pregnancy might be mistaken for a tumour of one of the labia of the os tincæ, the symptoms being the same in both cases, and the diagnosis must rest on the discovery of some part of the fœtus within the mass. An error might more easily arise from the coincidence of uterine with interstitial gestation. The most ready means of discovering the real state of things consists in the introduction of one hand (the left if the tumour occupies the left side, and *vice versâ*), and in ascertaining that the entire body of the fœtus is included within the womb.

The only appropriate treatment consists in the division of the unnatural partition.

M. Bouillaud presented a case drawn up by M. Blachez, and laid on the table a solution of sulphuret of lead extracted by Mr. Fordos, the dispensing chemist of La Charité, from the brain of a man labouring under cerebral saturnine disease. The patient had been employed at the lead-works at Clichy, and had twenty-five epileptic seizures in the course of twelve days' residence in hospital.

M. Bouillaud took this opportunity of dwelling on the necessity of substituting machinery for human labour in all lead-factories.

After summarily disposing of a large number of patent medicines, represented by their authors as both *new* and *useful*, M. Roger read a favourable report on a water-bed devised by M. Démarquay and constructed by M. Galante. This is a cheap substitute for Arnott's bed, of which it shares all the advantages, and as a most useful appliance in the treatment of bed-sores, fracture of the neck of the femur, morbus coxæ, &c.—'Journal of Practical Medicine and Surgery.'

Junior Medical Society of London.—A meeting of this Society will be held at University College, Gower st., this evening, at eight p.m., when a paper will be read by Mr. Ch. E. Arme, "On the History and Nature of Wasting Palsy."

GENERAL CORRESPONDENCE.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

Sir,—In the administration of chloroform, the surgeon will always find it better to begin with a small dose of about *half* a drachm and go up to a drachm or drachm and a half, but never to reverse this rule: this is not sufficiently attended to.

A very good plan is to let a patient take five or six whiffs of strongish vapour, and then a seventh whiff of, pure atmospheric air, and so on. The necessity of stethoscopic examination in all cases for fatty heart is all pure dreaming—nay, you may frighten the patient, and induce the very accident you are striving to avoid, by talking to him of stethoscopes, diseased heart, and the like.

In midwifery the secret is, not to begin the chloroform too soon ; the patient bears her early pains with satisfaction, if not well-disciplined fortitude ; nurse and female friends expect her to groan and give notice of the "labour." If married late in life (if the woman, in other words, be above thirty or thirty-five), she usually suffers very much, especially a primipara ; a good rule, then, is not to encourage her to have the chloroform till the os is fully the size of a shilling. Mere book men are fond of repeating from one book to another as to the "stage" of the labour, but the size of the os is a good rough-and-ready test, much preferable.

Nearly all the objections to chloroform in labour have been now traced to Poor-law practitioners, or persons acting on their inspiration. Here the objection chiefly has been that chloroform lengthens out the time of attendance —not a recommendation in parish practice. Chloroform, however, in this direction is making enormous way with the public, but chiefly on account of its "quackeries."

I believe, in the right application of electricity, we have now a perfect safeguard against all the dangers of chloroform. I have been curious enough to ask in almost every London hospital of the most reliable men as to chloroform, how would he or they apply electricity, and in not one instance did I get the remotest approach to the right answer. The plans now followed, copied religiously out of the 'Lancet' of a dozen years ago, as to fatty heart, &c., only kill the patient with more certainty ; just as mercury and profuse salivation aggravate various forms of simple sores reputed syphilitic, or large venesections in quarts aggravate typhus or hysteria. The primary induced current (not the secondary) to the phrenic and respiratory muscles (avoiding the heart), trusting to the *break* of the current for muscular contraction, is almost infallible in restoring to life persons from chloroform otherwise to all intents dead. When once artificial respiration is set up by electricity the circulation through the heart becomes quite easy. This fact would not be worth stating so often, but that the experiments have been tried on hundreds of the lower animals purposely poisoned by chloroform or drowned. The effect is *nil* if the current be complete (not in "breaks"); the death is more certain, too, if the current be applied *to the heart*, as it stops and coagulates the blood in the cavities ; and yet I saw a case of chloroform accident at Guy's, where the current secondary or tertiary was steadily applied without let, or hindrance, or "break," by dressers and "sister" and nurse to the heart, — never in the right manner to the phrenic ; and this is even better than what one expects at other hospitals, or that of the notable writer recently in the 'Times,' who obviously has never seen an accident at all, and yet there have been 250 deaths, and twice as many rescued from death.

I am, &c., Charles Kidd, M.D.

Sackville street, Sept. 16.

A QUESTION OF MEDICAL ETIQUETTE.

To the Editor of the Medical Circular.

Sir,—In your number for August 31st of this year you have an article upon "The Irish Schools of Medicine," in which you give abundant and, without doubt, just praise to the schools of the sister island ; you award, not

alone to the system of education, but to the teachers and to the nation generally a handsome and well-merited tribute of commendation, and one which a long residence in Ireland and a constant association with its natives enable me to endorse confirmatively. In a subsequent number of your Journal (September 21st 1864), Dr. Griffith reports a "Case of Recurrent Fibroid Tumour," and to this I should wish, through the medium of your columns, to make some allusion, more especially as it has reference to the leader above mentioned.

I fully admit that the Irish character is worthy of the highest esteem; but I am sorry to say that, in the instance I am about to quote, it cannot bear comparison with the disposition of the English, as exemplified in the person of an English surgeon.

The history attached to the "Case of Recurrent Fibroid" is, according to my knowledge, something as follows:—First, the patient was one in private practice; secondly, the lady was the widow of a medical man; thirdly, she had been under treatment in Dublin for some time. But these matters are irrelevant to the subject which I wish to bring under your notice; and which is the difference in the treatment this lady, the widow of a medical man, received at the hands of the English surgeon and that of some of the Dublin surgeons. The lady was introduced; an examination was instituted; an opinion was pronounced; it was deemed advisable that the operation, which was subsequently performed, should be undertaken; the surgeon was asked his fee; and his reply most certainly put to the blush those Irish gentlemen who had had charge of the case previous to the lady's coming to London—"We in London do not feed upon each other, and I look upon the lady as one of ourselves; I shall, therefore, make no charge; indeed, I would just as soon think of charging my own mother." The operation was performed at the lady's house; no fee was charged nor ever even hinted at in any of the subsequent visits to the patient.

Now, Sir, how different was the conduct of the Irish surgeons to this lady, who is really "one of themselves," being, with all her family, of Irish birth. Mr. A. B., the Irish surgeon first in attendance, calls in Mr. C. D.; Mr. A. B. is offered, and without any demur pockets, his fee; Mr. C. D. passes under the same painful (?) necessity of being offered a fee, which, however, he also takes without any word of dissent. They continue their attendance, receiving and taking their fee at each visit; an operation is deemed necessary; and is performed with the success reported in your columns.

I should not have brought this case forward had the widow been left by her husband in affluent circumstances; but as her means of support are small, I think it worth mentioning for the sake of contrast.

Yours sincerely, A REGULAR READER.

P.S.—Since writing the above, I have learned that Mr. A. B., when the lady was coming over to London, would accept no fee.

LIEBIG ON THE UTILISATION OF THE LONDON SEWAGE.

Lord Robert Montagu has received the following letter from Baron Liebig:—

"Munich, Oct. 6.

"My Lord,—The blue-book which Dr. Brady was so kind to send has reached me, and I have read it with great satisfaction; it contains an abundance of most valuable information. The perusal of your report and the resolution of the committee lead me to think that this important question, which has occupied my thoughts since 1840, and to which I tried incessantly to direct the attention of the people in my work on 'Agricultural Chemistry' and my 'Letters on Chemistry,' is now progressing towards a solution. But while I rejoice at the prospect of seeing my views carried out, an anxiety, which is greater than I can describe oppresses me. The natural laws which govern the permanent fertility of soils and the increase of the produce are, from circumstances which I cannot detail here, very little understood by the British farmers, and hence arises a fear that the use of sewage, which ought to be a lasting benefit to agriculture, may be regarded after a few years as a veritable detriment by the same farmer, who in the first years of its application would assuredly give it his full approbation. In what may be termed its natural state sewage is not a universal manure like stable dung, which is efficacious at all times and on all localities, but a special manure, the continual application of which exclusively tends to impoverish the land.

"Stable dung contains all, a special manure only some, of the elements which ought to be restored to the soil in order to render it permanently fertile. Peruvian guano, for instance, belongs to the class of special manures, and experience has shown that in certain countries of Germany and Scotland the application of guano on meadow land, which produced in the first years enormous crops of grass or hay, had later no effect at all; and that the same man who at first overrated the value of guano eventually cursed its application. (See my 'Natural Laws of Husbandry,' p. 261—263.) Sewage contains ammonia, potash, and phosphoric acid, like guano, but phosphoric acid in a much smaller proportion. On a soil rich (in its natural state) in phosphoric acid, sewage will have an excellent effect; it will produce, for instance, large crops of grass, turnips, and corn, if the soil supplies the quantity of phosphoric acid wanting in sewage; but as in each successive crop a certain quantity of phosphoric acid is abstracted, the total quantity in the soil is by continual application of sewage gradually diminishing every year, and a time must arrive when the phosphoric acid is insufficient for further crops, and when sewage ceases to produce its former effects.

"By having the turnips eaten on the field, the soil (by the solid and liquid excrements) is exactly manured as if irrigated with a number of tons of sewage (containing the elements of voidings of the sheep), and the farmer knows that at the beginning of a new rotation he must manure his field with phosphates in order to get the former crop of turnips, corn, &c., in succession. The same field could not be rendered equally fit to furnish the same quantity of produce in a new rotation if it was manured year after year by the voidings of sheep only—or its equivalent of sewage, which would be the same thing.

"By the increase of his crops in the first year by sewage irrigation only, the farmer, ignorant of the natural law, would be led to believe that the same effect would continue, and that he could dispense with other manures altogether, except, perhaps, with the stable dung which his farm produces. But he would be mistaken; and on discovering his error, as he would soon do, the revulsion of feeling caused by it would be most baleful. The agriculturist must be made aware that by the introduction of sewage his whole system of farming undergoes a change, and that he has to make an apprenticeship to learn to supply it rightly and economically, and in order to benefit and not to injure his fields.

"If the agriculturist is left without proper instruction on this head, the labours of years of men like yourself, Dr. Brady, and others, would be lost. It would take a long time to recover the lost ground. When I think of the possibility, indeed I may say the probability, of this occurring, that the millions necessary to realise the proposed scheme should be expended in vain, that the great and important example of England should thus be lost to Europe, I confess that my anxiety on the matter is very great. It would be one of the greatest misfortunes that could happen should this contingency really occur. Every means, therefore, must be employed to prevent any misunderstanding; to clear up any false view regarding the efficacy of sewage; and to guard against all error in the application of it. To you, therefore, my lord, I write on the subject, being sure you will give it your most serious consideration, and be willing to devise means for averting the threatened evil.

"If clearly understood and properly managed, the employment of sewage will prove a blessing to agriculture, and those who by unwearied perseverance have at last seen the consummation of their labours may justly be looked upon as the benefactors of their fellow-men. But loud

would be the outcry should the agriculturist, either by his own ignorance or the want of forethought in others, find himself misled. Our name would then become a by-word, and instead of gratitude be recollected with a curse. There are two things which must be done: First, it must be made intelligible to all that sewage in its natural state does not replace stable dung in its entire efficacy, and that, if used exclusively, it will produce abundant crops only for a time; secondly, that for each crop the composition of sewage ought to be corrected according to the nature of the soil by adding those ingredients which are wanting in sewage, and which the plants to be grown require in the largest proportion.

"The composition of sewage being once perfectly known, a recipe for what is to be added could be made out and put in the hands of every farmer who uses it, and it remains a question whether it is not possible for the company itself to add those ingredients wanting in the sewage, according to the demand of the crop to be grown.

"The interest with which I follow this highly important question is so great, that were I a younger man and not half lame, I, instead of my letter, should be now with your lordship, in order that in personal communication the matter might be talked over in all its bearings; but as Parliament has not yet decided upon the question, the matter is perhaps not yet ripe to bring my apprehensions and scruples before the public, and therefore it may be better to wait.

"I have the honour to be, my lord, your obedient servant, "Justus Liebig.

"To the Lord Robert Montagu, M.P."

OPENING OF THE NEW GERMAN HOSPITAL BY THE DUKE OF CAMBRIDGE.

On Saturday afternoon the ceremony of opening the new German Hospital, at Dalston, by his Royal Highness the Duke of Cambridge, took place in the presence of a large number of ladies and gentlemen.

His royal highness, the president, arrived at the old hospital, which is in the immediate vicinity of the new edifice, shortly before three o'clock, and was received by the treasurer of the institution, the chaplain and hon. secretary, the vice-presidents, and the members of the committee, and preceded by the band of the Coldstream Guards, who played a march. The company proceeded through the grounds of the old to those of the new hospital, and having entered the building, moved to the chapel, which was crowded by ladies who had made up purses in behalf of the charity, and where an admirable German choir had also assembled. His royal highness having been seated near the altar, the choir sang a hymn of thanksgiving, "Now praise ye all our God." A psalm and prayer were then read by the chaplain, followed by another verse of the hymn of praise. This short service being concluded, the royal president, accompanied by the vice-presidents, committee, and officers, then proceeded to inspect the various wards of the new hospital, the arrangements of which were explained to his royal highness by Professor Donaldson and Mr. Edward Grüning, the architect. Whilst this was taking place the company, which had previously filled the chapel and all the corridors leading thereto, assembled in one of the upper wards, at the end of which a dais had been erected, and which was tatefully, as were also the chapel, porch, &c., decorated with evergreens, dahlias, and other flowers.

The Duke of Cambridge said it gave him unfeigned gratification in having the honour to attend and he present at the opening of this new German Hospital that day. After the very excellent address, and the statistics which had been laid before them by their worthy treasurer, it left little for him to say. He regretted that on their committee they had sustained some losses of valued friends to the institution, but it was gratifying to know that in the persons of such gentlemen as their treasurer and other gentlemen, whom he saw present, they had others to supply their places. He had had the pleasure of visiting and inspecting the various wards and rooms of that noble building, and he must say that they appeared to him in every particular perfect, and well calculated to suit the objects for which they were intended. Although the institution had suffered from adverse circumstances, it was to be sincerely hoped that the day of its adversity had passed away, and with the new hospital they were about to enter upon a new era of prosperity. It was to be borne in mind, however, that these species of institutions were dependent upon, if he might use the phrase, a hand to mouth sort of support, and therefore it behoved their friends not to be content solely with having raised the funds to erect that admirable German Hospital, but also to continue to aid in raising the means of its continued support. After referring to the noble example which had been set by the ladies in collecting the munificent amount of subscriptions they had heard their treasurer read that day, his royal highness expressed a hope that the gentlemen interested in the success of the institution would take a hint therefrom and double it as speedily as possible. Their thanks were not only due to the committee, who had carried out that noble undertaking' but to the medical staff, to the rev. chaplain, to Professor Donaldson, and to Mr. Grüning, the architect; and on behalf of himself and of the officers of the institution, he cordially thanked them. He had now only to declare, with very great pleasure, that the New German Hospital was open.

MEDICAL EDUCATION.

The Medical Committee of the North Staffordshire Infirmary have addressed the following memorial to the General Council of Medical Education.

To the General Council of Medical Education.

Gentlemen,—We, the undersigned, the medical officers of the North Staffordshire Infirmary, being impressed with the defects and the injurious consequences of the present prescribed scheme of medical education, beg leave to call the attention of the Medical Council to those parts of it which in our opinion most urgently need revision.

In the first place, with reference to the hospital attendance required from students of Medicine, we consider that undue and unfair preference is given to the hospitals of the metropolis and of other large cities in the United Kingdom in which medical schools are instituted; that this preference is prejudicial to the interests of other hospitals, and is accorded on no clear and sufficient grounds, so far as regards the opportunities and facilities afforded to students for clinical instruction, and the practical study of disease; and that generally, the partial recognition of certain hospitals or infirmaries not connected with medical schools is likewise regulated by as satisfactory principles, but made amenable to restrictions having no ascertainable bearing upon their capacity for educational purposes.

We also entertain the conviction that the lengthened attendance on, and the numerous courses of, lectures prescribed for students, involving several years' residence in the metropolis, or other large town, at a very great cost to their relatives, are requirements wearisome and unprofitable to the students themselves, and not calculated to form a class of practitioners suitable to the exigencies of ordinary practice. On the other hand, we believe that medical education commenced by apprenticeship to a medical practitioner, particularly to one connected with a public charity for the sick, constitutes the best preparation for the formation of a good practitioner, by teaching habits of self-reliance and by affording opportunities for acquiring much preliminary knowledge in the collateral branches of Medicine, in the use, administration, and dispensing of drugs, and in those general details of practice not otherwise to be learned, though essential to every medical practitioner.

The present system of education operates with injustice upon the general medical practitioners, and especially on those in the provinces, by rendering it very difficult for them to obtain pupils, even in instances where ample opportunities for practical study can be afforded, and by

depriving them thereby of a source of income to which they feel themselves justly entitled. Moreover, it is found that those educated according to the present scheme in force, without preliminary apprenticeship, not excluding those who, having greater pretensions and high testimonials from their schools, are elected as house-surgeons of hospitals and infirmaries, by no means excel in practical knowledge, and often exhibit an incapacity in that matter, which could not occur had their training been of a more practical kind. Further, the concentration of students in certain great cities of the kingdom, for the purposes of study and practice at their hospitals, deprives provincial infirmaries of that amount of assistance necessary to the efficient carrying out of their benevolent objects, and gives undue importance and medical status to those particular hospitals connected with medical schools. This serious evil, moreover, must increase if the present educational requirements be persevered with.

It is, however, well deserving serious consideration, whether provincial hospitals, especially those in large manufacturing towns, do not offer greater facilities to their pupils and dressers for acquiring an intimate and practical acquaintance with the treatment of disease than can the thronged hospitals connected with schools, and where, too, the pupils' minds are distracted by the multitudinous subjects they are compelled to attend lectures upon. In the infirmary from which we write nearly as large a number of cases are under treatment, and as many operations performed in the course of the year, as in some metropolitan hospitals: the work therefore presses heavily upon its medical staff, the number of pupils obtained being very small and inadequate, owing to the practice of the institution and the time spent in its wards being unrecognised by those who regulate medical education.

In conclusion, we respectfully solict the attention of the Medical Council to the following suggestions:—

1. To take into consideration the position of general practitioners with respect to pupils, and to make such regulations as shall encourage and recognise the utility of apprenticeship as a preliminary step in medical education.

2. To make such regulations as shall more generally and fairly recognise the means of instruction afforded in provincial hospitals, unconnected with medical schools, and thereby encourage the attendance of students upon their practice, and at the same time remove the difficulties at present experienced in the working of those charities, and turn the great opportunities of practical education they possess to more general account.

3. To accord this recognition and its privileges upon some fixed and reasonable principles, and thereby avoid that appearance of favour and partiality which has hitherto not been absent.

4. To consider the desirability of curtailing the number of lectures at present required, and of thereby lessening the period to be spent in the city in which the medical school is found—a result to be likewise attained by the recognition of the practice of provincial hospitals as above proposed.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College were admitted Fellows at a meeting of the Council on the 13th inst.:—Benjamin Evans, Brixton—diploma of membership dated Nov. 5th, 1841; William Wayland Kershaw, Kingston-on-Thames—diploma of membership dated May 26th, 1843.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 6th inst.:—Cyril William Bowdler Bell, Valetta, Malta; Herbert Davies, University College; Edward Dodd, North Stoke, Oxon; Thomas Fairbank, Islington; John Powell, Chichester, Sussex; William Henry Power, St. Bartholomew's; Joseph Clement Bruce Smallman, Willingham, Gainsborough.

The following gentlemen also on the same day passed their first examination:—William Cunningham Cass, University College; George Gill, Liverpool Royal Infirmary; William Hoffmeister, University College; Alexander McIvor Tindall, St. Bartholomew's.

The following gentlemen passed their examination and received certificates to practise on the 29th ult.:—Joseph Birt, Grove House, Leamington; Henry John Ryder Bush, Warwick street, Regent square; George Fowler, jun., Newington terrace, Kennington park; Fenwick Metcalfe, Inglethorpe Hall, Wisbeach; David Charles Lloyd Owen, Smethwick, Birmingham; George Richard Turner Phillips, Leinster square, Hyde park; Henry Thomas Ryder, Upper Fitzroy street, W.

The following gentleman also on the same day passed his first examination:—Charles E. H. Rogers, Westmeon, Petersfield.

The following gentleman passed the Preliminary Examination in Arts held at the Apothecaries' Hall on the 23rd and 24th ult., but was omitted from the published list:—William Wingate Saul, Sibsey, Lincolnshire.

BAD MEAT.—Amongst the many enactments passed by the Legislature with the view of preserving the public health and preventing disease, none is more important than the appointment of sanitary officers to see that no food be presented for sale unfit for the use of human beings. That the poor are obliged to eat unwholesome food is, unhappily, too true; and it is equally true that those who have little money to spend may be tempted, in their ignorance, by the largeness of the quantity offered, to buy what, if eaten by themselves and families, may result in the most fatal consequences. Butchers who expose tainted meat for sale are liable to heavy penalties; and we think that the graziers who sell cattle which they know to be diseased cannot be accounted free from blame. A grazier selling such animals to a butcher who, he has reason to believe, intends to offer them for sale is evidently accessory to the crime. During the past week a butcher was brought up at Guildhall, charged with having exposed for sale, in the Newgate street Market, meat unfit for human food. The description given by the sanitary inspector was absolutely revolting. He found four quarters of beef presenting a wet and emaciated appearance, and having cut one of the hips, he took out from four to six quarts of matter. Had any poor creature had the misfortune to eat of that putrid cow they could not have escaped disease, and might perhaps have got cholera; that spreading in the miserable locality where such poverty abides, would have found many victims. One of the witnesses against the accused butcher was the farmer who sold the cow. It appeared that the butcher's son had made the purchase; he gave ten shillings for the animal. The witness said the cow had been ill for two months previously, and entered into sickening details of the symptoms exhibited by the poor animal. Against the accused there also appeared his own son, and neither the moral character of father nor son appeared in the most advantageous light, as it appeared that they lived upon very bad terms, and the father sought to elicit from the son that he uttered threats against his father. However this may be, the son proved that he had purchased the cow, and his evidence confirmed the disgusting description given by the farmer who sold the beast. It does not improve the aspect of the case to say that the son and the servant who prepared the meat for market were the chief witnesses against the accused father; but the fact remains for the public that this filthy carcase was sent from Staffordshire to the London market. We are aware that it is a common saying amongst graziers and farmers that anything is good enough for Londoners, that any kind of meat will find sale in the metropolis; and meat, therefore, that they would not venture to expose in the local market they boldly send up to town. Our market inspectors need to be vigilant. The crowded poor of the metropolis are not placed under circumstances favourable to the resistance of disease. We think that, though the law only recognises the offence of the butcher, the farmer or grazier who sells diseased animals is, as an accessory, nearly, if not quite, as culpable. Alderman Finnis sent the case for trial, accepting bail for the appearance of the accused.

COMPULSORY VACCINATION.—At the last meeting of the Whitehaven Poor-law Board, it was resolved that, in order

to secure proper attention to the subject of vaccination, special quarterly meetings of the guardians be held to see that the regulations of the board were duly carried out.

The Medical Register.—Pretended Qualifications.—Mr. Talley informs us that at the Marylebone Police-court, in the case of the so-called "Dr. Scott," he had three witnesses in attendance. He says that he first called Dr. Henry Scott, but that as soon as he was called the magistrate dismissed the case. This witness was called to prove that "Dr. Scott, *alias* Henry Hamilton," took the title of Physician, and that he represented himself as "Dr. Henry Scott," the witness himself being the only duly qualified and registered physician of that name in England. Mr. Talley holds that a man who calls himself "Doctor" and practises Physic must be held by fair inference to imply that he is a Doctor of Medicine. Mr. Talley says that he tendered evidence to show that "Dr. Scott" was not Dr. Scott, but one Henry Hamilton. He also produced legal documents alleged to relate to "Dr. Scott" under his former name of Hamilton. Mr. Talley also informs us that Mr. Mansfield granted "a case" for argument in one of the higher courts, and that this case will be settled and argued in due course. There is also a question whether a *mandamus* shall be applied for to compel Mr. Mansfield to hear the evidence. Mr. Talley says that, although not employed by the Medical Council, he was in correspondence with them.—'Medical Times and Gazette.'

Warwick County Lunatic Asylum.—A large addition to this asylum has been made, and is now ready for occupation. Forty additional female patients can now be received.

The Metropolitan School of Dental Science was opened for the session on Monday week. Mr. Fuller gave an able and eloquent epitome of the progress and development of the dental art and science in this and other countries.

Yellow Fever at Bermuda.—The 'Montreal Herald' of September the 24th says:—"Not many days ago it was our duty to mention the departure from this country of a number of military surgeons ordered to Bermuda, to render such poor aid as medical skill can afford to the many sufferers in that island attacked by yellow fever. On Saturday official information was received here which renders it only too certain that Dr. Clarke, who was in service at Quebec, and Dr. Milroy, of the 30th Regiment, forming part of the garrison here, have succumbed before the fatal epidemic. Surgeon-Major Barrow has also been taken down by disease, but we believe that in his case the attack was complicated by dysentery, which, according to Southern traditions, tends to weaken the influence of the more destructive malady, and at last accounts he was reported to be recovering. Dr. Ferguson, also of the thirty, has been attacked, and was not out of danger when the last advices came away. Dr. Harrison, R.A., has been reported among the victims; but we are glad to have reason to think that this report is so far erroneous. Still, out of eleven surgeons who left this city on the 17th ult., we have had within thirty days the intelligence that five have been assailed by the fever, and that two, if not three, have died. As an example of the extreme suddenness and virulence of the attacks, it is mentioned that when the steamer St. George was leaving the island on her last trip five men rowing to the vessel in one boat were attacked before they came alongside, and had to put back and go into hospital. We regret to say that we have received a communication, stating that not only were the steps which every well-informed person understands to be usual and efficient for preventing or mitigating such calamities omitted, but also that the advice of scientific men, professionally tendered, was disregarded. The use of open air lodgings on high and dry ground, in an atmosphere fresh from contamination, is thoroughly understood by every civilian, and in frequent instances bodies of troops attacked by pestilence of one kind or another have ceased to lose a man from the moment that they were marched out of barracks to bivouac on the turf and live out of doors, free from the death-dealing miasma of their close and infected quarters. Yet it would appear from the information furnished by our correspondent that this well-known method of saving the lives of soldiers did not suggest itself, and when suggested by others was rejected by an officer sufficiently experienced and high in rank to have military command of the station, and that the men were kept encamped on low ground, and the military hospital not only not disused (as was advised by the medical officers), but overcrowded, though its walls were impregnated with yellow fever poison. For the sake of an old officer, and of the service to which he belongs, we must express a sincere hope that there were some circumstances not known to the gentleman who has written to us. We learn that the fever was conveyed to Bermuda, where it is a very unfrequent visitor, by the blockade-runners. They have also taken it to Nassau, where it is raging almost as badly as at Bermuda. The crews of these vessels have also themselves suffered very severely from the disease, and some of them are left without officers or crew, except, perhaps, a solitary negro cook or seaman."

Successful Ligature of the Innominata.—In the 'American Medical Times,' August 20, there appears an interesting correspondence between the venerable Valentine Mott and Dr. Rogers. Nearly half a century ago Dr. Mott first performed this daring operation, but the man died after successive operations on the twenty-sixth day. The operation has been performed thirteen times since, and invariably with a fatal issue; but the octogenarian surgeon, the American 'Nestor' of Surgery, has lived to witness the consummation of his hope and belief that the operation would one day be successfully performed. Dr. Rogers gives an account of the operation as performed by Dr. A. M. Smith, of New Orleans. The innominata and right carotid were tied May 15, and hæmorrhage occurred at intervals until the vertebral was tied July 8. Since then all has gone on well, and on August 9 Dr. Rogers reported that the wound had healed, and the man was walking about.

Munificent Bequest.—Miss Clements, formerly of Liverpool, has left the liberal bequest of 30,000*l.* to several Liverpool charitable institutions to be equally divided.

Royal College of Surgeons.—The annual list of the Fellows, Members, Licentiates in Midwifery, and persons who have received the certificate of qualification in Dental Surgery of the College, has just been published, from which it appears that the total number of Fellows is 1,296, 300 of which number have obtained the honour by examination, and 996 are honorary and elective members. The Licentiates in Midwifery number 926. There appears a great increase over last year in the number of Dentists, who are now 280 strong. The financial report is interesting, inasmuch as the receipts are 1,396*l.* 13s. 8d. more than they were in the preceding year, and the disbursements only 425*l.* 16s. 2d. more than they were in the same period. The total receipts in the year amounted to 13,806*l.* 14s. 8d., arising principally from the primary and pass examinations for diploma of membership, which produced 10,202*l.*; the Dental certificate, 924*l.*; rent of the chambers adjoining the College, 702*l.* 15s. 6d.; elections to the Fellowship, 157*l.*; the Midwifery licence, 138*l.* 12s.; examinations for the Fellowship, 220*l.* The dividends on investments in Government securities produced only 1,130*l.* 16s. 2d. The disbursements amounted to 12,844*l.* 13s. 3d., exclusive of 1,792*l.* 10s. investment in Government securities. The sum of 7,998*l.* 17s. 1d. is put down as paid to council, examiners, diploma stamps, list of members, coal, salaries, wages, law expenses, &c. The museum department, including catalogues, specimens, spirit, bottles, salaries, wages, &c., 2,264*l.* 13s. 8d. The library department is very moderate, only taking 60*l.* 18s. for the purchase and binding of books, salaries, &c. Miscellaneous, including taxes, insurance, pensions, &c., 1,677*l.* 9s. 10d.

Professor Owen at Birmingham.—This gentleman delivered the second lecture of his course "On the Classification, Geographical Distribution, and Geological Relations of the Class Mammalia," in the Temperance Hall of the above town, on Monday. He stated that the discovery of the existence of a species of the mammalian quadruped in the oolitic state was very interesting, and gave the following curious illustration. There was an old quarry near Oxford which had yielded many interesting geological

specimens. One day the old quarryman brought a small jaw, and on handing it to Dr. Buckland, said, "I think, sir, I've got the jaw of the rat that was drowned in the deluge" laughter). The Dean could scarcely believe the discovery, and in 1815, when Baron Cuvier visited England, he showed it to him, who at once stated that it belonged to an animal of the mammalian species, and was nearly allied to an opossum. The Baron, however, would not believe that it came from the oolitic state until he had received a report from a gentleman whom he specially commissioned to come over to England, and make an examination, and who confirmed Dr. Buckland's report. To give his hearers some idea of the age when the little creature lived, he (Professor Owen) might tell them that all their downs of chalk—their grand white chalk cliffs, from which Albion obtained her name—had been circulating in living vessels of living animals subsequently to the time when that little animal had lived and died.

CAMBRIDGE.—At a congregation held on Oct. 13th, 1864, a Grace was passed giving authority to Dr. Humphry's certificates of attendance on his lectures on human anatomy.——At the same congregation the degree of M.D. was conferred on Robert Liveing, M.A., Christ's College.

THE NEW STAFFORD LUNATIC ASYLUM.—This building is erected at Burntwood, three miles from Lichfield, and is intended for the reception of 500 patients. The cost at present amounts to 35,000*l*. The addition of another wing to complete the design will raise the cost of the whole building to 45,500*l*.

PRESENTATION TO DR. EWART.—A public dinner has recently been given at Middleton-in-Teasdale to Dr. Ewart, on his leaving that place after a residence of seventeen years. The chairman, the Rev. F. W. Robertson, on behalf of the meeting, presented to Dr. Ewart a handsome gold watch and chain. The watch bore a suitable inscription.

DEATHS.

CLARKE.—On the 4th ult., at Bermuda, J. Clarke, M.D., Surgeon 15th Foot.

HAWLEY.—On the 30th ult., at Mansion House road, Edinburgh, Elizabeth Hawley, only daughter of Dr. A. Anderson, R.N., aged 19.

HODGES.—On the 2nd inst., at Kensington park road, Bayswater, E. Hodges, M.D., late of Bath, aged 54.

JEFFERY.—On the 27th ult., at Trinity terrace, Southwark, J. Jeffery, M.R.C.S.E., of Northampton.

LODGE.—On the 31st of Aug., at Bermuda, H. Stewart Lodge, M.B., Assist.-Surgeon 2nd Foot.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 19.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—An Open Meeting; Junior Medical Society of London, 8 p.m.—Meeting at University College, Gower street. Mr. C. E. Orme, "On the Nature and History of Wasting Palsy."

THURSDAY, OCT. 20.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Mr. W. Adams, "On Forcible Extension in Cases of Partial Anchylosis or Stiff Joint."

FRIDAY, OCT. 21.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.—Mr. G. Pollock (President), "On the Relative Advantages of Puncturing the Bladder by the Rectum and Perineal Section for the Treatment of Impervious Stricture."

SATURDAY, OCT. 22.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 24.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 25.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Practical Observations on the Hygiene of the Army in India; illustrated with Woodcuts. By Stewart Clark, M.R.C.S. Eng., Inspector-General of Prisons, North-West Provinces of India. London: Smith, Elder, and Co., 65 Cornhill.

Lectures on Public Health. By E. D. Mapother, M.D. Dublin: Fannin and Co. London: R. Hardwicke, 192 Piccadilly.

Canada Medical Journal, No. 4.

Archives of Dentistry, No. 2. Edited by Edwin Truman, Esq. London: John Churchill and Sons, New Burlington street.

Skin Diseases: their Description, Pathology, Diagnosis, and Treatment; with a Copious Formulary. By Tilbury Fox, M.D. Lond., &c. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

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Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Oct. 12, 1864.

MR. RICHARD GRIFFIN.—The paper is published.

MR. F. J. GANT.—The abstract has been received.

THE JUNIOR MEDICAL SOCIETY OF LONDON.—The notice is inserted.

DR. ROBERT FOWLER.—The letter is inserted.

THE HARVEIAN SOCIETY.—The card has been received, and the notice is inserted.

A REGULAR READER.—The letter has been received.

MR. J. D., *Cambridge*.—The notice has been received.

DR. H., *Liverpool*.—There are advantages and disadvantages in commencing with an open shop, but we believe that the risk of failure is less and the prospect of success greater than in the other method. A plan may not be desirable, but it may be dictated by prudence.

JUVENIS.—We believe that the preparation alluded to owes its efficacy to the presence of the iodide of potassium.

A LADY READER.—We believe that the homœopathists are partly knaves and partly fools. Those who practise a delusion, knowing it to be such, belong, of course, to the former class; and those who believe the incredible absurdities put forth by Hahnemann and his disciples are clearly entitled to rank with the latter.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 67.)

The General Symptoms of Disease of the Heart.—Having now considered the physical signs of organic disease of the heart and the lesions which they respectively indicate, it is necessary to make a few observations upon the general signs which denote impaired structure of the central organ of the circulation. These general signs, which are sometimes very striking, and at other times or in other instances are almost or wholly wanting, are far inferior in importance to the indications offered by auscultation and percussion; and we cannot wonder that, at a time when these aids to diagnosis were not available, the whole subject of heart-disease was involved in doubt and uncertainty. The state of the pulse and the breathing, the feelings of the patient, the presence of local pain, and other similar symptoms, are by themselves entirely unworthy of reliance, and become important only when taken in connexion with the physical signs. But, on the other hand, the very accuracy and precision attained by auscultation have led to errors of a rather deplorable character in actual practice; for the presence of murmurs, even although well attested and although indicating the existence of actual disease, does not necessarily imply a condition which is dangerous to life, or which is incompatible with the enjoyment of average health. The announcement on the part of a physician to a patient that the latter is labouring under an organic disease of the heart is calculated in very many instances to do much more harm than good, because, as the opinion generally prevails that such diseases are very dangerous and irremediable, the distress of mind which such an announcement is likely to inspire may render a life burdensome which might otherwise have been spent in comfort and happiness.

I think that I may take credit to myself for having been one of the first to point out that disease of the heart, even of a decided character, and involving the structure of the valves, is not so dangerous to life as is generally supposed, and that persons may attain even to a very advanced age when labouring under such an infirmity. I even ventured to suggest, many years ago, that in cases of life assurance, the mere existence of some disease of the heart should not be regarded in all cases as making a life uninsurable, although, of course, this opinion was given then, and is repeated now with many reservations. At the time when I brought forward this view it met with very few supporters and with much opposition; but at present I believe that it meets with general favour and acceptance. I am inclined to believe, indeed, that the worst and most suddenly fatal heart-diseases are those which we have at present no means of accurately distinguishing during life—namely, those of fatty degeneration—and that a certain degree of valvular disease does not interfere materially with the circulation, nor impair the ordinary functions of the body. In fact, the human organism possesses the power of adapting itself to circumstances; and if the blood is unable to pass with a full stream through the cardiac orifices, or if it meets with some impediments to its passage, it diminishes its volume in proportion to the obstacle it encounters, and the system gradually accommodates itself to the diminished supply. It must also be recollected that, by mere physical exploration alone, we are unable to determine during life the magnitude of the obstruction opposed to the circulating current, for a very loud murmur may be caused by a very small impediment of this kind; while, on the other hand, a huge mass of osseous matter may be closing up the valvular orifice without causing more than a very faint murmur.

The following are the remarks I made at the period to which I allude:—

"If it can be proved that actual organic disease of the valves of the heart may exist for a considerable period, and without shortening the average duration of life, such a conclusion may tend to divest this class of maladies of some part of the terror which their existence now so commonly inspires; and a patient who is unfortunately labouring under a disease of this description may nevertheless be encouraged by the reflection that a disease of the heart, although of a decidedly serious character, may not prematurely put a stop to his career. If such be the consolation which may, I think, fairly be afforded to those suffering under confirmed and extensive disease, how much more applicable is it to those who are affected only by some of those minor affections of the heart and its valves which occur so frequently among the sequelæ of rheumatism? The subject is one of great importance in its relation to the average duration of human life and the practice of life insurance. The existence of any disease of the heart is, I believe, an insurmountable barrier to effecting a policy of insurance; but I think it probable that, in proportion to the accumulation of facts bearing upon the subject, the deductions drawn only from the physical exploration of the heart will not be so exclusively regarded as they have been of late years. But upon this point I wish to be understood as offering a very guarded opinion; for I have no wish whatever to undervalue the importance of the information derived from auscultation, nor do I pretend to assert that the existence of cardiac disease is a matter of slight moment. All I presume to argue is, that cardiac disease, even of a very decided and extensive character, may be compatible with long life and moderate health" (*a*).

The opinions I expressed at that time have certainly been confirmed by subsequent experience, for, putting out of consideration the numerous cases in which an erroneous diagnosis of disease of the heart is given, there are many well-ascertained instances where patients with such affections have lived to the usual period, and many in which the patients themselves are ignorant of their having any disease at all. Some of the patients whom I had in view when the paper alluded to was written are alive now, and several whom I have attended since prove the truth of the same proposition.

Whether Dr. T. K. Chambers had ever seen my papers on the subject or not I do not know, but he arrives at the same conclusions with myself in his 'Lectures, chiefly Clinical,' which have lately been published. "With persons in easy circumstances," he says, "valvular lesions exist for years and years, perhaps through the greater part of a long life, and not only do not prove fatal, but may fail even to cause symptoms bad enough to make them consult a medical practitioner" (*b*). Dr. Chambers then quotes from his private notes, several cases of persons in easy circumstances in whom the stethoscope or the history, or both, gave every indication of injury to the valves of long standing, but in whom no inconvenience sufficient to be called illness by themselves had followed.

I well remember the case of a gentleman in whom I ascertained the existence of mitral disease, and whose life was declined at some offices on that ground; but some other offices accepted him, although the medical officers were aware of the lesion, and he lived to the usual period, having, I believe, paid an extra premium to cover the risk.

But the practical lesson I would draw from these remarks is, that reliance ought never to be placed on physical signs

(*a*) Observations on Valvular Disease of the Heart. By R. H. Semple, M.D. 'London Journal of Medicine,' November, 1850.

(*b*) Lectures, chiefly Clinical. By Thomas King Chambers, M.D. London, 1864.

alone, any more than on the general symptoms alone; but that both should be carefully considered in conjunction before a definite opinion is formed. Hence, therefore, the general symptoms, although individually of little importance, become valuable aids to diagnosis when taken in connexion with the evidence obtained by auscultation and percussion.

For instance, in some cases of disease of the heart, even the circulation is very little, if at all, disturbed, and the pulse does not indicate either by undue rapidity, or slowness, or irregularity, or intermission, or any other peculiarity, the existence of cardiac lesion. The breathing also may be natural and the digestion unimpaired. But when difficulty of breathing, and cough, and spitting of blood supervene, and more especially if swelling of the legs and general anasarca are added, the case is very serious, and the prognosis unfavourable.

(To be continued.)

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

WESTMINSTER HOSPITAL.

On the occasion of a recent visit to Westminster Hospital we saw (Case I.) a little boy of about five years of age, who had, some time since, suffered from acute rheumatic fever, to which had succeeded abscesses in the ulnar side of the left forearm and in the upper part of the right thigh. After the abscesses in the forearm had obtained exit, the lower end of the fibula, immediately above the epiphysis, protruded through the integuments. The bone was quite dead; but the patient was so low that Mr. Holt considered it advisable to build up the strength of the constitution and to leave the separation of the bone to Nature. The health was very much improved; so much, indeed, that in June Mr. Holt removed five inches of the ulnar, leaving the lower epiphysery extremity and the upper portion of the bone. The joints—the wrist and elbow—were untouched in the operation; neither had the disease invaded them, it being limited to the extent of bone which was removed.

The wound did well, and healed; the health continued to improve, and in July it was deemed necessary to have another operation for the removal of the dead portion of the femur. Mr. Holt accordingly cut down upon the great trochanter, which was suspected to be the only part of the thigh-bone that had become necrosed; when, however, the incision was made, an unexpected condition presented itself, inasmuch as the head, neck, and a great part of the shaft of the femur were found implicated in the same diseased action. The primary incision was immediately extended in order to admit of the removal of the dead bone, and, altogether, six inches and three quarters of an inch were taken away, comprising the head, neck, and some extent of the shaft.

The wounds resulting from these operations were healed and the patient's constitution seemed to be in excellent condition; there was, however, necrosis still going on in the tibia of the right leg; and a portion of the bone, which had died, was removed as we stood by the bedside. There is, as of course must happen, a considerable shortening of the limb on which the operation was practised.

Case II. was that of a boy whose age was about the same as that of the last patient. He was the subject of spinal disease, as could at once be told by the expression of his countenance, even before any examination of his back had been instituted; and, on his admission, the legs were flexed upon the thighs and these latter upon the trunk, so that the child was rolled up in a ball-like manner and could only separate the knees from the chin by forcibly bending the head backwards.

Under the influence of chloroform, the lower extremities were stretched; upon the left limb was placed a long splint, as for fractured femur; while, at the same time, the right one was kept in proper position by having a bandage attached to it a little above the ankle-joint and then made fast to the foot of the bed. In this manner both of the lower extremities were brought into a straight position and so maintained, the deformity which had existed being quite removed.

Case III.—An old man who had had a large-sized ulcer on the knee, but which, under the plan of treatment he was subjected to by Mr. Holt, had diminished very considerably. The plan to which allusion is made is that known as the "sealing" of the ulcer or wound so effectually as to exclude the air, and it is effected in the following way:—The ulcer is first cleansed; over it is placed a piece of adhesive plaster larger than its diameter; in the centre of the plaster a hole is cut, while all round this hole collodion is laid on in order to retain the next covering, oil-silk. The latter has an area equal in its diameters to that of the plaster, which it completely covers in, and with which it is amalgamated so closely, by means of the collodion, that they form one integument. Over these are placed another piece of plaster, an opening being made in the centre, and a few turns of a roller to keep all in their proper places.

Of this method of treatment Mr. Holt speaks in the most favourable terms.

Case IV. was a young, strong-looking man in whom disease of the right shoulder-joint had obtained. As there was immobility of the joint, showing thereby that the parts entering into it were matted together by adhesions, the deltoidal or elliptical flap was made, in preference to a straight incision, down to the head of the bone. Though this latter might appear to be the more simple manœuvre, yet, when it is considered that the structures were all adherent, it must at once be apparent how difficult would be the removal of the diseased bone because of the opposition which would be experienced in turning it out through the incision. The deltoidal flap, when turned up, allowed a view of the condition of the entire joint, and enabled the operator to cut down into it directly, and, comparatively speaking, without any difficulty. The knife was brought into immediate contact with the exposed structures, their division was accomplished, the joint was opened, the head of the bone turned out and sawn off along with as much of the shaft as was found to be diseased.

The patient has since done well, and the wound is fast closing, the granulations being healthy and becoming covered over with new skin.

Case V. was a female patient who had an oval-shaped ulcer upon the dorsum of the foot, running not quite parallel with the long diameter of the foot, but placed diagonally, so that one extremity of it pointed to, and almost extended as far as, the metatarsal bone of the great toe, while the other reached almost to the outer malleolus.

The "sealing method" which we have described was adopted in this instance, but had to be discontinued in consequence of the inflammation which it occasioned. No cause could be assigned for this untoward effect, but Mr. Holt took occasion to remark, that if the collodion were allowed to come into contact with the raw surface such a condition would be produced as had arisen in the present case.

Instead of the "sealing," therefore, the ulcer was ordered to be dressed with dry lint, which, it was anticipated, would produce a complete alteration in the character of the sore and bring about its healing. This ulcer, we would remark, bore a very close resemblance to the menstrual.

ST. GEORGE'S HOSPITAL.

We recently had an opportunity of seeing Mr. Henry Lee operate on a patient in the above hospital. The affection under which the man laboured was varicocele—and that, too, of some considerable size—affecting the left side of the scrotum and the veins of the left cord.

As the plan of treatment pursued was novel in comparison with other methods and is the design of Mr. Lee, we shall mention it in detail as we saw it done:—The man was laid upon his back and was brought under the influence of chloroform; the scrotum was accurately examined so as to ascertain the exact condition of its veins, the veins of

the cord and the testicle. This last organ was sound with the exception of a diminution in size, owing, no doubt, to the pressure exercised by the column of blood in consequence of the diseased state of the veins, which, imperfect in their action, allowed the blood to gravitate.

The cord was taken between the fingers and thumb, and the vas deferens isolated from the other parts; when, then, there was no danger of the vas being wounded—its thorough isolation having been effected—the upper needle, or that nearest the pubis, was first introduced through the scrotal tissues, made to pass behind the veins (so that they lay in front while the vas was behind the intervening needle), and its point then brought out on the side of the scrotum opposite that where it was entered.

Each needle was armed with an elastic band, which, when the needle is about to be passed, is drawn up towards the head of the needle, so that there may be no hitching as the little instrument is traversing the tissues.

The second needle was introduced in the same way as the first, but a little lower down in the scrotum, in order to include between them both a certain length of the affected veins; the elastic band was stretched, so as to bring it over the part of the integument of the scrotum which lay between the aperture of entrance on the one side and that of exit on the other and to make it fast upon the point extremity of the needle; and this was easily effected by causing the needle to pierce the elastic band as it was held tense by being put on the stretch as just described. Between this elastic band and the integument there is placed a piece of lint folded upon itself. The second needle is dealt with in the same way, and the sharp end of both is removed. A narrow-bladed knife is next passed horizontally underneath that part of the varicose veins lying between the needles, and when introduced sufficiently far its edge is turned toward the integument upon which rests the thumb with the intervention of a dossil of lint; against both of these, the thumb and lint, the vessels are divided, great care being observed to avoid wounding the skin. Sometimes, however, although the utmost caution be taken, a wound is unintentionally made, in consequence, as Mr. Lee pointed out, of the rolling about of the thickened, enlarged, and distended veins under the edge of the knife while it is being drawn across them for the purpose of their division. In some instances the veins are so tough that they do not yield before the knife, and cannot, therefore, be divided, but are drawn out through the opening in the integuments by which the knife was made to enter and by which it is withdrawn in the attempt to divide the diseased vessels. It is, in fact, very much more difficult to perform this part of the operation than might at first be supposed. When the veins are cut the wound is covered with a piece of lint, which is retained in its position by means of adhesive plaster.

The great advantage that Mr. Lee connects with the use of the elastic band is, that by its very resiliency it acts more efficaciously in constricting the vessels by drawing the needle tightly against them, and by keeping it always pressed against them with an equable degree of force, no matter how far the process of cutting through them may have advanced. Moreover, there is not by any means so much distress or pain occasioned as there is by the older methods.

The degree of compression-force can always be regulated by loosening or tightening the elastic band; the latter can be effected by stretching the band from the head of the needle towards its point, so as to have a shorter length of it drawn over the integument which lies between the needle's head and point. The loosening can be obtained by the converse method, that is, by transfixing the band with the needle's point more towards that end of it which corresponds to the point. Again, the force can be modified by slipping a pledget of lint under the band as it lies upon the integument which intervenes when the needle has entered and passed out through the scrotum; the thicker the piece of lint, the greater, of course, will be the force of the compression; and this force may be augmented from day to day as the needle is cutting its way out through the tissues. This method which we have just described is, Mr. Lee contends, the safest and most efficacious, and therefore the best for the cure of a varicose and otherwise altered condition of the venous channels.

In another patient, also under the care of Mr. Lee, we saw him practise the same operation upon the varicose veins of the left leg, the vessels being taken up immediately below the knee. As the patient, a married woman, suffered from a varicose tumour of the left labium, Mr. Lee sought its removal likewise, and in the following manner:—The vessels, thickened, indurated, and dilated, having been lifted up by the thumb and forefinger, and having been thus completely isolated from the other structures forming the labium, a needle was passed under them from above downwards—that is, in a manner parallel with the length of the labium—and then its point was brought out at the lower part of the labium and altogether below the varicocele; another needle was now entered at the outer side of the labium, made to pass underneath the first needle, and, consequently, wholly beneath the tumour, and was then made to pierce the integument on the inner side of the labium at a point exactly opposite to the aperture of entrance. The needles having the diseased veins in front of them were then treated in the same way as if the operation were for nævus; that is, there was passed around them a ligature composed of an elastic band, and this was drawn as tightly as it was deemed necessary for the occlusion of the vessels.

Mr. Lee contends that by using the elastic instead of the ordinary thread ligature the division of the veins by means of the ulcerative process through the instrumentality of the needles is better accomplished than when thread is employed, since, in the former instance, the degree of pressure exercised upon the tissues is always the same, inasmuch as the elastic band, by its inherent resiliency, contracting, diminishes its length as it cuts through each structure, no matter how delicately fine or how thick that structure may be.

These labial varicoceles are by no means so rare as they are generally supposed; but they seem to be so, because, in the first instance, they are not looked for, and, in the next place, delicacy makes the subject of it keep it secret.

In a great many cases Mr. Lee has operated in the same way as he did upon the patients to which reference has been made; and his success has been not a little.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The number opens with a "Lecture introductory to Clinical Teaching," delivered at St. Mary's Hospital, by Dr. Alderson. The lecturer refers to the discussions now proceeding in some quarters as to the best mode of teaching Medicine, and he expresses his opinion that the proposal to change the professorial system for the tutorial is both inexpedient and impracticable. He thinks that the present plan of seeing and examining the patients in the wards, and then hearing their cases explained in the clinical theatre, is the best that can be adopted, and that the explanation of symptoms and prognosis at the patient's bedside may be often indelicate and even cruel. He strongly recommends the students to attend to the post-mortem examinations, as a method of verifying or correcting their diagnosis during life, and as a guide to their future practice. He concludes his lecture by exhorting the students to cultivate gentlemanly habits and tastes, and a considerate regard for the feelings of the patients.——Dr. J. Marion Sims, in continuing his "Clinical Notes on Uterine Surgery," treats of the subject of "Uterine Polypi," the different forms of which he describes and figures. He

recommends the use of the scissors, and the application of the persulphate of iron for the removal of these growths, but entirely condemns the ligature. He speaks with great approbation of the use of the *écraseur* as devised by Chassaignac, and he prefers the original form of the instrument to those which have been subsequently devised. He recommends the *écraseur* for cases which are too formidable for the scissors or for torsion.——Mr. GEORGE LAWSON concludes his paper "On Sympathetic Ophthalmia;" and after describing the symptoms of the affection, he recommends the extirpation of the diseased or injured eye, if this should cause sympathetic inflammation in the other. Even if the injury in the unsound eye has not been sufficient to destroy sight, yet if it should cause sympathetic irritation in the other, the injured eye should be sacrificed. In the general treatment of sympathetic ophthalmia, absolute rest to the eyes is demanded, belladonna in some form should be employed, and in certain specified cases iridectomy is indicated; but in severe cases it is necessary to get away the lens, at the same time that the operation is performed for making the artificial pupil.——Mr. CHARLES J. MELLER, Surgeon-Naturalist in Medical Charge of Dr. Livingstone's Zambesi Expedition, contributes a paper "On the Fever of East Central Africa." He gives a very dreadful picture of this fever, which, although at first described as being mild, is really one of great severity and danger. He states, that although the mortality in the expedition was not great, yet the reason was, that whenever a case assumed an unfavourable aspect, the person was invalided or exchanged with all despatch. The type of fever was the remittent, true cases of intermittent rarely occurring, and the fever appeared both in the sthenic and the asthenic form. In the former, purgatives were employed with advantage, and afterwards quinia was introduced in as large doses as could be borne.——Mr. J. P. IRVINE contributes a paper "On the Action of the Extensor Minimi Digiti Muscle," which he describes as being twofold, owing to the splitting of its tendons, thus conferring the power of separate extension of the little finger, together with the extension common to the other fingers.——Dr. THEODORE JUNOD, of Paris, contributes a paper "On the Physiological Effects of the Derivation of Blood," the object being to describe the effects of a vacuum apparatus applied to one of the limbs of the human body.——Mr. H. MUNRO describes and figures a "Malformation in a New-born Child." The greater portion of the frontal and parts of the left parietal bones were wanting, leaving an opening through which the brain protruded, forcing the integuments upwards; and there were other deficiencies in the anatomical details of the child's body.

'MEDICAL TIMES AND GAZETTE.'

Mr. J. Z. LAURENCE contributes an original article "On the Optical Defects of the Eye." The focal length of concave lenses and the method of finding out the exact focal length are considered in the commencement of the paper: an explanation is next offered—the fact that parallel rays are focussed in front of the retina. The far point—*i.e.*, that point which, at the farthest distance the eye can behold any object, is seen critically distinctly—is said to be a definite distance from the eye and to be positive. The glasses suitable for myopic vision are described, and the means for ascertaining the exact number of the lens required are given in detail. The author gives an account of his optometer, and an accompanying woodcut. This differs from the instrument used by Gräfe for the same purpose, the latter consisting of a number of fine wires set in a frame; should the wires be seen singly and well-defined, vision is said to be accurate. The rationale of the action of concave glasses as corrigents to near sight is detailed; and at the close of the paper, the idea that myopia is dependent upon undue prominence of the cornea is controverted.——Mr. GRIFFIN, of Weymouth, describes a case of "Poisoning by Prussic Acid," and cites another case of death from the drinking of some cyanide of potassium in solution.——The Rev. Professor SAMUEL HAUGHTON, T.C.D., contributes an article entitled "On an Approximate Method of determining the Daily Excretion of Urea in Health and Disease." A table is given in which is shown an approximation to the daily excretion of urea in a number of cases where no sugar or albumen existed in the urine.——Mr. ELLIOTT PORTER records a case of "Induction of Labour by Dr. Barnes's Dilating Bags; Artificial Delivery; Successful Result." The patient had been pregnant three times before: the first child was born naturally; the second by means of the long forceps; the third it had been attempted to bring away by using the same instrument, but, on failure, delivery was at last effected by turning. In the present pregnancy, after dilatation of the os had been effected by the use of the bags, the child was extracted by the instrumentality of the long forceps. The child was born alive, and with its mother did well.

REVIEW OF BOOKS.

Practical Anatomy: a Manual of Dissections. By Christopher Heath, F.R.C.S., Assistant-Surgeon to, and Lecturer on Anatomy at, the Westminster Hospital. Pp. 539. London: Churchill and Sons. 1864.

Thanks to the lecturers and teachers of the present day, the study of anatomy has become far more easy than it was in the time of our ancestors, who were able to dissect the bodies of the dead only at rare intervals, and for whom few, if any, manuals of anatomy were in existence. Even in the early days of many of the present race of practitioners the written guides to dissection consisted only of bare description, without any attempt at illustration; but now, owing to the great improvements in engraving, these books appeal to the eye as well as the mind, and represent on almost every page the fac-simile of the parts exposed by the scalpel.

The 'Practical Anatomy' of Mr. Heath is exceedingly well calculated to fulfil the purpose for which it is evidently designed—namely, to act as a companion to the young dissector in his study of human anatomy. In systematic treatises the subjects are arranged in an artificial order, with a view to a classification of textures; but in a practical guide to the dissecting-room, the parts are described precisely as they appear as each tissue is exposed by the knife, and directions are given by which every region may be most conspicuously exhibited to the eye, and its component structures and their relations fixed upon the memory. In

the present instance, Mr. Heath begins with the arm, first describing the incisions to be made for the removal of the skin and the subcutaneous fascia, then the cutaneous vessels and nerves and the muscles in relation to them, and gradually passing to the deeper-seated textures. In all cases, the surgery of each region is carefully noted, and short directions are given for performing such operations as do not materially interfere with the dissection. The illustrations, which form a most important feature in such a work, are very numerous, and many of them are original; but the great majority are from the well-known manual of Mr. Erasmus Wilson, to whom Mr. Heath expresses his obligations; and there are also many from Hirschfeld and Leveillé, and other sources.

The young anatomist who has this manual as his dissecting companion cannot go wrong, for the descriptions are clear and concise, and the whole work has the great merit of brevity added to its other good qualities.

An Inquiry into the Relative Frequency, the Duration, and Cause of Diseases of the Skin, as deduced from the Observation of One Thousand Consecutive Cases. With Remarks on the Exanthematous Epidemic of the Spring of 1864. By Erasmus Wilson, F.R.S. Pp. 80. London: Churchill and Sons. 1864.

Skin Diseases: their Description, Pathology, Diagnosis, and Treatment. With a Copious Formulary. By Tilbury Fox, M.D., Senior Physician to St. John's Hospital for Skin Diseases. Pp. 315. London: Hardwicke. 1864.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B., Surgeon to the West London Dispensary for Diseases of the Skin. No. II. London: Churchill and Sons. 1864.

On the principle of *seniores priores*, the work of Mr. Wilson, although a small one of a pamphlet form, claims our first attention. It has for its object the determination of the relative frequency, the cause, and the duration of cutaneous diseases, so far as can be ascertained by the careful register of a given number of cases taken consecutively as they present themselves in daily practice. It does not pretend to ascertain the relative proportion borne by skin diseases to other maladies, nor their relative frequency throughout the whole population, for the field of observation is restricted by the exigencies of a special department of Medicine, and the patients belong only to the middle and upper classes of society, such as present themselves in private practice. Out of the thousand cases which are the subjects of the record, there occurred fifty-one different diseases, which we have not space to enumerate; but we may observe that the most frequent of all is eczema, numbering two hundred and ninety-eight of the thousand: and this is followed in the order of frequency by gutta rosacea, alphos (lepra), acne, alopecia, pityriasis, trichosis, scabies, lichen, calvities, syphiloderma, &c.; and the least frequent, numbering only one each, were—erysipelas, pemphigus, roseola, hordeolum, narcosis folliculorum, favus, verruca, atrophia cutis, morphœa, elephantiasis, bucnemia.

Among the remarkable features in this list is the comparatively great frequency of scabies, of which there were thirty-seven cases in the thousand, and, it must be remembered, all occurring in private practice. Mr. Wilson attributes this circumstance to the return of the army some years ago from the Crimea, since which event the disease has been introduced into a better class of society than it formerly attacked; and it is now not only common among the better ranks, but is much on the increase. Among the diseases of which only one occurred in the thousand, one is surprised to find erysipelas; but this disease prevails more at certain periods than at others, and is, moreover, too severe an affection to allow the patient to go out of doors. Some of the other rare diseases (at least, rare in Mr. Wilson's list) are some which are very uncommon in this country, as elephantiasis and bucnemia, and others, such as hordeolum and verruca, are too trifling to be brought to the house of a private practitioner.

Mr. Wilson adopts to a certain degree a classification of these skin diseases, but does not at present appear to attach much importance to the phytodermic affections, the theory of which he does not consider as yet to be sufficiently confirmed. The Appendix consists of some notes on the exanthematous epidemic of the spring of the present year, when, as it will be remembered, an eruption made its appearance presenting a mixed character of roseola, rubeola, and varioloid, and to which Dr. Babington gave the name of "rubeola notha." The affection was of a very mild character, and required very little treatment.

Dr. Tilbury Fox, who is already favourably known to the Profession by his contributions to dermatology, and whose work "On Skin Diseases of Parasitic Origin" is marked both by industry and originality, now makes his appearance as an author on skin diseases in general, and appropriately incribes his book to Mr. Erasmus Wilson, to whom, as a distinguished authority in British Cutaneous Medicine, he confesses his literary obligations. The scope of Dr. Fox's present work being a rather wide one, his task is one of compression and condensation, and his own peculiar views on the classification of skin diseases and their treatment are obtruded as little as possible, his attempt being to furnish, in as compact a form as possible, a general view of the present state of our knowledge relating to skin diseases.

He commences with some general remarks upon cutaneous affections, their relative frequency, prognosis, diagnosis, and therapeutics; and in reference to the *vexata quæstio* of classification, he follows the system of Willan and Bateman, which he justly considers as being the best for teaching purposes, inasmuch as it is founded upon the appearance of certain elementary lesions which are readily understood—as maculæ, erythemata, papules, vesicles, blebs, pustules, squamæ, tubercles, and adventitious growths. But, although generally representing the characters of skin diseases, the system of Willan and Bateman has become untenable in its details, and various modifications have accordingly been made, which, while preserving the prominent distinctions of this famous system, are brought into harmony with recent views as to the causation of special forms. Dr. Fox, for instance, adds a distinct group under the name of parasitic affections, which he divides into—1, the vegetable or dermatophytic, as favus, tinea tonsurans, tinea decalvans (alopecia), plica Polonica, herpes circinatus, sycosis, chloasma, pityriasis versicolor, and the fungus foot of India (mycetoma); and 2, the animal or dermatozoic, as scabies, prurigo, and pruritus from pediculi, &c. We must just mention, however, that the existence of these phytodermic affections is not admitted by all authors to so great an extent as is argued by Dr. Fox.

It is quite impossible for us to follow Dr. Fox through his interesting volume, which is really, what he represents it to be, a general *résumé* of our knowledge of skin diseases. All that our space will allow us to observe is, that he appears to have carefully read and considered the observations of other authors, and to have used his materials with great judgment; while his own practical experience and original observations have elevated his book far above the level of a compilation, and will make it acceptable both to the student and the practitioner. As may be expected, the chapter on parasitic affections is full and interesting; and whatever may be the extent to which his views in this department are accepted, there can be no doubt that the study of the animal or vegetable organisms attacking or inhabiting the human skin will lead to improved notions in dermal pathology and therapeutics. A chapter on syphilodermata, or syphilitic eruptions, describes the peculiarities of these specific affections, their diagnosis, and treatment. The author is evidently no believer in the view that there is no such thing as syphilis, and therefore no necessity for specific treatment; nor does he join in the opinion of those who would banish mercury from the list of our therapeutic agents. On the contrary, he lays it down as a rule that, "in secondary syphilis, the remedy is *mercury*; in tertiary disease, *iodide of potassium*." He admits that some cases of secondary disease will get well without the use of mercury, and that the system may get rid of the poison by the exercise of patience and the use of tonics, but other cases assuredly will not yield to these means. He also combats the views of those who allege that mer-

cury produces symptoms analogous to those of syphilis, and maintains—"1. That all the secondary and tertiary symptoms, in their full force, may arise in those who have never taken a particle of mercury. 2. Patients recover much more speedily under the use of the drug than by any other plan of treatment. 3. It has been shown that those who are engaged in the use of mercury daily in their occupations—*e. g.*, gilders, &c.—enjoy special immunity from bad secondary or tertiary syphilis (Biett); and, 4. That these subjects do not suffer, in consequence of their occupation, in any special degree from symptoms which are usually held to be syphilitic" (p. 285).

Mr. Balmanno Squire, in his second photograph of the diseases of the skin, presents us with a representation of a case of impetigo figurata, the patient being a child, and the disease occupying its most common situation, the face. Whether the extraordinary excellence of Mr. Squire's first photograph of a case of psoriasis has made us fastidious or not, we cannot determine, but the second photograph, although excellent, does not appear so life-like as its predecessor. Still, it is immeasurably superior to the ordinary coloured representations of this class of diseases; and the attempt to delineate them by photography seems to promise the happiest results. As in the former case, the photograph is accompanied with a history of the case itself, and a general description of Impetigo with its varieties.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 18TH, 1864.

MR. PRESCOTT HEWETT, PRESIDENT.

The PRESIDENT congratulated the Society on the successful volume which had been issued by the Society, and announced that an index to the first fifteen volumes of the Society's 'Transactions' had been prepared, and was now in the press.

Mr. BALMANNO SQUIRE exhibited a coloured photograph of Psoriasis Diffusa and of Impetigo of the Face. He dwelt on the fact, that in the first case the disease was cured by local treatment, and that in the second the patient used salt-water baths both in the sea and at home with great benefit.

Dr. MURCHISON showed specimens of

ULCERS OF THE INTESTINE AT A VERY EARLY STAGE OF TYPHOID FEVER,

where the deposit was only just breaking down into ulceration, the disease proving fatal on the tenth day; and another, where the disease was very extensive, and death occurred on the twenty-fifth day. In another specimen the fever was typhus, but complicated with diarrhœa. Here the intestine was quite free from ulceration. The character of the fever was shown by the rash, and the case proved fatal on the eighteenth day. In a fourth specimen, where death occurred on the sixth day, there was distinct ulceration on the ileo-cæcal valve and deposit in Peyer's patches. The patient was a child, aged six years, and the mother also suffered from typhoid fever.

Dr. BRISTOWE remarked that in the late epidemic many cases of typhus at St. Thomas's were complicated with diarrhœa, but none presented the characteristic eruption. He attributed the diarrhœa to the exhibition of tartrate of potash.

Dr. PEACOCK had met with cases of typhus complicated with diarrhœa, in which tartrate of potash or purgatives had been administered. In all these cases no ulceration of the bowels was found.

Mr. H. SMITH showed a specimen of

CANCER OF THE THYROID GLAND,

causing pressure on the trachea. The patient (aged forty-three) had suffered from difficulty in breathing for some months, but had been in no danger till a few days before admission into hospital, when he had some severe fits of dyspnœa. He had a severe fit soon after admission, which passed over in a few minutes. Mr. Smith directed that if possible a laryngoscopic examination should be made. This revealed that the parts above the glottis were healthy. About five hours after admission tracheotomy became necessary. After superficial incision, a hard mass was reached, through which it was impossible to cut. The incision was prolonged upwards, and the larynx opened. The man had ceased to breathe, but a catheter was passed through the wound in the larynx, and the lungs inflated. The man, however, did not revive. The whole of the isthmus and front of the thyroid was occupied by a mass of cancer pressing the trachea towards the right side, and causing great pressure on its left wall. The incision into the windpipe was above the seat of obstruction, but there was no means of diagnosing the latter. Mr. Smith dwelt upon the impossibility in some cases of diagnosing the seat of obstruction, and on the propriety in all cases of tracheotomy of going to the operation provided with an elastic catheter, which could always be passed beyond the obstruction.

Some members doubted the cancerous nature of the disease, and the specimen was referred for examination to Dr. Harley and Dr. Murchison.

Dr. HARLEY exhibited a

SERIES OF GALLSTONES.

The first point he dwelt on was, that the danger was not in proportion to the size of the stone. He showed a very small stone which had set up fatal peritonitis. A second point was, that sometimes excruciating pain was produced by the passage of a very small stone which could not be discovered, and which ought rather to be called a small collection of inspissated bile. He referred to a case in which very numerous attacks had taken place, but no stone was ever found. After death, a collection of very small calculi was found in the gall-bladder.

Dr. HARLEY also showed a

SERIES OF BLOOD-CRYSTALS.

He dwelt on the different opinions which prevailed on the subject of blood-crystals, and on the confusion of names so produced. Dr. Harley believed that there are three different forms of crystals. The first is that produced by chemical reaction on the blood. Glacial acetic acid being applied to dry blood, of any animal, and a little common salt added, a certain definite crystal of invariable size is produced—Teichmann's crystals, or hæmin. The second kind is that met with in old clots (apoplectic, &c.), which are also definite in size and shape; broader in shape and lighter in colour than the hæmin-crystals, almost rhomboid—hæmatoidin-crystals of Virchow. The third form is found in healthy blood, as the splenic, when crystallised. These crystals can be obtained also by shaking up healthy blood with ether. They are very much larger; may be in groups like spicula; and may be either colourless or coloured. These, Dr. Harley thought, were better termed hæmatin.

Dr. WILKS called the attention of the Society to the time required for the formation of the second form of crystals in clots. He had found them in apoplectic clots of more than a fortnight's standing, but not earlier.

Dr. HARLEY said that this was also his experience.

Dr. SANDERSON stated that he had made experiments on this subject, published in the 'Edinburgh Medical Journal' for 1851, showing such crystals formed in clots experimentally produced in animals in about three days. The phenomena of corpora lutea also supported this opinion.

Dr. CRISP showed the Stomach of a Patient poisoned by Butter of Antimony, with a cast of the stomach taken soon after death. Three ounces of the poison had been taken, and about two-thirds of it was found adhering to the interior of the stomach, which was very black, and the mucous membrane sloughy. The prominent symptoms were thirst, pain, vomiting after ten hours, and diarrhœa shortly beford death.

Dr. CRISP also showed the Lung from a species of Antelope occupied by a very copious deposit of tubercle.

Mr. CAYLEY showed a very large Liver affected with Amyloid Degeneration. A large globular projection from

the surface caused at one time a suspicion of hydatids. The spleen and kidneys were also in a state of amyloid degeneration.

OBSTETRICAL SOCIETY OF LONDON.

October 5th, 1864.

Dr. Oldham, President, in the Chair.

The following gentlemen were elected Fellows:—Dr. M. Bright; J. S. Gaunt, Esq.; Dr. Hoffmeister; J. H. Salter, Esq.

CÆSAREAN SECTION.

A case of Cæsarean section, which occurred in 1863, from the papers of the late T. E. Bryant, Esq., was read. The patient was four feet seven inches in height, and rachitic; the antero-posterior diameter of the pelvis was two inches and a quarter in the dry state, and the transverse diameter four inches. The operation was accomplished without difficulty; but the mother died about thirty-six hours afterwards, of low peritonitis. The child lived some weeks, when it died of erysipelas.

Dr. Greenhalgh said he was deeply interested in the Cæsarean operation, of which he had had some experience, having performed it four times; having been present in three cases where other practitioners had operated; and having recently, through the kindness of Dr. Winckel of Gummersbach, examined three women who had been the subjects of this proceeding. He expressed a conviction that in difficult cases of craniotomy, which were necessarily fatal to the children and too often to the mothers, the lives of most of the former would be spared, and the latter would stand equally as good a chance, by the timely performance of the Cæsarean section; in proof of which he detailed the case of a poor woman upon whom he had operated, who was reduced to such an extreme degree of debility by mollities ossium that those present considered it impossible that she could survive the operation; notwithstanding, she lived three weeks afterwards, and then died from rupture of the transverse colon, owing to the distortion occasioning occlusion of the rectum. The child was born alive, and continued to live. Dr. Greenhalgh strongly urged the early performance of the operation, before the membranes were ruptured or the mother exhausted. He considered that the incisions should be made in the linea alba, and as nearly as possible through the centre of the body, and not through the neck, of the uterus, in which, although he admitted there were fewer large vessels, yet there was far less contractile power, and consequently a greater liability to hæmorrhage, as happened in one case which he witnessed. He recommended that the abdominal and uterine wounds should be held together by the fingers of an assistant placed within the extremities of the incisions; that, immediately after the extraction of the fœtus and secundines, the finger should be passed from within through the neck of the uterus into the vagina, so as to secure a free exit for the discharges; that the uterus should be firmly grasped by the hand, so as to obtain its firm contraction; and when all fear of hæmorrhage had passed, that the abdominal wound be brought together by the interrupted suture, and still further secured by broad strips of adhesive plaster. As a rule, he administered no medicine, but met each symptom by its appropriate remedy. He mentioned one extraordinary case where the patient was up and about five days after the operation; she was, however, the subject of an enormous umbilical hernia.

Dr. Barnes observed that summaries of most of Dr. Winckel's cases would be found in the 'British and Foreign Medico-Chirurgical Review.'

Dr. Playfair said that in the only case of Cæsarean section which he had witnessed, a difficulty was met with which he had not seen alluded to in descriptions of the operation, and which certainly had not occurred in the case under discussion, nor apparently in any of those described by Dr. Greenhalgh. In the case in question the uterus was opened near the fundus, and although no time was lost in removing the child, still the uterine parietes contracted with such rapidity and force that the head was caught in the incision, and some difficulty occurred in extracting it and the placenta. This was doubtless a fault on the right side, as it diminished the risk of hæmorrhage; but still it would be well to know how to avoid inconvenience from it. He had thought this might be done by commencing the incision near the lower part of the uterus, instead of at the fundus, when the head might be extracted first. The case to which he alluded also showed the risk of delay before operation. The patient was a healthy woman who might have done well, but she was allowed to remain so many days in labour before further advice was sought, that when seen the vagina was found in a state of slough.

Dr. Oldham recommended the incision to be made towards the lower part of the uterus.

Dr. Eastlake showed an Obstetric Binder, for immediate use after parturition, which he had constructed, and which had been made by Mr. Salmon, of Wigmore street. It was intended to supersede those which lace up like stays. The binder was very simple in its arrangement. It consisted of two parts, which were fastened in front with the greatest ease in less than a minute by means of four lappets with hooks and eyes. It had also a tail bandage which fastened before and behind, and was able to support the diaper and keep the binder in its place. Dr. Eastlake had tried it several times with great satisfaction. The price was from five shillings.

A description of a "Case of Deformed Arms" was read, from Dr. Shortt, accompanied by photographs.

Dr. Wynn Williams then read a paper on

MISSED LABOUR.

The author alluded to the little notice the subject had received hitherto, and thought the Profession indebted to Dr. M'Clintock for his collection of cases. He wished, however, that some more practical rules were laid down. He then detailed two cases which he considered were of this class. He ventured to suggest that, as soon as attention was called to a case, the accoucheur should, after satisfying himself of the escape of the liquor amnii, the death of the fœtus, and dilatability of the os, proceed (after allowing a reasonable delay, and after employing the recognised means adopted to cause contraction of the uterus) to turn and deliver.

Dr. Barnes said there was a perfectly ready and safe way of dilating the cervix should the case require it. Should the cervix be rigid, besides the dilators, he would use incisions, which plan he had employed in a case he detailed.

Dr. Greenhalgh did not consider that Dr. Williams' cases could be placed under the head of missed labour, and asked the President, who was the first to use the expression, what he considered the correct definition of the term. He (Dr. Greenhalgh) had never met with a case of missed labour.

Dr. Oldham said that he had used the term as the most appropriate he could find. It was a case in which the time of natural labour passed by without any pains, and the child was not expelled.

Dr. Braxton Hicks thought it highly important to be certain that the full term had really expired, as it was very difficult to say whether it had been reached in any case before a month at least had elapsed. In the cases recited, he thought that probably, although the children were dead, they would in due time have been expelled by natural efforts.

Further discussion arose, in which Dr. Fox, Dr. Eastlake, and Mr. Owen joined, and to which Dr. Williams replied.

Mr. Gant then gave a careful dissection of the pregnant uterus in a person who had died from "accidental hæmorrhage."

Infection Wards.—Two commodious infection wards have been erected by the Alnwick Board of Guardians detached from the workhouse and the infirmary.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 26, 1864.

THE OPENING OF THE MEDICAL SOCIETIES.

Next in importance to the opening of the Metropolitan Medical Schools is the commencement of the different Medical Societies for their annual session. At the former, a crowd of youthful aspirants flock together to gain the knowledge which is the foundation of their professional career; at the latter, the fully-developed practitioners come for the mutual purpose of giving and receiving information. The Medical Schools and the Medical Societies are each in their way essential instruments for the diffusion of knowledge, and may be considered as the complements of one another. In the Medical Schools the professors and Medical officers inculcate the doctrines which have received the stamp of authority and the ratification of experience; at the Medical Societies, new views or theories are proposed, old ones are revived, established precepts are perhaps called in question, and all are subjected to the keen scrutiny of personal investigation and discussion. The Societies also afford both a happy and convenient medium for the record of passing facts, which might otherwise be forgotten amidst the avocations of practice, and a pleasant means of union and brotherhood among persons engaged in the same pursuits, but following them in somewhat different localities. Besides all these advantages, the facilities offered by the press enable the distant practitioner to have all the newest information conveyed to his doors with as much exactness as if he himself were present at each meeting; and thus the facts or opinions expressed at each Medical Society are wafted, more quickly than the winds, to every locality in Great Britain, and to every district of the civilized world where Medicine is cultivated and esteemed.

The weeks just past have been distinguished by the opening of some of the Medical Societies, and the others will very soon follow in the train, until all are in a state of sessional activity. Not only have the Obstetrical, the Medical, the Pathological, the Hunterian, and the Harveian begun their proceedings for the season, but several of the minor societies established among the students of some hospitals have shown the usual symptoms of revival, by the reading of papers and the establishment of discussions. We cannot too strongly commend the institution and the encouragement of student-societies, which create among the members a healthy interest in the progress of the art they are studying, and afford them an opportunity of exercising their faculties in reading and speaking which may in after years prove to them of essential service. As one of the lecturers this year said in his introductory lecture, every student should endeavour to acquire the habit of speaking among his fellows; and even although his earlier trials should be unsuccessful, this failure ought not to dishearten him from future attempts; for courage will increase with every successive effort, until he finds that he is not only heard, but understood by those whom he addresses. Just as the raw speeches made by the schoolboy at Eton and Harrow may contain the germ of noble eloquence destined to astonish, to awe, or to persuade the members of the British Legislature, so may the crude and awkward sentences uttered at the discussion of some Medical School Society be afterwards ripened into original theories, or novel modes of practice in the Profession of Medicine.

Some of the Medical Societies retain their former *prestige*, and flourish in spite of change; some have passed away, or have amalgamated with others; and many new ones have sprung up, either to supply the wants of some particular locality, or to satisfy the claims of some important speciality, which has outgrown the space allotted to it in a society devoted to general subjects. At the head of those which are still vigorous notwithstanding their age, stands the Royal Medical and Chirurgical Society, which remains firmly fixed in the soil, like some patriarchal oak, although many of its branches have been lopped off to vegetate elsewhere. That the subdivision of subjects, and the pursuit of specialities, has in some measure impaired the interest which was formerly attached to this Society, may, perhaps, be admitted, but still its noble and almost unequalled library, and the imposing roll of its Fellows, and its annual publication of proceedings, maintain its pre-eminence among the Medical Societies of Great Britain. We may, however, not inappropriately glance at some of its offshoots, which are now pursuing an independent existence, and some of which are actually living and prospering beneath its own protecting shade.

The Pathological Society of London, holding its meetings in the rooms of the Medico-Chirurgical, is now supplying a want which must have been long felt by the Medical practitioners of this country. The societies previously existing had offered abundant scope for the ventilation of theories and the discussion of modes of practice, but an association remained to be established in which facts alone should be brought forward, in which the eye and the touch should appreciate morbid change, and in which mere verbal display should be reduced to its minimum. It is true that this realistic view of pathology is not without its drawbacks for pathological science does not consist alone of the revelations afforded by morbid anatomy, nor does the exhibition of damaged structures necessarily explain the vital processes which have led to their degeneration, decay, or change. Still, when considered in the light in which the Society was viewed by its founders, it must be considered as having proved eminently successful; and the number of specimens exhibited, the history with which each has been accompanied, and the short but pithy remarks they have called forth, have testified alike to the zeal of the members, their diligence in recording facts, and their wholesome abstinence from drawing rash and hasty conclusions. The annual volume published by this Society is also most creditable to its compilers, is a rich epitome of visible pathological changes, and is in itself worth the outlay of the annual subscription.

The Epidemiological Society may be regarded in its

objects as almost the reverse of the Pathological, for, whereas the latter deals only with the visible and the tangible forms of disease, as developed in morbid structures, the former endeavours to catch the invisible and the intangible vapours or miasmata which lurk in the atmosphere or float in the streams, and generate endemic, contagious, or epidemic maladies. The Epidemiological Society, in fact, seeks to discover the first links in the chain of morbid causation, and the Pathological exhibits the last. Difficult as the task may be to determine the laws which regulate the spread of disease or arrest its progress, much has been accomplished in this direction; and the Epidemiological Society has already done good service in bringing under the notice of the Legislature and the public the necessity of adopting sanitary laws, by which the elements of morbid action may be divested of their deadly energy. It is true that the warning voice has too often been addressed to deaf or unwilling ears, but still some progress has been made, and much more may be anticipated.

The Obstetrical, although the youngest, is one of the most flourishing and prosperous of the Metropolitan Medical Societies. The subjects with which it deals are those that are familiar to the great mass of Medical practitioners; and this circumstance, in connexion with the very interesting discussions which often arise at the meetings, may sufficiently account for the great interest taken in the proceedings. The annual volume published by this Society is also most highly creditable to the zeal and industry of the members; and an obstetrical library, now in course of formation, is likely to supply a want often felt in this particular.

With these preliminary remarks, we welcome the opening of the Metropolitan Medical Societies for the Session of 1864-5; and the best wish we can offer to each of them is, that their future sessions may be as prosperous and as fertile in the diffusion of useful information as those which have preceded them.

SUMMARY OF THE WEEK.

A CASE OF DEATH UNDER MYSTERIOUS CIRCUMSTANCES.

A very extraordinary case of death, resulting apparently from violence, is now forming the subject of investigation before a coroner's jury at the Westminster Hospital. It would be obviously improper in us to make any remarks upon the case at present, and we therefore offer only a sketch of the main facts and of the medical evidence, which is very conflicting:—The case had been adjourned by the Coroner in order to see whether the publication of the facts, so far as ascertained, might not lead to the discovery of additional evidence. On the afternoon of the 30th of September the deceased man parted in Piccadilly from a man in the same employ, to go home across the Green Park. It was then four o'clock. He was then sober, but complained that he was "queer" from the effect of blowing down gas-pipes. At twenty minutes to five o'clock he was found by a police-officer lying on the grass in the park. He rose as the officer approached, but fell heavily, and appeared to be at the point of death. He was therefore carried to St. George's Hospital, where the surgeons considered him to be insensible from drink, and upon his recovering a little he was taken away to the police-station, and locked up, as he could not give his address. The next morning he was bailed out and taken by his friends—one of whom remarked, "There has been foul play here"—to Westminster Hospital, where he was stripped and examined. Several bruises, apparently from kicks and blows, were found on his head, face, hands, arms, abdomen, back, and chest, while the skin had been knocked or kicked from his legs in some places. His skull was fractured, and a sinus was ruptured. He died on the following Wednesday. The inexplicable part of the case was, that the surgeons of St. George's Hospital stated that they saw no injuries on the deceased's head or hands (they did not examine his body) when he was brought in by the police. A witness, however, said that he noticed a bruise on the head, and it was stated that it was very dark in the hospital. The surgeons of that hospital suggested that the injuries might have been self-inflicted, by falls over furniture, &c., at the police-station. This the police denied, and the inspectors went further, and said that the deceased appeared to have no injuries when he was bailed out on the Saturday morning. The jury, last Friday, inspected the cell in question. It was a small room 10 ft. long by 6 ft. wide. A fixed bench 2 ft. in width ran round two sides of it in such a manner as to render the space of the floor available for walking or falling violently upon very small indeed. All the edges of the bench were planed off, and there was hardly an angle in the cell upon which a person could fall so as to hurt himself. The floor was asphalted and covered thickly with sawdust. It was remarked by a juror that if a man desired to commit suicide by dashing himself about in such a cell he could not possibly do so. The following is a part of the medical evidence of the house-surgeons of St. George's Hospital and of the Westminster Hospital. It should be stated that the only evidence of injury inflicted during life was that given by a Mr. Matthews, who saw the deceased fall down heavily in the Green Park before he was taken to St. George's Hospital.

"Mr. Jones, medical officer of St. George's Hospital, recalled, said that he had seen the police-cell. It was in a better state than he expected to find it. He would say that it was possible that the deceased might have received the injuries in the cell, but it was not probable. He had examined the deceased when he was brought into the hospital on the Friday night, and saw no bruises. There was ample light, and at a subsequent period the gas was alight. He was still of opinion that there was no lesion of the brain when deceased was brought in. The eyes were sensitive to light. The skull might have received the fracture from the fall mentioned, but the rupture of the sinus was an enormous one, and that could not have taken place or the blood have issued from it at that time. He did live afterwards for five days with the rupture, but he was then wholly unconscious. He had heard Cazely's statement as to the effects of gas, but in that case and in others known to witness insensibility took place at the instant. [It had been suggested that the man fell down stupefied from the effects of gas. He was a gas-inspector.] The deceased remained conscious for a long time. The witness treated deceased for intoxication, but did not use the stomach pump. He could not say whether the fall was or was not the cause of death.

Mr. St. Aubyn Hawken, house-surgeon to the Westminster Hospital, said that the fall spoken of was one that might have produced a fracture of the skull, but he was led to suppose that it did not on account of the peculiar spot from which the deceased's fracture commenced. It began midway between the occipital protuberance and the ear—that was to say, in a hollow; if the fall on the back of the head had done the mischief, the fracture would have been produced elsewhere. No blow struck on any other part of the head would produce a fracture in the spot mentioned. There were fourteen distinct and separate bruises on the

head externally—three on the forehead, seven on the top of the head, and four at the back of the head, one of the latter being behind the left ear. All had been inflicted within a few hours of the time of witness's first seeing him. He could not tell the exact number of hours, but the bruises were just getting dark in colour. The blow behind the ear had produced the fracture of the skull and the rupture of the sinus; but the clot of blood could not have formed on the brain when Mr. Jones saw the deceased, or he must have noticed the symptoms. Consequently, witness was led to believe that the rupture of the sinus was only completed after reaction had set in. The deceased had experienced reaction before leaving St. George's, for he partly roused himself up, and witness believed that if the fissure of the skull then existed the blood would instantly have flowed from the rupture, which was not the case. It was utterly impossible that the deceased could have inflicted the injuries on himself in the police-station. Falling down the flight of steps into the park could not have produced the injuries on the deceased.

Mr. Freeman, house-surgeon at St. George's Hospital, said that he examined the deceased when he was brought in from the Green Park, and there were no bruises or grazing on his head. He agreed entirely with Mr. Hawken as to the time at which the rupture of the sinus must have occurred.

Mr. Matthews, recalled, said that in the park he noticed a bruise and also a graze on deceased's forehead and head.

Mr. Freeman said that he could state positively that there were none that he could find. If there were as many as stated by Mr. Hawken, he must have seen them. His impression was that deceased was suffering from the effects of intoxication.

The Coroner said that the case was far from being cleared up. The medical evidence especially had rendered it impossible to arrive at any conclusion, and he should therefore adjourn for further evidence."

LUNACY.—SINGLE PATIENTS.

We think it right, in the interests of the Profession, and to prevent any misunderstanding which may hereafter arise on the subject, to reprint the substance of an announcement emanating from the Commissioners in Lunacy, and inserted last week in our advertising columns, in reference to the duties and responsibilities of Medical men taking single lunatic patients :—

"19 Whitehall place, October 10, 1864.

"The Commissioners in Lunacy having reason to believe that many persons of unsound mind are illegally received or taken charge of, and that the law relating to insane persons not in asylums or licensed houses, but under individual care as 'Single Patients,' is extensively violated, desire to draw the attention of medical practitioners and others to the provisions of the 8th and 9th Victoria, cap. 100, sec. 90, as amended by the 8th section of 16 and 17 Victoria, cap. 96.

"By these enactments no person (unless he derives no profit from the charge or be a committee appointed by the Lord Chancellor) can receive one patient in any unlicensed house ; neither can any person take care or charge of any one patient as a lunatic or alleged lunatic without the same form of order and medical certificates as are required upon the admission of a patient into a licensed house, copies of which are to be sent to the Commissioners in Lunacy, together with other particulars, which are fully stated in printed instructions to be obtained on application at the office of the Commissioners, 19 Whitehall place.

"By the first-mentioned Act every person neglecting to comply with the requirements of the Statute is liable to prosecution for a misdemeanour.

"By the interpretation clause the word 'lunatic' is declared to mean 'Every insane person, and every person being an idiot or lunatic, or of unsound mind.'

"According to the law as laid down by the Judges of the Superior Courts, the provisions and penalties of the Act apply to all cases of insane persons taken or retained under care or charge in unlicensed houses, whether or not they were of unsound mind when first received.

"The Commissioners will feel it their duty, in cases of violation of the law hereafter brought under their notice, to proceed by indictment against the offending parties."

APPREHENSION OF ONE OF THE "MANLY VIGOUR" CREW.

On Saturday, a charge of conspiracy, with intent to extort money by threats, was preferred against two persons named Alfred Field Henery, *alias* Wray, and William Anderson, *alias* Wilson, and the case was heard at the Marylebone Police-court. The prosecutor was an officer of the army, and appeared to give evidence. The following statement by the counsel for the prosecution will give some idea of the nature of the case. He said :—

"I will give just sufficient evidence to justify a remand as against the present defendants. My client, some time in August last year, was suffering from disease, and, unfortunately for him, he saw one of the advertisements of the so-called Dr. Henery. This person not only puts forward these advertisements, but sends books about, some headed 'Manly Vigour Given' and 'Youthful Indiscretion,' besides others. We now hear that this man's real name is Wray, and it appears his practice is to send these books to be distributed by post all over the country. My client saw one of these Henery advertisements, and he foolishly consulted him. He received various bottles of medicine, for which he paid 1*l.* 1s. each, but he received no benefit, and the medicine was then analysed by the family physician and found to be no more than pure water with a little colouring in it. The counsel then stated that other claims had been made upon his client, with threats of exposure, and that they had proved so far successful. He thought that nothing was worse than that persons of the prisoner's class should obtain the mastery of young men, and he expressed a hope that a stop would be put to the system for the benefit of the public at large."

As Henery did not appear to the summons, a warrant was issued for his apprehension ; and eventually both he and the other defendant were remanded for further examination, very heavy bail being required from both of them. Henery was captured in bed, and at first pretended that he was too ill to attend the court.

GENERAL CORRESPONDENCE.

"THE MEDICAL ACT."

To the Editor of the Medical Circular.

SIR,—Your generous expressions are very gratifying; but as false reports in some of the papers tend to impose on the poorer classes of society, I venture to request the admission of the accompanying letter, with this explanation, into your columns.

The reports from the commencement are very malignant and tend to evince a total disregard for the *true character* of the Press, which has been endangered.

As long as any portion of the public press is reduced to a marketable commodity, villany will be predominant, and intrigues be supported.

I purpose correcting the various reports for publicity, which you shall have in due course ; but in the meantime allow me to assure you that "I do not select my cases," as you have it, and am fully prepared at any time with any explanation which may be required of me, although I am not necessarily obliged to expose my private instructions.

I am, &c., WILLIAM TALLEY.

Beaconsfield, Bucks,
17th Oct., 1864.

THE "ANATOMICAL" MUSEUM.

To the Editor of the Standard.

Sir,—You have made it appear evident that I said there were not fewer than 40,000 representations in the Anatomical Museum. You mean misrepresentations.

Now, I beg leave to contradict the assertion, and to substitute my own language—viz., "That I had gone through Kahn's, *alias* Marston's Museum, with a duly-qualified medical practitioner, and that the cashier, with the books, had represented to us that I could see 'Dr.' Kahn by appointment, which it was necessary to make, inasmuch as he (Dr. Kahn) had the largest business in England, and that he had at least 40,000 patients," who may be partly made up by his representations.

My application to Mr. Tyrwhitt was *for the case—Re* Bearnard—which he promised, and to which I consider myself entitled, and must, with due deference to his worship, respectfully claim, unless his judgment be maintained. I hope I am the last to make any unnecessary display, or tamper with Justice even for a defence.

I am, &c., William Talley.

12th October, 1864.

To the Editor of the Medical Circular.

Sir,—I have observed lately, in several of the newspapers, that a Mr. Talley, a solicitor at Beaconsfield, and a Mr. Bowen May, of London, have at different times been empowered by the "*Medical Council*" to institute legal proceedings against unlicensed practitioners. Now, as I cannot for a moment believe the correctness of this statement, I will feel much obliged if you or any of your correspondents can inform me who authorized these parties to prosecute; whether it was in reality the "*Medical Council*," or whether they have done so speculatively on their own responsibility?

For my own part, I think all such prosecutions ought to be *duly authorized by the Executive* of our Profession, and conducted by men of high standing, great knowledge, and with due command of temper. The recent prosecutions have done quackery much good, and legitimate practice much harm.

I am, &c., An Old Surgeon.

Middlesex, 20th Oct., 1864.

[Mr. Bowen May is not empowered by the Medical Council to institute legal proceedings against unlicensed practitioners. That gentleman was at one time solicitor to the Medical Protection Society, but he resigned the office some years ago. We do not know who instructs Mr. Talley. —Ed. Med. Circular.]

HIPPOPHAGY.

Horseflesh-eating is no great novelty in the world. In Tartary, horseflesh, well-seasoned by a process of maceration under the saddle of the wandering horseman, is the staple food of a numerous population. During the siege of Dantzig in 1814, all the horses of the French cavalry shut up in the place supplied the most relished dishes at the mess of the officers, while common soldiers were happy to add to their meagre fare a stray dog caught in the bombarded streets at the point of the bayonet. But Tartars are only a half-civilized race, and a French army in Dantzig was more than half starved by the heroic obstinacy of General Rapp, their commander. We cannot any more afford the example of the lowest order of *restaurants* in Paris, where horseflesh is an object of no trivial consumption, because the unsuspecting guests are left in the dark about the nature of the meat served before them at such exceedingly low prices. German theorists, who generally are no great economists, endeavoured some years ago to introduce horseflesh among the items of fashionable diet, but they utterly failed. The attempt was lately renewed in Lyons, not on fashionable, but on economic grounds. The hippophagic banquet was preceded by a circular note, in which it was stated that the use of horseflesh as common food would be an immense boon in a sanitary as well as economic point of view; and that by adopting it, France, according to the hippophagists, would see added to her alimentary resources more than eighty million pounds of meat as good as beef, healthier than pork, and three times cheaper than ordinary meat. Therefore, the members of the scientific congress, medical men, *gourmands* by profession, according to Brillat Savarin, were invited to come and partake of all the dainties prepared from horseflesh by the world-renowned cooks of the good city of Lyons.

Of course the banquet took place, and so far was attended with considerable success. Nevertheless, horseflesh-eating has no chance to come into fashion, for the simple reason that horseflesh is much inferior to beef, and would fetch but a considerably lower marketable price; while the value of the horse is, all things considered, from four to eight times higher than that of the bullock. In Paris, where 11,000 horses are annually slaughtered, more than 8,000 are brought to the slaughter-house on account of infectious diseases; their flesh, therefore, cannot be applied to gastronomic purposes. The 3,000 remaining are only old jades, which can supply no proper or healthy food for human beings.

The total number of horses in France, according to a statistical document of 1850, was 2,983,966. About 400,000 may be reckoned as dying annually, and of this number 300,000 are slaughtered on account of farcy or glanders. In 1855 the French army lost 3,705 horses, from which no less than 1,544 were slaughtered as being tainted with the awful diseases mentioned. Thus the flesh of the 100,000 horses not infected might, perhaps, be brought into consumption, but that would not afford more than thirty million pounds of bad and inferior meat, while the consumption of Paris is above 140 million pounds annually.

Some years ago a well-known doctor of medicine with hippophagic taste and illusions, asked permission to establish in Paris four slaughter-houses, where horseflesh should be openly and exclusively supplied to the public. The authorisation was readily granted, but the four slaughter-houses were never established. That is easily accounted for. The establishment being open to public inspection, nothing but proper animals would have been slaughtered and delivered for cooking purposes. But young and fat and healthy horses are by far too valuable for the object intended. Each pound of meat, although much inferior to beef, would have to be sold at almost twice the price of the latter to make the concern pay.

Hippophagists, therefore, in spite of their rather unnatural cravings, are condemned to go on faring on ox-flesh upon economical grounds.

LEGAL INTELLIGENCE.

UXBRIDGE PETTY SESSIONS.

THE NEW MEDICAL ACT.

Mr. William Talley, solicitor, of Beaconsfield, applied for a summons under the fortieth section of the Medical Act, which imposes a fine of 20*l.* on any person who should pretend to be a medical practitioner of any description, against a man who called himself Dr. de Roos, but who was, he understood, a French pork butcher. He made this application in consequence of an advertisement which appeared in a local newspaper, in common with a vast number of cheap publications, in which he styled himself "Dr. W. de Roos, M.D., M.R.C.S., L.A.C., &c., of the Ecole de Medicine, Paris, Graduate in Medicine, Surgery, and Midwifery." There was also, in another part of the same paper, an advertisement which was still more calculated to mislead the public. "Fifty Pounds Reward" was there offered, because "the world-wide fame of Dr. de Roos' name had often tempted the unscrupulous to assume the doctor's name and title;" the advertisement was signed, "W. de Roos, M.D., 25 Bedford place, Bloomsbury square, London."

The Chairman asked Mr. Talley if the doctor ever came to Uxbridge.

Mr. Talley said he had never had the pleasure of meeting the doctor himself in Uxbridge, but he believed he had an agent here and corresponded with parties in the town.

The Bench granted the application.

PARISIAN MEDICAL NEWS.

CURE OF VESICO-VAGINAL FISTULA.

SOCIETY OF SURGERY.—M. Duboue, of Pau, related several cases illustrative of the advantages of a new autoplastic procedure for the cure of vesico-vaginal fistula.

This plan, in which a considerable amount of the tissues sacrificed by American surgeons is preserved, consists in severing from each other the mucous surfaces of the opposite lips of the fistula on each side, or at the anterior and posterior margin of the aperture, and uniting the bleeding surfaces by means of a peculiar kind of quilled suture.

In order to secure perfect apposition, the author uses small semi-ovoid discs perforated with two holes, through which the wires are inserted and twisted two and two, or three and three together on each side, according to the number of the discs. The ligatures can thus be tightened at will without any danger of mortification from too considerable pressure, and the suture can remain a fortnight at least undisturbed, and is generally left *in situ* eighteen or twenty days.

In one of the cases brought forward by M. Duboue, the protracted sojourn of the sutures in the tissues was from peculiar circumstances undesirable, although necessary to insure cicatrisation, and he was enabled to remove the wires after four weeks only, and no untoward complication arose from the fact.

Three women were operated on in this manner; in two a perfect cure has been effected, and the third has derived considerable benefit from the procedure. In one of the patients who recovered, the American method had been three times before resorted to without success.

In the debate which followed, M. Démarquay observed that usually M. Jobert's name was most unjustly omitted in discussions on this subject. "It should not, however," said he, "be forgotten that, previously to that surgeon's researches, the cure of these fistulæ was entrusted to the unaided and generally ineffectual efforts of Nature; and that the Profession is indebted to the efforts, perseverance, and ingenious resources of that eminent surgeon for a methodical and scientific plan of treatment of vesico-vaginal fistula."

WIRE SUTURES.

The debate then turned on the question of wire sutures in general.

M. Giraldès declared that for two years he had always used metallic sutures for the treatment of hare-lip at all ages, and that he was in the habit of leaving the wires *in situ* until perfect union was effected. He remarked that this system enabled him to avoid ulceration, which often follows the use of pins and of the twisted suture.

M. Richet had tested the comparative merits of silk thread and metallic wires in urethral fistula, and observed that the latter were more liable to cut the tissues through which they were inserted.

M. Velpeau remarked that no general rule could be laid down on the subject; the modern mode of suture may possibly be preferable in the young, but, for his part, the learned Professor had not thought it expedient to adopt any innovation with regard to hare-lip. "I have long," said he, "been in the habit of using the twisted suture, and after twenty-four hours I remove one needle, a second after two days; and although I leave the third and last needle in the wound five or six days, I seldom have observed any ulceration of the lip. I should say, however, that in my opinion the chances of ulceration are decreased by an early withdrawal of the sutures. As to the union of thin flaps such as those of vesico-vaginal fistula, and of the integument of the penis, I believe that *serres-fines* are preferable to metallic or to any kind of thread."

M. Depaul has also resorted to the twisted suture in upwards of twenty cases of single or double hare-lip with entire success, and cannot assent to the necessity of using metallic wire instead of needles, the superiority of the former not being in his opinion satisfactorily established.

The advocates of the new suture had no difficulty, however, in showing that the "Let well alone" doctrine may sometimes be infringed with advantage.

M. Verneuil, for instance, contended that metallic wire is more generally applicable when it is desirable to leave the sutures undisturbed for a lengthened period. It may possibly be open to the objection of cutting the tissues, but the same accident occurs also with organic threads. M. Richet may not have found metallic wire convenient in urethral fistula; but M. Verneuil had used it in this kind of injury with entire success. With regard to hare-lip, M. Verneuil acknowledged that either system might be resorted to with benefit, according to the peculiar acquirements of each case. In addition, the twisted suture is to all intents a metallic ligature; and whether a needle or a wire be used, M. Verneuil agrees with M. Mirault, of Angers, in his preference for the continuous over the interrupted suture. The former is entirely open to inspection, is performed with the utmost ease, and can be tightened at will.

In the case of a child whose nose had been bitten off by a dog, M. Verneuil succeeded in restoring the organ with silver wire, which affords a more firm support than silken ligatures. But the chief advantage derivable from metallic wire, in his opinion, is the possibility of leaving the suture undisturbed for a protracted period.

M. Trélat also warmly advocated the use of metallic wire in the treatment of hare-lip, and urged several objections against the twisted suture. When the flaps are thick, the needles do not secure perfect apposition. Whatever care may have been employed in the dressing, the suture gapes more or less at the surface, whereas with wire the coaptation of the edges of the wound may be perfectly close. This is the practice of MM. Denonvilliers, Mirault, of Angers, and Letenneur, of Nantes; M. Trélat has been induced by the good results obtained by these gentlemen to adopt the same plan, which he has always found successful.

A letter from M. Letenneur, of Nantes, was then read, in which that surgeon dwelt on the advantages derivable from the use of the metallic wire, especially in hare-lip. M. Letenneur related the case of a child, aged six, in whom it was necessary to remove the intermaxillary bone, with three incisors to restore the nasal septum by pushing up the middle flap, to detach the lip and alæ of the nose from the bone, and to pare away a considerable portion of the margin of the division, thus leaving an enormous gap. The quilled and interrupted sutures were applied with metallic wire, and the final result was most satisfactory. M. Letenneur remarks that he never met with a more fractious, ill-tempered, and passionate child, and that after an interval of ten days he was obliged to send him into the country without having removed any part of the ligature. It was after three weeks only that the patient permitted his mother to extract the threads which had long before entirely performed their office.

The author considers himself justified in asserting that in this instance the twisted suture must have utterly failed in effecting union; that the needles must have cut through the tissues, and that after four or five days, when the needles would have been withdrawn, the child's screams must have destroyed the scar.

"This *modus operandi*," says M. Letenneur, "is further possessed of an advantage of a different kind; the children may immediately after operation be sent back into the country, and thus escape the attacks of diarrhœa and other functional disturbances which are of frequent occurrence in towns. If the plan advocated by M. Velpeau be followed, and if the needles are removed on successive days, the patient must be kept under the immediate superintendence of the surgeon." With the quilled suture, on the contrary, this precaution is unnecessary; immediately after the performance of the operation M. Letenneur sends the children to their home, at whatever distance, with instructions to the parents or to the habitual medical adviser of the family to remove the ligatures after an interval of ten days or a fortnight.

Despite these favourable opinions of the good effects of metallic sutures, M. Depaul persisted in his views, and ex-

pressed his intention to adhere to the old procedures, which he and Professor Dubois have hitherto found to answer their purpose.

Anæsthetic Effects of Chloroform.

M. Rabot recently read to the Medical Society of Versailles a second report on the possibility of prolonging, by subcutaneous injections of morphia, the anæsthetic effects of chloroform. The object of the committee named by the Society was to test experimentally the accuracy of Professor Nussbaum's assertions; and the new series of researches instituted by the committee fully confirm the results of those we recorded on a former occasion. As these inquiries may possibly lead to the introduction into surgical practice of a new mode of protracting anæsthesia, we conceive ourselves justified in presenting our readers with a brief extract of the experiments of the Medical Society of Versailles on this interesting question.

A middle-sized mongrel dog was placed under the simultaneous influence of both agents; one grain of muriate of morphia was injected beneath the skin, and the unconsciousness lasted three hours. The same quantity of morphia was injected in a small greyhound, without any previous inhalation of chloroform. The animal presented all the symptoms of torpor and intoxication, and at first common sensation seemed abolished; but this condition seemed to endure but a few minutes, when the animal whined on being lightly struck with a whip. The effects of the narcotic were promptly dispelled, and in no wise resembled the phenomena induced by the same injection performed during anæsthetic sleep.

The second experiment is particularly interesting, and shows that when morphia only is used its usual narcotic effect is induced, but that the unconsciousness does not extend beyond a few minutes. The action of both sedatives is, therefore, necessary in order to protract anæsthesia for any considerable length of time.

In certain cases, however, the persevering exhibition of opium has succeeded in bringingon insensibility to pain without sleep, and the method has been used for the purpose of deadening sensation during operative procedures.

M. Pauli, surgeon of the 96th Regiment, has lately adduced a case in point, in the 'Gazette des Hôpitaux.' The patient was an Arab, affected with elephantiasis of the scrotum, requiring amputation. He requested M. Scrive to endeavour to produce insensibility to pain by administering to him daily increasing doses of hashish. M. Scrive assented, but, instead of hashish, exhibited opium pills. One grain was taken on the first day, two on the second, and so on up to the tenth day, when the dose was ten grains of opium. The operation was then performed, and, during the extirpation of the tumour, the patient displayed no ign of pain, but conversed with perfect coolness and self-possession.

Treatment of Zona.—The utility of the application of collodion over the eruption of herpes zoster has been for some time known to the Profession; our readers may recollect that MM. Fenger, of Copenhagen, and J. Ossieur, of Brussels, have both advocated the external use of this substance as a means of checking the eruption and averting its painful consequences. M. Fenger recommends the patches to be painted over with the mixture of collodion and castor-oil generally called elastic collodion, and M. Debout has employed in a similar manner the same preparation with the addition of one grain and a-half of bichloride of mercury to the ounce.

In the incipient period of the disease, one application of the remedy is general sufficient to arrest its progress, and in a more advanced stage it requires to be repeated several days in succession. This method of treatment, however, had gradually lapsed into oblivion, but M. Devergie has recently endeavoured to revive it. The 'Bulletin de Thérapeutique' publishes an article from the pen of this gentleman on the subject of zona, in which he loudly proclaims the advantages derivable from the practice. From long and careful experience, he has come to the conclusion that this mode of treatment is especially useful in youth, when zona most frequently invades the scalp, face, and neck, and gives rise to troublesome neuralgia. Mercurial collodion is also, in his opinion, extremely useful in the aged as a means of preventing the formation of the deep eschars not unfrequently observed after the breaking of the bullæ, which give rise to most painful and obstinate ulcers.

We have now, therefore, sufficient authority to resort to this agent in the treatment of zona. We must, however, remark that in the adult the disease is seldom of any serious import, and requires merely attention to diet, baths, and dusting over with starch-flour. When the concomitant neuralgia is severe, M. Hardy recommends the local use of the following antispasmodic powder:—

℞ Oxydi zinci, ʒvj.;
Amyli, ʒxviij.

Chronic Rheumatic Arthritis—M. Beau's Prescription.—Acute rheumatic gout generally yields to the exhibition of sulphate of quinine, but the chronic form of rheumatic arthritis is not so favourably influenced by this remedy. Alkaline and arsenical baths, and arsenic internally, appear to be the most efficacious treatment, both for the relief of the disease of the joints and of the dyspeptic condition, which so greatly interferes with the restoration of the system.

In several cases of this affection, M. Beau recently prescribed:

℞ Acidi arseniosi, gr. ij.;
Aquæ destill., ʒxvj.

Dose, one table-spoonful night and morning.

Every other day a tepid bath containing:

℞ Sodæ carbonatis, ʒiv.;
Sodæ arseniatis, gr. xv.

The quantity of arseniate of soda may be promptly doubled, but should not exceed thirty grains. M. Guéneau de Mussy, who first recommended these baths for rheumatic gout and every form of chronic rheumatism, omits the carbonate of soda wherever any subacute inflammatory symptoms are present, and merely adds the arseniate of soda to a common or a gelatinous bath. M. Beau has found this treatment effective in several cases. It is more especially our duty to notice the fact, as we stated on a former occasion, that Professor Trousseau had not been entirely satisfied with its results.—'Journal of Prac. Med. and Surg.'

MARYLEBONE REPRESENTATIVE COUNCIL.

THE FARCE OF NOMINATING CANDIDATES FOR MEDICAL OFFICER OF HEALTH.

Thursday last having been fixed by the Marylebone Representative Council for the reception of applications and the nomination of candidates desirous of offering themselves for the appointment of Medical Officer of Health, vacant by the death of Dr. Dundas Thomson, there was a very fully attended meeting of the members of that body at the Marylebone Court House.—Mr. Greenwell (vestry clerk) read the applications, and testimonials were presented by four gentlemen desirous of offering themselves as candidates, viz., Dr. John Whitmore, St. Andrews, Member of the Royal College of Surgeons and Licentiate of the Apothecaries' Company; Mr. J. Stevenson, Member of the College of Physicians and Surgeons and Bachelor of Medicine in the University of London; Dr. J. I. Gillan, Aberdeen and Surgeons' Hall; and Mr. S. H. Marshall, Licentiate of the Faculty of Physicians and Surgeons, Glasgow. —The names were about to be put to a show of hands, with the understanding that the two gentlemen receiving the highest number of votes would be returned as the two candidates to go to the ballot for final election at the next meeting, when Mr. Tavener wished to know what position they were in with regard to a resolution passed by that board in 1862, which expressed an opinion that no gentleman who was a member of that board should be elected to an office in the gift of the board, unless he had ceased to be a member for a period of six months.—The Chairman said that the resolution referred to was merely an expression of opinion of the board at that date, and was not at all binding on the present body.—Mr. Taverner would then like to know of their vestry clerk, if this resolution of 1862

was not binding upon them, how it was that a resolution of 1856, when the medical officer of health was first appointed, was binding upon them ?—Mr. Greenwell said, that with regard to the latter, it was a resolution laying down and defining the duties of the medical officer of health, and the present board had chosen to adopt them upon the report of a committee of the whole board.—Sir William Wake said they were well aware that Parliament could repeal, if it thought proper, in any session an act it had passed in the previous one; but what he wanted to know was, whether an act performed by a vestry one year could bind a new vestry ?—Mr. Greenwell said the mode of getting rid of a resolution which had been previously passed was prescribed in the Metropolis Local Management Act, and if the vestry chose to rescind it, it was not binding.—Mr. Herring said what he wanted to know was, whether a resolution passed in 1862, stating that no gentleman a member of this board should be admitted a candidate for office under the board until he had ceased to be a member six months, would prevent a gentleman in such position now becoming a candidate ?—The Chairman had before said that such a resolution was a mere matter of opinion, and not binding upon any subsequent vestry.—Sir J. Rowe asked the vestry clerk if there was anything in the Act of Parliament which would prevent a gentleman in the position described becoming a candidate ?—Mr. Greenwell : Nothing whatever.—Mr. Buckenham inquired whether it was not a fact that, since that resolution had been passed, Mr. Potter, who was a vestryman, resigned his seat and became a candidate for the office of inspector of nuisances ?—Mr. Greenwell : Yes.—The Rev. L. L. Davies : Was it not a fact that when the resolution referred to by Mr. Tavener was adopted in 1862 the vestry clerk called the attention of the board to the nugatory character of such a resolution ?—Mr. Greenwell said he did so (hear, hear).—The Chairman put the names of the candidates to the meeting *seriatim*, when the numbers were :—For Dr. Whitmore, 64 ; Dr. Stevenson, 24 ; Dr. Gillan, 1 ; Dr. Marshall, 0.—Dr. Whitmore and Dr. Stevenson were then called in and informed that they had been selected as candidates to go to the ballot to take place on the following Thursday.

MEDICAL NEWS.

UNIVERSITY INTELLIGENCE.—QUEEN'S UNIVERSITY IN IRELAND.—At a meeting of the Senate and Professors of the above University, held on Wednesday, the 12th inst., in St. Patrick's Hall, Dublin Castle, the degree of M.D. was conferred by the Lord Chancellor of Ireland, Vice-Chancellor of the University, upon the following gentlemen :—

First Class.—None.

Second Class.—Francis Duffy, Galway; Alexander H. M. M'Murtry, Belfast ; Alexander Porter, Belfast.

Third Class.—John Wall, B.A., Cork.

Unclassed.—Andrew Brown, Galway ; Albert John Clapp, Cork ; Henry Cook, Cork ; Lawrence Corban, Cork ; Frederick Daly, Cork ; James Charles Foley, Cork ; Richard Malcom Graham, Cork ; Humph. Carden Gillespie, Cork ; John Haddon, Cork ; J. J. Hanrahan, Galway ; H. M'Naughten Jones, Cork ; James Kelly, Cork ; J. Kennedy, Belfast ; James Leatham, Belfast ; Henry Lupton, Galway; John Winspeare M'Carthy, Cork ; William M'Connell, Belfast ; Samuel M'Crea, Belfast and Galway ; James M'Cully, Belfast ; Thomas French Mullen, Galway ; John Watson Mulligan, Belfast ; Thos. O'Farrell, M.A., Galway ; Patrick O'Keeffe, Cork ; Garvin Orr, Belfast ; Dean Philip Palmer, Galway ; Angus Porter, Belfast ; John William Purefoy, Galway ; Patrick J. Shannon, Galway ; Parker Arthur Smith, Cork ; William Thompson, Belfast ; John George Thornley, Belfast ; J. C. Thorp, Galway ; Edwin Wheeler, Belfast ; Richard Gilbert Williams, Cork ; John Denham, M.D., Edinburgh, *ad eundem;* James Stannus Hughes, M.D., Glasgow, *ad eundem ;* Robert M'Donnell, M.D, University of Dublin, *ad eundem ;* Edward Percival Wright, M.D., University of Dublin, *ad eundem.*

The result of the First University Examination in Medicine is as follows :—

Third Class.—Andrew Mullan, Belfast and Cork.

Unclassed.—John Albert Anderson, Belfast ; Andrew Brown, Galway ; Henry Thomas Browne, Cork ; Cornelius Buckley, Cork ; John James Charles, Belfast ; Joseph W. Chestnut, Belfast ; William Ellis Clendinnon, Galway ; Thomas St. John Clerke, Cork ; William Collins, Cork ; Henry Comerford, Galway ; James Connolly, Galway ; William Conway, Galway ; George M. Davis, Belfast ; Henry Donovan, Cork ; Francis Duffy, Galway ; James Charles Foley, Cork ; Anthony Gorham, Galway ; George Gray, Belfast ; John Haddon, Cork ; Emerson Wilson Henry, Belfast ; Thomas Jas. Higgins, Belfast ; Oscar D. Honiball, Cork ; Ulick Jennings, Galway ; David J. Johnston, Belfast ; William B. Johnstone, Cork ; Jas. Leathem, Belfast ; Mark Long, Cork ; Henry Lupton, Galway ; Robert Peel M'Alevy, Belfast ; Edward M'Crystal, Belfast ; S. D. Millar, Belfast ; John Watson Mullingan, Galway and Belfast ; E. F. Nelson, Belfast ; John Henry Newman, Cork ; James J. O'Grady, Cork ; Charles H. Roche, Cork ; J. E. Saunderson, Galway ; J. C. Thorpe, Galway ; Robert Turner, Belfast.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Wednesday, Oct. 19, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the science and practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College :—William Lewington Barker, Hungerford ; Nicholas William Barrington, P. and O. Co.'s Service ; Joseph Silverthorne Belcher, M.D. St. Andrews, 3 New road, Wellclose square ; William Maxwell Burman, Wath-upon-Dearme ; Walter Chippendale, M.D. St. Andrews, Palermo, Sicily ; Anthony Charles Colborne, 53 Tachbrook street, Pimlico ; John Davey Eames, Bourton-on-the-Water ; Frederick Stuart Ferguson, M.D. Edin., Bolton ; John Temperley Gray, 1 Portland terrace, Dalston lane ; Benjamin Terry Hodge, Sidmouth ; James Lattey, St. George's ; Thomas Leigh, St. George's ; Robert Rosier Merry, Chelmsford ; John Oliphant, M.D. Edin., 24 Alfred street, Bedford square ; John Jones Phillips, Guy's ; Chauncy Puzey, Guy's ; Carl Theodor Schmid, M.D. Tubingen, 33 Edwards square, Kensington ; and John David Williams, Bala, North Wales.

The following gentlemen were reported by the Examiners to have passed the Primary Professional Examination :—Paris Bradshawe, King's College ; William Hoffmeister, University College ; Richard Bottomley Nowell, Guy's ; William Alfred Renshaw, Manchester ; Charles Edward Heron Rogers, Middlesex ; John Swindale, Middlesex ; Alexander McIvor Tindall, St. Bartholomew's ; and John Holden Webb, St. Mary's.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary Examinations, were admitted Licentiates in Midwifery at a meeting of the board on the 19th inst.:—Charles Durrant Pearless, East Grinstead, Diploma of Membership dated January 26, 1864 ; John Powdrell, Farndon, near Chester, April 27, 1864 ; Charles James Wills, Stockwell, May 24, 1864 ; George Vincent Langworthy, Modbury, Devon, April 27, 1864 ; Henry Cripps Lawrence, Kingston-on-Thames, July 27, 1864 ; and Thomas Fairbank, Theberton street, Islington, July 27, 1864, students at St. Bartholomew's. Robert Edward Owen, Beaumaris, May 12, 1864, Guy's ; William Bailey, Tipton, Staffordshire, July 27, 1864, and Alfred Orlando Jones, Milner square, May 13, 1864, St, Thomas's ; Martindale Cowslade Ward, Markham square, May 10, 1864, St. George's ; Edgar Athelstane Browne, Notting hill, April 26, 1864, Charing cross ; William Yates, Richmond, April 27, 1864, Westminster ; and William Allin Thompson, Oxford, May 2, 1861, King's College.

CHILD-MURDER AND INFANTICIDE.—One of the subjects discussed at the Social Science Congress was the lamentable increase of infanticide and child-murder. Hitherto the means adopted have proved wholly inadequate to check the growing evil. It was conclusively shown that numerous as are the inquests held on murdered infants, this number, great as it is, fails to represent the full extent of the evil.

The facilities afforded for burying children who are stated to have been stillborn admits of child-murder being carried on undetected to a frightful extent. A little neglect at the birth or a few moments afterwards suffices to destroy infant life, and no surgeon, except by a post-mortem examination, can tell whether the child was born alive or not. A really efficient check cannot be put to this system until it is enacted that no child, whether alleged to be stillborn or not, shall be interred without the production of a medical man's certificate. This practice of course would naturally increase the cost of registration, but that would be of little moment in proportion to the good that would arise from its adoption. It is really a disgrace to this country that the foul crime of murder should stalk through the length and breadth of the land unchecked and almost unheeded. Another cause of the prevalence of child-murder is the unwillingness of juries to convict the party charged, who is almost invariably the mother. In the great majority of cases the poor woman has been abandoned by the one from whom she ought to receive support and assistance, and has first to dread the consequences of exposure and dishonour. She knows that her character is lost, and that if a servant she will for a long time be unable to obtain another situation. Moreover, if the child is born alive, she is without the means of supporting it, and in her misery she thinks it would be better for her and the poor infant if it were allowed to die. All these feelings have great influence with juries, and it is very rarely that they bring in the accused guilty of the capital offence, merely finding her guilty of the concealment of the birth; and furthermore, when a conviction takes place, it is scarcely ever carried into effect. The Home Secretary is inundated with applications for a partial remission of the sentence, and he is only too glad to have a decent pretext to let the culprit off. Whilst, however, we thoroughly honour the merciful feelings which produce such results, we cannot hide from ourselves that the almost total immunity from punishment has conduced, and does lead, to the increase of the crime. A woman, however miserable she might feel, would yet pause to take the life of her offspring, except in very extreme cases, if she knew that, on detection, she should have to expiate her crime on the scaffold. It is unfortunately but too well known that, as a rule, only imprisonment, and that for short periods, is the usual punishment for crimes of this character; and thus it is that these women prefer running the risk of detection and mild punishment to the certainty of exposure and its consequent miseries.

The Hunterian Oration.—Professor Partridge, of King's College, has consented to deliver the biennial oration in memory of Hunter in Febuary next, at the Royal College of Surgeons.

Preliminary Examinations.—It may be interesting to those students who have been unable to enter on their professional studies this session, in consequence of not having passed the required Preliminary Examinations, to know that an opportunity will be afforded them in December next, when the College of Surgeons will hold an examination, after which all those proving successful will be able to register from that time only to the end of the session.

Public General Hospital at Doncaster.—A movement to establish a public general infirmary at Doncaster, and to connect with it an already existing dispensary, is received with great favour at Doncaster and the neighbourhood; and at a meeting held under the presidency of Mr. Moore, the Mayor, it was announced by Alderman Shirley that upwards of 3,400*l.* had been promised towards the required amount of 5,000*l.*, including 500*l.* from the Corporation of Doncaster. Such an institution is greatly needed, inasmuch as from the introduction of machinery in the agricultural districts accidents are of greater occurrence. A report, prepared by Alderman Shirley, which showed that the governors of the dispensary had agreed to amalgamate with the proposed infirmary, and that a site embracing 2,449 square yards had been selected, was unanimously agreed to on the proposition of the Rev. Dr. Vaughan, the vicar. A committee was appointed to carry out the object, and it is expected that immediate steps will be taken to proceed with the erection of the infirmary, which would be a great boon to a large district, embracing what is known as the Isle of Ascholme, a rich agricultural portion of North Lincolnshire.

Poisoning by Yewberries.—Last week an inquiry was held by Dr. Lankester at Finchley common, relative to the death of a child aged three years, who died through eating yew-tree berries in Finchley Cemetery.—It appeared that the deceased was the daughter of the gardener to the above-mentioned cemetery, and on Wednesday last she was with her mother in the grounds, and was observed by the father to eat one or two of the berries from an Irish yew-tree, but he then thought nothing of the circumstance. Shortly afterwards the mother and child went home and had tea, when the child was taken with a kind of faintness. The mother gave her a small quantity of brandy and other restoratives, which seemed to recover her, and she was then put to bed, a dose of castor-oil being administered. The deceased, however, relapsed into her former alarming state, when medical assistance was sent for, but in the meantime death ensued.—Mr. John White, surgeon, deposed to being sent for to the deceased about half-past seven on Wednesday evening last, when he found her dead. The post-mortem examination plainly proved that death was the result of poison. In the stomach he found some partly digested yew-tree berries—from twenty to fifty. He produced some of the seeds, but many of them had passed into the intestines. The husks and seeds were poisonous, but not the fleshy part of the berry. The stomach and intestines were patched and inflamed, showing the irritative action of poison, which was caused by the berries.—The Coroner remarked that this was a very important case, for yew-trees were thickly planted in all the cemeteries, and by the fact becoming known that the berries were poisonous, greater watch would be kept upon children by those who had them under their care while visiting such gardens, and thereby a similar melancholy event be prevented. The jury returned a verdict of "Death by accidental poisoning."

The Medical Society of London held it first meeting for the session at its rooms near Hanover square, on the evening of Monday, the 17th. A very instructive opening address was delivered to a crowded assembly by Dr. Greenhalgh, of St. Bartholomew's, President for the present year, relating several anomalous cases in obstetric practice. A curious specimen of aneurism of the profunda artery was exhibited by Mr. Spencer Watson, and three extraordinary cases of acute tubercular pneumonia, associated with intense dyspnœa, by Dr. Williams, of Swansea. Each communication elicited a very active discussion, in which Dr. Marion Sims, Dr. Palfrey, Dr. Routh, Dr. C. Kidd, Mr. Bryant, Dr. Leared, the learned President, and others took part. A new regulation (rather to be regretted) has been made, that the Society now only meets once a fortnight, in place of the time-honoured once a week.

University College, London: Entrance Exhibitions.—The result of the examinations for these exhibitions has been published as follows:—For the entrance exhibitions of 30*l.*, 20*l.*, 10*l.* respectively, each tenable for two years for gentlemen attending their first winter session at a medical school, the first place was assigned to Mr. Tempest Anderson, the second to Mr. Temple Augustus Orme, the third to Mr. Henry Cass. Others, especially Mr. Adam P. Hurleston, the fourth in merit, were reported as having acquitted themselves with much credit. For the Andrews Entrance Exhibitions of the Faculty of Arts, the three exhibitions of 30*l.* per annum, each tenable for two years, were adjudged as follows:—For proficiency in classics and mathematics combined, to Mr. Frank Watson, from Godolphin School, Hammersmith (the Rev. H. Twells, M.A.). Mr. Watson was also pronounced to be decidedly first in classics. For proficiency in classics alone, Mr. James Bradbury, from the Clapham park School (Mr. George Long's). For proficiency in mathematics alone, to Mr. Thomas Adams, from the Wesleyan College Collegiate Institution, Taunton.

Medico-Chirurgical Society, Bradford. — This society, formed last year, celebrated the termination of its first year's proceedings by a dinner at the Talbot Hotel, on

the 11th inst., R. H. Meade, Esq., F.R.C.S., President, in the chair. The quarterly report showed that the society has upon its list of members the names of thirty-one practitioners. Its ordinary meeetings, held monthly, for the delivery and discussion of papers on medical and surgical subjects, have been well attended, and so far very successful. It is found that this society supplies a want previously felt, not merely as respects the intercommunication of matters of professional experience, but also as regards the cultivation of a proper tone of honour and amity amongst its members.

SMALL-POX IN JAMAICA.—This disease is raging fearfully in Spanish Town. Several deaths have taken place in the last few days. Imprecations strong and loud are heaped on those who allowed the quarantine regulations to be put aside, by which this fearful disease is now ravaging the country. At a future day we shall have something to say on the subject. While we are anxious for immigration, no attention is paid at all to prevent contagious diseases from being brought to our shores. Whom are we to thank for this ?—'Jamaica Tribune.'

WORCESTER OPHTHALMIC INSTITUTION.—The committee of this institution have purchased the site on which the present temporary building stands, and propose to erect an hospital of suitable proportions to meet the requirements of the neighbourhood.

PROFESSOR SIMPSON, of Edinburgh, has been on a visit to London, and was the observed of various observers at the late "Introductories," probably "takin' notes, and faith he'll print them," for the benefit of the educational question and Professor Syme in Scotland.

DR. MARION SIMS, who has resided two years in Paris, is said to give a preference to the hospitals of London, as better ventilated, the food better, the skill in surgery superior, to what all these are in Paris.

CONSTITUTION OF THE MEDICAL PROFESSION IN FRANCE.—Dr. Sandras publishes, in the *Abeille Médicale*, interesting particulars on the constitution of the Medical Profession in France. The author advocates the suppression of the *officiers de santé*, an inferior class of practitioners, who are permitted to practise in that department only in which they have passed their examination. The order of *officiers de santé* was created during the First Empire. During the revolutionary period, 1792-1802, there had been no regular reception of doctors in France except at Montpellier, when 471 diplomas were granted during these momentous ten years. For the purpose of recruiting the thinned ranks of the Medical Profession, the First Consul sanctioned the creation of the *officiers de santé*. From 1802 to 1864, the total number of practitioners received amounts to 39,275—viz., 24,074 doctors of Medicine, and 15,201 *officiers de santé*. In 1861, the total number of registered practitioners was 11,546 doctors and 5,687 *officiers de santé*. The latter chiefly practise in the rural districts, where their numbers seem to increase in proportion as the importance of the communes diminish.

HOME FOR CONVALESCENT PATIENTS.—A meeting has been held at the Council Chamber, Glasgow, for the purpose of establishing a Convalescent Home for patients on their leaving the Infirmary. A committee was appointed to aid the ladies of a charitable society with whom the proposal originated in carrying it into effect.

CAMBRIDGE MEDICAL EXAMINERS. — Dr. Paget, Dr. Dickenson, and Mr. Lestourgeon are appointed Examiners for the first examination for the degrees of B.M. and M.C. Dr. Latham, Dr. Humphry, and Mr. Lestourgeon are appointed Examiners for the second examination for the degree of M.C.

THE YELLOW FEVER AT BERMUDA. — Advices just received state that the yellow fever is abating at Bermuda. The medical officers sent from Canada who had suffered from it were all recovering, and those who could be spared from duty were about to return to head-quarters. The troops, with the exception of convalescents and a simple guard, have all been removed to Halifax.

THE LATE BIRMINGHAM MUSICAL FESTIVAL.—At the meeting of the General Hospital Board on Friday, Colonel Mason, the Chairman of the Festival Committee, handed over a further check for 2,000*l.*, making 5,000*l.* already paid over as the proceeds of the festival. Colonel Mason announced that the accounts will shortly be closed, and the balance paid over to the hospital.

MUNIFICENT BEQUEST.—The late Mr. Richard Thompson, of Bilston, has bequeathed 3,000*l.* to the South Staffordshire Hospital.

HIPPOPHAGY IN FRANCE.—Mr. Decroix, one of the Secretaries of the Society for the Protection of Animals, recently delivered a lecture at the *Jardin d'Acclimation* of the Bois de Boulogne, on the use of horse-flesh as an article of food. After showing, by official returns, that the supply of buchers' meat is not equal to the requirements of the population, he remarked that if the flesh of disabled horses was admitted into the market, the present inadequate supply of meat would be increased by one-twelfth, and might, in Paris, daily produce upwards of 2,600 kilogrammes of wholesome animal food, even admitting the flesh of one-third of the horses slaughtered to be unfit for consumption, on account of their diseased condition. Mr. Decroix observed that, in the course of his military career, Baron Larrey had on three separate occasions prescribed with the greatest benefit horse-flesh for his patients ; and that, in Egypt especially, he had thus succeeded in checking the progress of scorbutic diseases in the army. More recently, in the Crimea, by the advice of Dr. Baudens, two companies of artillery entirely lived upon the flesh of unserviceable horses, and thereby escaped the diseases prevalent in the expeditionary corps. At Vienna, Berlin, Altona, and in other towns, horse-flesh is eaten by all classes of society. In illustration of his remarks, the lecturer produced a large tureen of broth made with horse-flesh, and a dish of the meat, of which the persons present partook with much relish.

ANALYSIS OF BATH WATERS.—(By Professor Roscoe, F.R.S., Manchester.)—At the request of Sir Charles Lyell, Professor Roscoe undertook the examination of the residue obtained by the evaporation of the Bath waters (King's Bath spring) by spectrum analysis. About four ounces of the deposit from the basin in the pump-room was kindly forwarded to him by Dr. Falconer. This was first examined for strontium, barium, lithium, rubidium, and cæsium, by first boiling it out with water acidulated with hydrochloric acid ; this separated the sulphate of calcium, of which the deposit mainly consists, together with most of the sulphates of strontium and barium which might be present. The residue was fused with carbonate of sodium, and the carbonates examined for barium and strontium, according to the method described by Bunsen. No trace of barium was found, but strontium was present in quantities sufficiently large to enable it to be easily detected. The portion of the deposit soluble in dilute hydrochloric acid was freed from alkaline earths by several precipitations with carbonate and oxalate of ammonia, and in this precipitate strontium was again detected. The magnesium was next separated by ignition of the mixed chlorides with oxide of mercury ; and on examining the portions of the residue, soluble in water, the red lithium line was plainly visible. The alkalies were precipitated as platinum double salts, but after long washing no other lines than those of potassium could be detected. It appeared, however, possible that the greater portion of the more soluble alkaline salts might be spontaneously deposited from the water, but on examining, according to the above method, the salts derived from the evaporation of twenty gallons of water, Professor Roscoe was still unable to detect the smallest traces of either rubidium or cæsium. In the course of both analyses he detected the presence of copper in the deposit by the usual tests.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 26.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, OCT. 27.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.;

London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 28.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 29.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 31.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 1.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Jno. Ward, Esq., Penistone	1	1	0
G. W. Bagg, Esq., Southam	0	5	0
J. Blackshaw, Esq., Stockport	1	1	0
Osborne Johnson, Esq., Newark	0	10	6
W. W. Pearce, Esq., Ashby-de-la-Zouch	0	10	0
R. Kerswill, Esq., St. Germans	0	10	6
A. G. Roper, Esq., Croydon	1	1	0
G. W. Pretty, Esq., Hoxne	0	10	0
Dr. Plumbe, Maidenhead	0	10	0
J. Westell, Esq., ditto	1	0	0
L. Wooldridge, Esq., Whitechurch	0	5	0
T. Plowman, Esq., Langport	0	5	6
Dr. Wm. Rayner, Stockport	1	1	0
G. Terry, Esq., Frome	0	5	0
E. Corkey, Esq., ditto	0	5	0
Amount previously announced	80	9	0
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Oct. 19, 1864.

MR. TALLEY.—The letters are inserted, and we take the opportunity of offering Mr. Talley's explanation to the public.

AN OLD SURGEON.—The letter is inserted.

DR. ROBERT FOWLER.—The list is inserted.

THE OBSTETRICAL SOCIETY OF LONDON.—The Report is inserted.

MR. HARDWICKE.—The list of corrections has been received.

A. B.—Fousel oil, or potato-spirit, is the hydrate of the oxide of amyle, and is analogous in composition to alcohol, which is the hydrate of the oxide of ethyle. Fousel oil is used in pharmacy for the preparation of valerianic acid.

DR. S.—The volume alluded to has not yet appeared.

M.R.C.S.E.—You would do well to take the advice of some respectable agent before adopting the course you propose.

MR. F., *Greenwich.*—The bromide of potassium is considered, on good authority, to possess powerfully sedative properties. It should be given in large doses, as, for instance, gr. v. to gr. x. three times a day, dissolved in water.

AN AUTHOR.—The books in question were all reviewed in this Journal many months ago.

NICOTINE.—The subject has been fully discussed in our columns long ago, and it is very unworthy of the Journal alluded to to vamp up old and stale materials and pass them off as new.

A POITRINAIRE.—We know nothing of the professional qualifications of the persons mentioned. We have received the book, but believe it to be only an advertising speculation, and we have therefore considered it unworthy of notice.

DR. S. W.—The number of medical students is, on the whole, less than it has been in previous years, but there has been an increase in some particular schools—namely, University College, King's College, and the Middlesex Hospital. Although the quantity of the students has diminished, the *quality* is improved.

Urine.—Dr. Harley will commence his WINTER COURSE of DEMONSTRATIONS on URINE and URINARY DEPOSITS, for Medical Practitioners, on FRIDAY EVENING, NOVEMBER 4th, at 8 p.m. Fee, 2*l.* 2s. The Class meets once a week, and Instruction is practically given in the Application of the Microscope and Chemistry to the Diagnosis and Treatment of Disease.
Physiological Laboratory, University College, October, 1864.

Apothecaries' Hall.—The next EXAMINATION in ARTS will be held at the Hall on Friday and Saturday, the 27th and 28th of January, 1865. A Syllabus of the Subjects for Examination may be had on application.
An Examination in Arts will again be held in the month of April, 1865.
R. B. UPTON, Clerk to the Society.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

H. Silverlock's Medical Label Ware- house, Letter-Press, Copper Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors Commons, London, E.C.
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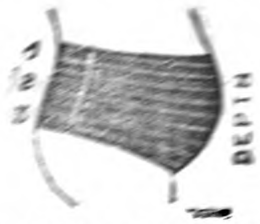
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ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 258.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Clots in the Uterus.—Either alone or in conjunction with other causes, clots in the cavity of the uterus frequently give rise to an undue loss of blood. The flooding is kept up by the clots distending the uterus and preventing its complete contraction. It is a fact of great practical value, that, in order to be safe from flooding, it is not only necessary that the uterus should be firmly contracted, but also that *its cavity should be perfectly empty.* The detention and coagulation of the blood in the uterus may be due to many causes. Sometimes, on the detachment of the placenta, blood is poured out, and is prevented from escaping, the placenta acting as a plug. When the placenta is removed, the coagulum in some cases remains behind. In the same way a clot may form in the uterus in consequence of the flow of blood being obstructed by a coagulum lying over the os uteri, or in the upper end of the vagina. The horizontal position on the left *side* also tends to keep a certain amount of blood stagnant in the left side of the uterine cavity. It is in order to allow the blood to escape freely as it flows from the mouths of the vessels that I always place a patient on an incline before delivery; the head, shoulders, and thorax being higher than the pelvis (Prec. IV.). When the patient lies on her back, the blood escapes more easily, in consequence of the direction of the uterine cavity being backwards and downwards. Coagula are especially liable to collect in cases of inertia, from the walls of the uterus being so distensible.

Clots, which are expelled after labour, may be uterine or vaginal—*i.e.*, they may be formed in the uterus or vagina; and this distinction is of considerable practical importance. Vaginal clots form in the majority of cases, and, except when very large, give rise to no particular symptom, and come away generally when the patient empties the bladder; whereas uterine clots are, *comparatively speaking*, rare; and as their expulsion is usually effected by uterine contraction, are attended with more or less suffering and loss of blood. Very often we may be able to tell, by the appearance of a clot, whether it has been formed in the uterus or in the vagina. A vaginal clot is smooth, shining, and soft, just like a coagulum which has been allowed to form in a basin; its size ranges from that of a marble to one as big as a child's head. It is impossible to tell a fresh uterine from a vaginal clot; but after it has been exposed to the contractile efforts of the uterus for a few hours, it has undergone certain changes, which enable it to be easily recognised. It is more or less compressed, of toughish consistence, and its surface is rough and broken, not unlike a piece of placenta. Sometimes it is expelled in flaky pieces; or when the coagulum is single and fills up the interior of the uterus, it is often expelled retaining the shape of the cavity.

Diagnosis.—Hæmorrhage due to the presence of uterine clots alone is readily ascertained. The uterus is more bulky than is proper, and very *tender* on pressure; the patient complains of frequent and severe afterpains. If the placenta and membranes have come away entire, and the patient complains of the above symptoms, the flooding will sure to be owing to the presence of clots in the uterus. When there is inertia as well, the tenderness and afterpains will be absent; but even then we may tell pretty clearly that there are clots in the uterus, from its large size and the obstinacy of the flooding. In most of these cases the hæmorrhage is external as well as internal; but in a few instances the flooding is almost entirely internal, the blood pouring into the uterus and coagulating there, and very little of it appearing externally. With ordinary care internal hæmorrhage cannot be overlooked, for the symptoms of loss of blood will be present, and the uterus will be very bulky—in some bad cases almost as large as previous to delivery.

Treatment.—The clots must be removed either by strong pressure on the uterus or the introduction of the hand. If the coagula are recent they may often be expelled by grasping firmly and squeezing the uterus downwards. I employ this plan only in cases in which the hæmorrhage has not been great, and I infer from the size of the uterus that the quantity of coagula is small. The removal of the clots should be effected by the introduction of the hand—first, when there has been a large loss of blood and it becomes necessary, in order to insure the patient's safety, to arrest the hæmorrhage at once, the expulsion of clots by pressure being always uncertain; secondly, when the uterus is very large and evidently contains a large quantity of coagula, because there is a great risk of only partially emptying the uterus by pressure, in which case valuable time and blood are lost, and the introduction of the hand becomes necessary after all—besides, in bad instances of internal hæmorrhage, the depression produced by pressing out a large mass of clots is quite as severe, if not more so, as that caused by passing the hand into the uterus; thirdly, when the uterus is so tender that the patient can hardly bear it to be touched, in such a case it would be cruel to torture the patient by endeavouring to expel the clots by pressure; and lastly, when the coagula have been in the uterus for some hours, because after a time they become so tenaciously attached to the walls of the uterus that very often pressure will not succeed in bringing them away. Sometimes, on passing the hand into the uterus, a few soft clots will be felt loose in the centre of the cavity, while the walls are plastered by layers of clots, consisting chiefly of the fibrin of the blood, and adhering so firmly that a certain amount of force is required to detach them.

Illustrative Cases.—I have met with several instances in which I have had to remove clots a short time after delivery; but the two last of the three following cases are interesting, inasmuch as the clots were not removed until the lapse of twenty-four hours.

CASE I.—Mrs. D., æt. forty-one, residing in Warstone lane, a Dispensary patient, the mother of a large family, was delivered more than an hour previous to my arrival by a midwife. The patient was in bed, bandaged up, and the midwife gone. She looked very pale, and the pulse was quick and small. On inquiry she said she was losing a great deal, and suffering considerably from afterpains. On undoing the binder, I found the uterus reaching a little above the umbilicus and very tender—so much so, that she pushed away my hand and begged me not to press again. I then turned her gently on her side, and introduced my hand into the uterus, and removed a large mass of clots. She felt almost instant relief; the hæmorrhage was stopped there and then; the uterus was much decreased in size, and was no longer painful on pressure. She made a good convalescence.

CASE II.—Mrs. W., æt. thirty-six, the mother of six children, was also delivered before my arrival. She had been placed in bed and appeared going on pretty well, and, according to her own account, the loss was "not more than it ought to be." Having a great deal of work to do that day, I did not see her again until next morning. She complained bitterly of the afterpains, which had tormented her during the whole night. The face was pale, and the pulse 120. There had been, and there was still, free draining of blood going on. The uterus was larger even than in the last case, and very tender; I turned her over on the left side, and passed my hand with ease into the uterus. In consequence of the time which had elapsed since delivery, the sensibility of the parts had fully returned, and the passage of the hand caused more than usual pain. The patient and her friends entreated me to desist; I was some time before I got all the clots away, as there was a large quantity

of them, and some adhered very firmly to the walls of the uterus. The relief on their removal was instantaneous and permanent, the draining ceased, and she did not have *a single* afterpain afterwards, and the recovery was uninterrupted. Although the operation was painful, the benefit derived was so evident to the patient's mind and feelings that I obtained considerable kudos in consequence.

CASE III.—Mrs. B., Tindal street, primipara. The labour had been very rapid, and the child was born before they sent for me. I found that the loss had been considerable, but by simple pressure on the uterus the hæmorrhage was apparently stayed. I was not able to see her again until next day. She said she had lost a great deal, and was suffering severely from afterpains (most unusual for a primipara). The pulse was quick and she was thirsty and feverish. The uterus was large and tender, and the sanguineous discharge which drained from her was slightly offensive. I passed my hand into the uterus and removed a mass of very black clots, which already had begun to decompose. On my next visit the patient's condition was very much improved: she had had no afterpains, and very little discharge since the removal of the clots; the uterus was considerably diminished in size, and had lost its tenderness: the discharge was no longer offensive, and the pulse had gone down to 100. She did well.

This case is one of great interest, as the clots in the uterus endangered the patient's life, not only through the loss of blood, but by their decomposition. I consider she had a most narrow escape from an attack of puerperal fever.

HOSPITAL REPORTS.

BY DR. G. DE GORREQUER GRIFFITH.

KING'S COLLEGE.

(Cases under care of Mr. HENRY SMITH.)

The case of a woman suffering a number of years from a large fatty tumour in the posterior part of the thigh, which we reported in one of our recent numbers, has turned out most admirably, although, after Mr. Smith had operated, the wound resulting from the excision of the tumour had been attacked with erysipelas, and for its restoration to a healthy condition required the most careful attention. The other case of tumour—that of "Recurrent Fibroid" removed from the knee of a medical man's widow by the same gentleman (Smith)—has also done well; no bad symptom having arisen throughout, and the wound itself having healed up rapidly. There is no sign of a return of the disease, and to all appearance the affection is quite eradicated.

We have seen Mr. Smith operate frequently for the removal of tumours, and we cannot here refrain from remarking the rapidity with which such tumours are extruded from their beds, and how completely and effectually they are extirpated.

CHARING-CROSS HOSPITAL.

(Cases under care of Mr. CANTON.)

There was in the male ward a man of about fifty-seven years of age, who had been admitted into the hospital from the Royal Military Clothing Dépôt, Pimlico. The man complained of persistent pain in the coccygeal region of the spine.

The history of the case is:—Some weeks previous to admission into the house, the patient, while engaged in some work at the Dépôt, slipped from a stool upon which he was standing, and which was raised only a few inches from the ground. No pain was felt at the time of the accident, and a few days after its occurrence the man got married to his third wife; he then began to complain of pain in the lowermost part of his backbone and all over the entire of the gluteal region, and stated that the nature of it was a dull aching, or a boring, gnawing sensation, which was sometimes aggravated to actual pain of an acute, lancinating character. The pain was described as being so excessive, that it precluded the possibility of rest day or night, and had, he said, prevented him sleeping for weeks, even though various measures had been adopted for the procuring of relief and ease. It was suspected by the officer in charge at the Dépôt that the man was an "old soldier"—*i.e.*, in other words, a malingerer. At the patient's own wish, therefore, he was allowed to go to hospital. Mr. Canton thought there might possibly be some thickening of the periosteum at the lower end of the spine, where the pain was said by the patient to lie persistently, and that the thickening was the result of inflammatory action, perhaps occasioned by the fall mentioned by the patient; but he had no doubt there was a good deal of the ailment humbugitis, or, as it was termed in military practice, malingering. Entertaining this view of the nature of the affection, Mr. Canton treated it accordingly, adopting severe measures with the patient for the removal of the pain, and watching him carefully in order to detect any sign of malingering. A succession of blisters was applied to the painful spot and in a short time the pain disappeared, and the man the day after leaving hospital reported himself at the Dépôt as "quite well, and fit for anything."

We would notice here, that were this patient able to trace the pain of which he complained to the fall from the stool, he would, at a future time, if disabled for his duty from any cause connected with such pain, be entitled to a pension; again, that the probabilities are very much in favour of his having been malingering—first, because he knew the regulation respecting pensions; secondly, because the height from which he fell was only a few inches; thirdly, no report was made of any pain or uneasiness, nor did the man experience at the time of the accident any discomfort whatever; fourthly, the man got married a few days after the "severe injury" he stated he had received; fifthly, he reported himself to the medical officer in charge of the Dépôt as suffering from pain only some time after he had received the fall, and some days after he had taken to himself his third wife; sixthly, did the pain which he described actually exist, it is not unlikely that it had arisen from the fact of his having been newly married, and to a woman very much younger than he is, and who might have exacted from him more marital attention than at his advanced period of life he was able to bestow.

Another case that we saw under Mr. Canton's care was a little boy of about six or seven years of age, who for some time had been a sufferer from caries of the lower cervical vertebræ, and from a general strumous constitutional taint. The little fellow's face was quite bleached, owing to the excessive delicacy, and the integument of the entire surface of the body was of that transparency peculiar to the strumous habit; in addition, there was the idiosyncrasy of expression in the countenance such as is only met with in patients suffering from spinal disease, and of which affection it is most truthfully pathognomonic.

The treatment pursued by Mr. Canton was to administer internally the usual anti-strumous medicines, namely, cod-liver oil, together with compounds of iron and iodine, and at the same time give the most nutritious food the patient's *stomach could digest*; while locally, that is, on each side of the diseased vertebra, issues were established, and the head was steadied by an apparatus which, binding it to the trunk, made it so completely one with the entire body, that it could not possess any separate power of motion. In this way were obviated all danger of the vertebra suddenly giving way, and of the cord being suddenly compressed, and so occasioning instant death.

EMBALMING THE DEAD.—At a recent meeting of the Royal Academy of Sciences at Turin, an interesting report was read on an embalming process invented by Professor Gorini, who had submitted several dead bodies to the examination of the commission appointed to inquire into the question. It appears that, by M. Gorini's method, subjects may be preserved for a period of six months in a state of freshness and softness, sufficient to fit them for dissection; that after a further period of three months the bodies become completely hardened and desiccated, and may continue in that state for an indefinite number of years, when they may again be softened by a fortnight's immersion in water.

REVIEW OF BOOKS.

Entoptics; with its Uses in Physiology and Medicine. By James Jago, M.D. Oxon., A.B. Cantab., Physician to the Cornwall General Infirmary and Truro Dispensary. Pp. 188. London: Churchill and Sons. 1864.

Entoptics is that part of optics which teaches the nature of the changes produced under certain conditions upon light when it enters the eye, giving rise to a series of objects existing in, or in connexion with, that organ. To Dr. Jago is due the merit of having cultivated this branch of science to a greater extent than any other author, and of having explained its principles in such learned and scientific language, as places him among the first ranks of the writers on optics. He was first led to this branch of investigation, as he tells us in the Preface, in the year 1841, when, on pressing strongly on the eyeballs to test some physiological problem, he was affected with *Muscæ volitantes*, for which he consulted an oculist, who, fearing an attack of amaurosis, enjoined Dr. Jago to abstain from reading for a time. Dr. Jago, being thus precluded from books, occupied his mind with thinking, and began examining the *muscæ* with a punctured card, and invited his acquaintances to search their eyes in the same way; and the result of these inquiries was a paper "On Entoptics," which he published in 1845. Some years afterwards an article on the same subject appeared in a German encyclopædia, but it was treated so inefficiently, that Dr. Jago determined to renew his researches and to embody them in the present treatise.

It would be obviously impossible for us, in our limited space, even to give an outline of Dr. Jago's small but elaborate volume, which proves the author to be a most learned mathematician, as well as an observant physician. The treatise is divided into chapters, describing respectively the method of investigation, the apparitions from the eyelashes, eyelids, and conjunctival fluids, the entoptic phenomena of the iris and crystalline lens, and of the vitreous humour and the retina.

Military Surgery. By George Williamson, M.D., Surgeon-Major, 64th Regiment. Pp. 255. London: Churchill and Sons. 1863.

The present book is a reprint of one published in 1859, entitled 'Notes on the Wounded from the Mutiny in India,' which was a collection of cases without any table of contents or headings to pages or index. These deficiencies have been supplied in the present edition, and the author has also made a few general remarks under each head, from the results of his own observation. The wounded of the infantry and cavalry, who arrived in England after the Mutiny in India, were specially placed under Dr. Williamson's care for observation, and he was at the same time occupied in arranging the specimens of gunshot and other injuries incidental to active military life, to be found in the museum of Fort Pitt, but now transferred to Netley; and the results of these two series of observations form the material of Dr. Williamson's volume. He divides the contents into twenty-one chapters, treating successively of gunshot wounds in general and those of special organs and structures of the body; of sword, lance, and bayonet wounds, and of miscellaneous wounds and injuries received in action; of amputations and excisions; and of the means of transporting the sick and wounded. The remarks in the text are illustrated by the series of preparations contained in the Museum of the Army Medical Department, and Dr. Williamson states that every preparation of gunshot wound contained in the Museum up to 1859 has been described in his pages. This collection was commenced by Sir James McGregor in 1810, and after the close of the Peninsular War the small number of specimens then in existence were transferred from the York Hospital at Chelsea to Chatham, and thence, as is well-known, to Netley. The whole of the pathological specimens were arranged by Dr. Williamson, and a catalogue printed 1845. The book now before us is a most useful record of facts in Military Surgery, and is illustrated by eleven engravings, executed in the highest style of art, and exemplifying various forms of injury. The last engraving represents a conveyance for sick or wounded soldiers on the field.

Contributions to Practical Medicine and Surgery. By James Arnott, M.D., late Superintendent Surgeon at St. Helena. Pp. 43. London: Churchill and Sons. 1864.

A considerable part of this little work is occupied with the therapeutical applications of cold, the use of which, in the intense condition or congelation, as a means of producing insensibility in surgical operations, has been previously strongly recommended by the author. He still regards this method of inducing anæsthesia as superior to most others, and he draws attention to the great mortality after operations under chloroform as an argument against the use of that agent, especially in some minor operations. Dr. Arnott also makes some remarks on the use of ice in various diseases, as inflammation and diphtheria, and in epilepsy, as recommended by Dr. Chapman; and the latter part of the *brochure* is devoted to a description of some diseases of the urinary organs and the surgical treatment which Dr. Arnott thinks most suitable to such cases.

Ten Years of Operative Surgery in the Provinces: being the Record of Eight Hundred and Seventy-five Operations performed from 1850 *to* 1860. By Augustin Prichard, F.R.C.S., Surgeon to the Bristol Royal Infirmary, &c. Part II. London: T. Richards. 1863.

The present part of this interesting record comprises autoplastic operations, excisions, removal of tumours, the treatment of talipes, the relief of deformities, the reduction of dislocations, and other similar proceedings which fall to the care of a surgeon in hospital practice. They are all well, although briefly described, and form a valuable contribution to practical surgery.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. WARD, Physician to the Dreadnought Hospital, concludes his clinical lecture "On Intermittent Fever." He describes the appearance of the face in ague, the physiognomy of this disease being as well marked as that of consumption, Bright's disease, or scurvy. The organ chiefly involved is the spleen, which is enlarged and indurated in chronic forms of ague; and the kidneys also are frequently congested in this disease, so as to cause albuminuria. Dr. Ward does not confirm the impression that ague affords immunity from other diseases, phthisis in particular; on the contrary, he has found the diseases to coexist in several cases; and ague is frequently recorded among the antecedents of phthisis. The best treatment of ague, whether in its acute or chronic form, is quinine, which both removes the cachexia that is present and relieves the congested portal system. The external and internal application of iodine and the bromide of potassium have not been followed with so much relief of the splenic enlargement, according to Dr. Ward's experience, as the treatment with quinine, sometimes associated with a few grains of sulphate of magnesia.——Mr. T. HOLMES continues his "Contributions to the Practical Surgery of Diseases of Childhood," his present subject being excision of the hip, with statistics and remarks on the method of operation. The statistics are considered by Mr. Holmes as highly unsatisfactory and delusive; for many of the patients who die are operated upon when in a hopeless condition, and many who

are said to recover have been only temporarily relieved. Mr. Holmes considers, however, that the operation holds out a prospect of benefit when all other means are unavailing, and he therefore often performs the operation, although he seldom recommends it. He commences the history of eight cases, two of which died and three recovered completely.——Dr. T. MORLEY ROOKE relates an interesting case of what he terms "Erythema Gangrænosum," occurring in an unmarried lady, aged thirty-nine. The disease presented some very unusual features, the eruption rapidly assuming a gangrenous character, and resisting all ordinary remedies, but finally yielding to mercury given in very large and long-continued doses.

THE 'GLASGOW MEDICAL JOURNAL.'

This, the October number, opens with an original communication "On Ovarian Extirpations," by Dr. CLAY, the eminent ovariotomist of Manchester. The cases reported are the hundred-and-ninth and hundred-and-tenth which have occurred in the practice of the author, and the seventy-fifth and seventy-sixth successful operations. Case 109.—A married woman; sac very large and tense and apparently unilocular; tapped; thirty pounds of fluid removed; sac entirely emptied, and, containing no solid body, had injected into it ℥iv. tincturæ iodinii fort. (Ph. Edin.), with ℥iv. aquæ. The injection, by kneading the belly, was made to pass as nearly as possible all over the internal surface of the sac, and was then allowed to come away; half of it was thus removed, but almost completely deprived of its iodine colour. Treatment by this method proved unsuccessful, making two cases of failure out of six treated in this manner. Three weeks subsequently to this trial the sac began to refill. Rules which cannot be too strictly observed are laid down for the application of this method of treatment, and the danger attendant upon it is remarked to be comparatively trifling. On November 14th, 1863, the sac was removed by means of the long incision; nepenthe as a sedative was used instead of opium, in xxxv.—xl. gr. doses. The patient is completely cured. Case 110.—Married woman; multilocular tumour of right ovary, partly solid, partly cystic; very tensely filled; tapped on July 1st; eighteen pounds drawn off; operated on July 5th; length of incision, eleven inches; ligature for pedicle (which was thick) composed of Indian hemp; four weeks after operation the patient returned home quite well. Out of one hundred and twenty-four cases, Dr. Clay has had only thirty-seven deaths; such a result speaks for itself. He is also *the first* to have extirpated "fibroid uteri with their appendages entire."—— Dr. LEISHMAN contributes "Observations on Uterine Tumours." Case 1.—Patient aged forty-eight; fibrous tumour connected with uterus, noticed for six years, and occasioning pain and difficulty of micturition, a dragging sensation in the loins, and latterly profuse menorrhagia; large and firm, very irregular, moveable in all directions superiorly, attended with a *bruit de soufflet* over its lower part, the bruit being most distinct in the left iliac region, intensified by the pressure of the stethoscope, heard faintly in the posterior lumbar region, altogether lost on the assumption of the erect position. The menorrhagia disappeared when the patient stood up, but returned when she assumed the horizontal position. It was checked by the use of ergot." Case 2 was one of "Fibrous Polypus connected with Posterior Peritoneal Surface of the Uterus," and occasioning eversion of the os. All that could be done in this case was to relieve the uterine leucorrhœa which existed. Case 3.—"Retroflexion of Uterus—Reposition by the Sound—Use of Simpson's Pessary—Unsuccessful Result." The retroflexion was in reality converted into retroversion. The use of Simpson's pessary is condemned.—— Dr. ANDERSON reports "A Case of Injury to the Internal Ear, from the Report of a Cannon, followed by Paralysis of the Portio Dura Nerve." Leeches, calomel, and opium, counter-irritation to the cheek in front of the ear, iodide of potassium, entered into the treatment, and the "result was as satisfactory as could be expected under the circumstances."——Dr. CHRISTIE has an article "On Suicidal Impulse." The subject is to be viewed under two aspects—as an impulse emanating from a mind in a perfectly healthy state, and as a symptom of cerebro-mental disease. Under the latter, the author of the paper considers it. A suicidal tendency he conceives to be positive proof of mental unsoundness.——Under the head of "Medical Musings" is considered the impracticability of reducing Medicine to a science that can be controlled by fixed laws and principles; of ascertaining the exact nature and causes of fevers or other unhealthy conditions of the body; of arriving at anything like a correct conclusion as to to the mode of action of medicines—how and why they agree or disagree. The practice which prevails amongst some men of treating all forms of one affection or malady in the same manner is very rightly stigmatised.——The second part of the Journal is taken up with reviews of the writings of Soelberg Wells, Dr. Gibb (whose work is criticised in a most amusing manner), Dr. Hodge, Dr. Bumsted "On the Pathology and Treatment of Venereal Diseases," and other authors. At the close of the Journal are given "Selections from Medical Journals."

LEGAL INTELLIGENCE.

PROSECUTION OF THE SO-CALLED "DR. HENERY."

In continuation of our report of this case, which we commenced last week, we subjoin the following portions of the evidence offered for the prosecution:—

Montague Augustus Clarke, aged about twenty-eight, said: I am captain in the 50th Regiment, the dépôt of which is stationed at Parkhurst. In August, 1863, a book by Dr. Henery was sent to me, and I came to town on the 17th. I went to 52 Dorset street, and was introduced into a small, dark sort of room. I pointedly asked the man who came in if he was Dr. Henery, and he said he was. I particularly asked him. I have not seen him from that day to this. The defendant now at the bar is not the man. He said he would forward my boxes of medicine. I said I could take them, when he objected to that, and obliged me to give my name and address. I gave him my real address. I asked him how much I was indebted to him, and he said eleven guineas. I asked him what for. He said, "Ten guineas for the medicine, and one guinea for

the fee." I can't say whether he said anything about the medicine being expensive. I left the place, and from time to time I wrote to him, and the medicine was sent. After getting through that I sent for some more. I think I sent seven times. I think about February last was the last time I sent. I paid him 85*l.* 11s. The first payment was in two 5*l.* notes and two sovereigns, and he gave me the change. The payments were subsequently in these cheques now produced. The last payment made was in April last, in a cheque. After that I heard nothing more till June or July, when I received the following letter:—

"Medical Institution, 52 Dorset street, Portman square, London, July, 1864.

"No. 3 Private-room, Bugle Hotel, Newport.

"Dear Sir,—Experience has proved that in cases similar to what you are suffering from a personal interview invariably leads to the advantage of a patient, and therefore have requested the bearer, a gentleman of great experience and skill, to see you, as he happens to be in your neighbourhood on a professional visit.

"Yours truly,

"A. F. HENERY, M.D.

"W. ANDERSON.

"Captain Clarke, Parkhurst."

It was put into my hands by the ostler from the Bugle Hotel at Newport, Isle of Wight. The prisoner who now stands here I saw upon the 15th of September last. He called upon me at my barracks. His first introduction, as far as I recollect, was, that he said he had called on behalf of Mr. Henery. I said I did not want to have anything to do with him. He said, "Are you aware he has a large claim against you?" I said I was not. As we were then talking on the steps of the major's apartments, I said to him, "You had better come to my rooms," where, after some conversation, he said that I had better draw a cheque for 150*l.* I asked him what for, and he said, "To settle Dr. Henery's claim." He afterwards said he would take 100*l.* I asked him how he made out his claim, and I think he said, "For medicine and advice." He said, "You had better draw a cheque for a hundred guineas," and this he repeactd about six times. He was longer in my room than I otherwise should have allowed him to be, on account of the rain. I do not like to turn a man out in the wet, and offered to send for a carriage for him. He asked me for a sovereign. I asked him what he wanted it for, and he replied, "For my expenses." I said, "Is that your fee?" He said, "No, my fee is five guineas." I said, "Dr. Henery sent you down, and he must pay you." I ultimately gave him a sovereign, as he said he was only told of the claim the night before, and he had come away in a very great hurry with very little money, and he seemed not to have enough to take him back to town. I asked him for his name, and he said it was of no consequence. I said, "You have the sovereign, and I must have a receipt." This I did more particularly to get his name. The prisoner gave a receipt, and wrote, "Received, on account of expenses, 1*l.*" dated September 17, 1864, and signed "H. Wilson." Shortly after this he left me. I said at the time that I should be going to town, and would call at Dorset street. I wrote to Dr. Henery on the 19th of September, and on the 26th I received this——

Mr. Yardley: Stop. Let me interpose a question. Was anything said by you to the defendant in September about his former visit to Newport in July?

Prosecutor: I showed him the letter (the one above, dated from the Bugle Hotel). He just looked at it, and I do not think he made any observation. On September 26 I received another letter in the following terms:—

"Medical Institution, 52 Dorset st., Portman square.

"Sir,—I regret exceedingly to have to inform you that your letter did not reach me until Saturday night, otherwise it would have received my immediate attention. Nevertheless, I have to remind you that you promised the gentleman who waited upon you at Parkhurst that you would call at Dorset street. Therefore I do not understand your giving so much trouble in the matter. I have to inform you that my claim for 150*l.* is for medical advice and medicine. (The letter here states the nature of the disease which the medicine was intended to cure.) If you will satisfy my claim without further trouble, I will give a receipt in full of all demands, or sign any paper that you may choose to draw up, so that you shall not be troubled again by your obedient servant, "A. F. HENERY.

"September 26."

Shortly after this another letter was received, in which the Doctor states that he had called at Cox's, the army agents, and found that I had been there on the Saturday. I had been to Cox's before I received the following letter:—

"Warburton's Hotel, Newport, October 5,

"Private Sitting room, No. 4.

"Sir,—I am here expressly from London to see you, with a view, if possible, to effect a settlement of Dr. Henery's claims, and anticipating your refusal to see me at your quarters is the reason I have penned this, and would recommend you to do so at once, for rely upon it I do not intend journeying here for nothing. Your letter from your solicitor has been received, and I have that and some from yourself with me. Now, supposing I were to inform you application will be made at the War Office, with explanation of case; and if we were to do so, you know what the consequences would be; or supposing I were to inform you that I expect to be in your neighbourhood in Scotland next week, and that I don't intend leaving here, in the event of your still persisting in your refusal to pay, without making it known in the neighbourhood for what purpose I am here. I am in no hurry, and will allow you time to reflect whether it will be better to pay Dr. Henery's legal and just claim, or submit to exposure of your filthy case.

"I would inform you that I have waited upon one of the head solicitors of Plymouth since I saw you in reference to a claim we had upon his son; and on our explaining what we would do in the event of his not paying us, he soon saw the force of what we stated, and paid us at once. Now, the reason I did not tell you what we intended doing in the event of your not paying when I was here before was because you promised to call in Dorset street, and relying upon your word as a gentleman was the only reason I did not do so.

"Yours obediently, "H. WILSON."

There was a postscript, which said it was useless for me to say that I was not at my quarters, and that Anderson had seen me there. This letter I forwarded to a relative, and he forwarded it to Mr. Fry, my attorney. To the best of my belief, I think it is in the present defendant's handwriting. The handwriting of the receipt he gave me for the sovereign corresponds with it, I think.

Some time afterwards Alfred Field Henery was brought in.

Mr. Herring: I appear for Wray (the proper name of the prisoner being Austin Wray). We will say he is Wray.

Mr. Yardley: What does it matter? The only thing is to show that he is the man that the complainant saw.

Anderson was then placed by the side of Henery or Wray, and Captain Clarke's evidence being read over,

Mr. Yardley asked the prosecutor if either of the persons present was the party whom he saw when he went to 52 Dorset street.

Captain Clarke: That is the one (pointing to Henery). I am certain he said he was Dr. Henery. I want to add that I could not be certain that he was the man until I saw him here, as we were only in the dark room for a minute or two. I may add that I have just been to Dorset street. When he was taken into custody he had a bundle of papers, and on the top was one which I knew to be in my handwriting.

Sergeant White, 16 D: I went to 52 Dorset street just now, and found Dr. Henery in bed in a room on the second floor. On seeing him, I knew him as the person trading under the name of Dr. Henery. I said, "You must attend the Court; there is a warrant for your apprehension." He said, "I can't; I am too ill." I said, "That is nonsense; I saw you out yesterday." I pulled down the bedclothes, and found he had his drawers on. He got out of bed. Shortly afterwards, and while he was dressing, he said, "Why does he not pay the money? He knows it is a debt, and I have his handwriting to prove it." I said, "Who owes you the

money?" and he said, "Clarke does." The name had not then been mentioned. I said, "Have you the letter here in which he acknowledges that amount?" He said Mr. Herring had it. He said, "I have a bundle of letters here," and he pulled them from his pocket, and on the outside was a line written, "Mr. Clarke's letters." On the way to the court he opened the bundle, and turned round to the prosecutor and said, "Is your name Clarke?" After receiving an answer he took out a particular letter, which he placed on top of the bundle, and walked by the side of Mr. Clarke, and said to him, "I have your letters here, and you will be made to pay for this." Then he walked up to me again, and said, "I will not forego this debt, whatever he may do. I am advised by Mr. Herring not to forego it."

WEDNESDAY, OCTOBER 26.

The further hearing of the case was fixed for this day. When it was called on, the following certificate was handed to Mr. Yardley:—

"House of Detention, Clerkenwell, E.C., Oct. 26.

"I hereby certify that William Anderson is suffering from a violent attack of delirium tremens, and quite unfit to be moved at present. "W. SMILES, M.D."

The prisoner Henery, *alias* Wray, was then brought in.

Mr. Metcalfe prosecuted; Mr. Ribton defended Henery; and Mr. Herring watched the case for Anderson.

Alexander Thompson, clerk in the London and Westminster Bank, was called to prove that certain cheques were placed to the account of J. O. Wray. Some of these were made payable to order, and were endorsed in the name of Henery. The endorsement was in the handwriting of Wray. Sergeant White, 16 D, was also called to prove that the handwriting on the cheques was Wray's and that the defendants carried on the business at 52 Dorset street, Portman square, under the name of Henery.

Mr. Yardley: You see the client of Mr. Herring is not present, and I think the question of business ought not now to be entered into. It would be as well to reserve that till both are present. Before we go any further, I would ask in what way it is intended that the indictment should be framed. I think the charge ought to be, threatening to extort money by publishing libellous matter.

This form was acquiesced in by both Mr. Metcalfe and Mr. Ribton.

Captain Clarke's evidence was then read over, and Mr. Ribton cross-examined him.

Captain Clarke said: I took the medicine for about four months. I cannot say exactly how many parcels or boxes of medicine I had sent to me, but I think about seven or eight boxes. The first, I think, contained twelve bottles, and always after that there were ten in the box. For the first box I paid ten guineas, and the rest were paid for at the same price. I objected to the price upon one occasion. I had directions given to me as regards my regimen. It was a printed direction enclosed in the first case. I cannot say whether it gave detailed directions about my diet. I went to the defendant's house because I was suffering from indisposition. He told me about the benefit of cold water bathing, but that was nothing as I did that every morning. I have seen his book, which recommends bathing every morning. There was something also said as regards exercise, but I am in the habit of taking exercise. When my boxes of medicine ran out I wrote to the defendant for a fresh supply, which was forwarded to me. I continued to take it in the same way till I took further advice. I found myself better at one time. I asked the defendant at one time about gymnastic exercise, but I received no answer.

Mr. Ribton: Did you ever write anything like this:—"I feel very much stronger, but still feel some pain in my shoulder. Please to acknowlege the receipt of this.—10th of October."

Complainant: That is mine. I had been under his treatment then about two months.

Mr. Ribton: On the 29th of September last year you wrote again:—"Please forward me some more medicine. I am still improving."

Complainant: No, I dont think I did improve.

Mr. Ribton: Here is another letter, dated in November, which you may perhaps recollect:—"I will feel obliged if you will forward me another box. I think it will be the last, as I feel pretty well and stronger. I have lost the pain in my back. Send me same as before."

Complainant: The medicine seemed to me to differ in taste, but the quantity was the same. I have received letters from Henery from time to time.

A rumour was current last week that Anderson, *alias* Wilson, was dead, but such is not the case. He attempted to strangle himself while under a paroxysm of delirium tremens, but he is now improving, and will be brought up under remand to undergo the rest of his examination at the police court.

PARISIAN MEDICAL NEWS.

PATHOLOGY AND TREATMENT OF INFANTILE SYPHILIS.

We described in a former number M. Roger's opinions on the subject of *hereditary* syphilis; we now reproduce the Professor's remarks on infantile syphilis *accidentally* acquired; and we shall conclude with his observations on the treatment of both varieties of the disease in infancy.

Some modes of infection operate in children as well as in adults. Thus, an infant may be contaminated by a kiss given by a diseased person. Mr. Langlebert relates the case of a shopman who was afflicted with chancre in the finger, and who communicated it by direct contact to a child which he held in his arms. A nurse or a nursery-maid suffering from mucous condyloma may transmit the taint to a child sleeping in the same bed. But, in general, infantile syphilis can be traced to a different origin; for instance, to the passage through the vagina during labour, and subsequently to lactation or vaccination. In Jewish families, circumcision has been instrumental in propagating the taint.

Infection during labour cannot readily take place except through abrasions, wounds, or injuries inflicted for criminal purposes. If such be not present, inoculation is almost impossible—an assertion abundantly borne out by the many natural impediments to the transmission of the poison. Thus, the mother's organs, washed by the amniotic fluid, are thoroughly cleansed of all impurities and morbid secretions; in the second place, the infant's delicate skin is effectually protected by a layer of sebaceous and fatty matter, which prevents the possibility of imbibition. So true is the remark, that the accoucheur or midwife, in examining per vaginam a woman labouring under primary symptoms, will often become affected with chancre of the finger, whilst the fœtus traverses the same passages with perfect impunity.

M. Melchior Robert had recorded several cases of primary syphilis of the external organs of prostitutes who had recently been delivered, whilst in no instance was chancre discovered in their children. Thus, although it would perhaps be rash utterly to deny the possibility of direct contagion during labour, yet it should be admitted with the greatest caution, and as a very rare exception.

A child may be affected during the operation of circumcision, or by the vaccinator's lancet, but the disease is more generally communicated by the nurse. M. Roger does not believe, however, that the virus can be transmitted by her milk. The lacteal secretion of a woman affected with syphilis is doubtless unwholesome, but no positive proof has yet been adduced that it contains the actual poison of syphilis. It is, on the contrary, superabundantly demonstrated that chancre or mucous papulæ situated on the nurse's nipple can readily generate indurated chancre in the infant's lips, and subsequently give rise to secondary infection. The child, on the other hand, may taint the nurse, and this twofold aptitude gives rise to most intricate problems highly interesting to the medical jurist.

At the not very remote period when chancre was proclaimed the only transmissible symptoms of syphilis, the possibility of the contamination of a nurse by an infant was

rejected with utter scorn. The circumstance, when it occurred, invariably led to the acquittal of the true culprit from the charge, and the nurse's complaints were disregarded. It was argued that the infant suffering from secondaries, which are not contagious, could not possibly have propagated the infection. Assuming, therefore, the symptoms observed in the infant as expressive of hereditary syphilis, the nurse was considered not to be justified in tracing to them the disease she herself suffered from, which must have been contracted in some very different manner. Additional light has since been thrown upon the subject, and it is now satisfactorily ascertained that a child contaminated by its parents can readily inoculate to the nurse's nipple the secretion from mucous papulæ of the mouth, and give rise to indurated chancre; the question, therefore, is now reduced to the discovery of the infecting party. If the nurse bears on the nipple an indurated chancre, coincident with glandular enlargement, whilst the nursling displays secondary symptoms on his lips and other parts of his body, it is highly probable that the poison has been communicated by the infant. The surmise requires greater strength if the father or mother, or both, present evidence of former syphilitic manifestations. All doubt is removed, according to Professor Pelizzari, of Florence, if the chancre observed on the nurse's breast is a superficial, painless sore, with a scanty secretion, these being the characters assigned to chancre induced by the inoculation of secondaries. If the symptoms are reversed, and the nurse is affected with mucous papulæ of the nipple, whilst the infant presents an ulcer of the mouth with the characters above enumerated, the nurse may be suspected, and further evidence should be sought for in the examination of her husband and child, if the latter be still living, its death strengthening the suspicion of hereditary syphilis.

The problem is thus much simplified; and we may say, with M. Rollet, that "primary chancre is the hinge on which must turn in future all medico-legal questions connected with the transmission of syphilis from the nursling to the nurse, and *vice versâ*." If, by accident, no chancre or ulcer can be detected in either subject, although both present unmistakable symptoms of infection, it becomes necessary to revert to the laws which govern the evolution of secondaries and of primary chancre, in order to establish the respective period of infection in both the individuals under examination. In similar inquiries, the possible intervention of a third party must not be forgotten. M. Ricord, for instance, relates the case of a nurse who bore on the nipple a primary sore communicated by a person suffering from chancre of the mouth, who, for the purpose of relieving the mammary gland of exuberant secretion of milk, had applied his lips to the part. The nurse may, in addition, have been contaminated by another child, and not by her own nursling.

M. Roger opines that the gravity of infantile syphilis has been much exaggerated. Hereditary syphilis, represented by many authors as extremely dangerous, soon yields to appropriate treatment when the symptoms appear a fortnight after birth.

After what we have said of the immunity from any morbid manifestations frequently enjoyed during the two first weeks of life by children affected with hereditary syphilis, we may inquire whether the fact that one or both parents were tainted at the period of conception justifies the surgeon in instituting the specific treatment in the case of an infant immediately after its birth. "If both parents have been affected," says M. Roger, "and if the child is vigorous, the mercury may be at once exhibited; but in general, and more especially if the child is weak, it is a safer practice to refrain from medicinal interference, because the infant, after all, may escape contamination, and milk is more wholesome than mercury. If, on the contrary, characteristic symptoms have appeared soon after delivery, it is right to resort without delay to appropriate measures of treatment."

These measures may be direct or indirect; indirect treatment, administered to the child through the nurse or mother, is subject to many contingencies before it can attain the desired object, that M. Roger ascribes to it but very secondary importance. Direct treatment is, therefore, far preferable. It may be external or internal, but mercury must be its chief agent. M. Roger conceives that the exhibition of the remedy internally is more effectual, can be more closely watched, and, if necessary, discontinued. The Professor rejects the proto-iodide of mercury as a medicine not easily managed, and prescribes the bichloride, and more especially the liq. hydrarg. bichloridi, which he considers an extremely useful and active preparation. One fluid ounce of the solution used in France contains half a grain of bichloride of mercury.

The dose for an infant varies from half a tea-spoonful to one tea-spoonful daily, in syrup or alone, and the child should immediately afterwards take the breast. This medicine, however, is open to several objections, which M. Roger briefly adverted to. The name by which it is designated in France (*liqueur de Van-Swieten*) is very generally known, and points out too distinctly the character of the disease for which it is prescribed. If the term *corrosive sublimate* be used, the idea of a poison at once arises, and therefore, in order to conceal the nature of the remedy, M. Roger has deemed it expedient to exhibit the drug in the shape of a syrup which he calls *depuratory*, and is prepared so as to contain in every tea-spoonful one-fiftieth part of a grain.

Subsequently, M. Roger prescribes the iodide of potassium, in doses of from one to five grains daily. If anæmia supervenes, the mercury should be discontinued and the syrup of iodide of iron prescribed in its place; and when the child has recovered his strength, the bichloride may again be resumed.

Baths containing thirty grains of sublimate are also resorted to at the same time. The amount of the medicinal agent might be increased to one drachm, if from any cause the child was not able to take mercury internally.

Locally, for the cure of mucous papulæ and condylomata, M. Roger has recourse to lotions with chlorated water, and in the intervals of the lotion the parts are dusted with—

Calomel . . .	15 grains;
Starch powder . .	One ounce.

This powder will also be found useful for the relief of syphilitic coryza, which may be favourably modified with fumigations of cinnabar, and eruptions within the mouth will be arrested by the application with a brush of the diluted liquor hydrarg. bichloridi, or merely with a solution of chlorinated soda.

When the surgeon is deterred by the presence of diarrhœa from the internal exhibition of mercury, M. Cullerier recommends friction over the chest every second day with half a drachm of the ung. hydrarg. mitioris, the stronger preparation being objectionable on account of the local irritation which often follows its application. On the intervening days the child is placed in a bath containing soap or corrosive sublimate.

In most cases this treatment removes all the symptoms in the course of one, two, or three weeks, but it should be persevered in for a month after an apparent cure has been effected. M. Diday believes that the medication should be continued for three months, but M. Roger professes that two months are sufficient if the remedial measures are instituted with sufficient care and sagacity and if the constitution of the child is able to bear the uninterrupted action of the mineral.—'Journal of Practical Medicine,' &c.

LIBERALITY.—The will of Mr. Zadik Aaron Jessell, of Savile row, and Gordon House, Putney, the well-known pearl and diamond merchant, has just been proved in London; and amongst other liberal bequests to various charitable institutions he has left 100*l.* to each of the following hospitals: the London (Whitechapel road), the North London, the Free Hospital (Devonshire square), and the Jewish Hospital (Norwood).

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 2, 1864.

THE "MANLY VIGOUR" QUACKS AND THE MORALITY OF THE PENNY PRESS.

Apropos of the late proceedings taken against the person named Alfred Henery, *alias* Wray, and of the exposure of the "Manly Vigour" crew, the 'Daily Telegraph' of Tuesday, Oct. 25, indulged, *inter alia*, in the following outbursts of virtuous indignation:—"These offensive wretches, whom to describe aright would need the profound observation of a Balzac and the indignant eloquence of a Juvenal—these parasites upon society—these blood-suckers, have learned to fancy themselves safe in a land where the stocks and the pillory have fallen into disuse, and where the summary jurisprudence of Judge Lynch is viewed with disfavour. Had they lived in ruder times, or were they even now to transfer themselves to some other countries, assuredly would they have to groan as the playful but malodorous egg, the lively pebble, and the dead but still formidable cat, were hurled against them by the mob. Hangers-on of a noble profession—tatterdemalion knaves, who burlesque a beautiful and indeed sacred science—these scurvy impostors still infest the town, still trade upon the vices and weaknesses of their neighbours." . . . . "Your quack doctor accordingly invents some specific, some marvellous lotion, some 'heal-all' in the shape of pill, powder, or draught. He writes something that he calls a book; or, more properly speaking, he gets the thing written for him by some unhappy drudge who can spell a little better than his employer. He hires a house and a brass-plate. He devotes himself to some special illness, which men object to making public—to mental infirmity, or to the ailments that are the appointed scourge of vice. In time he gets patients. He deals gently enough with the poor; they are not worth robbing. But at length he meets with his pet prey. As an angler impatiently casts back into the stream the absurd little fish which impudently makes free with a hook meant for its betters, so does the quack spare the humbler fool. His perseverance is rewarded; a nobler fish rises, bites, and is caught. The doctor lets him play; does not seek to land him at once; watches with a certain amusement, as well as a certain anxiety, his nervous efforts to regain his freedom; and at last, when he is tired out, disposes of him according to the rules of art. The very first thing the fellow does is to learn the name and profession of his victim, and, this clue once obtained, it does not require any extraordinary sagacity to find out his weak points. Then, after the usual amount of balderdash, blandishment, and blarney, the medico changes his tone, and employs threats. If he is not summarily knocked down, he knows that his game is safe. Hitherto, he has contented himself with merely overcharging his patient for the drugs which he has forced him to swallow; but now he can play in bolder fashion. Instead of a few miserable guineas, it is a cheque for a hundred or a thousand pounds that he insists upon receiving, under penalties, in case of refusal, which he indicates as plainly as can be. Apparently, he is but too often successful. The sensitive and nervous—a sufficiently numerous class—readily submit to the bold and blustering rascals who, not on Hounslow Heath, but in little back parlours, cry for money or—what is more valuable than life." . . . . "Now there can hardly be imagined any crime more thoroughly deserving of condign punishment than this. It is, in the full meaning of the term, abominable; and the very highest punishment that the law allows should in every instance be inflicted. The fellows are cowards themselves, and would soon be choked off if they found their game becoming dangerous. Opposition disarms them; they are helpless the moment that the person upon whom they trade can summon up sufficient manhood to resist." . . . . "Traders upon the weaknesses and infirmities of humanity, they are infinitely worse than any ordinary robbers; they are the highwaymen of social life—the Thugs who strangle honour."

As Shakespere's Welshman says, when commenting on one of Pistol's bombastic speeches: "These be as brave words as you shall see on a summer's day;" and yet they are not too strong for the occasion. But whatever the trade is which is followed by these persons, what shall we say to the following advertisements among others, taken from the 'Daily Telegraph' of the same day, October 25. We of course omit the names, which are mostly fictitious, and the addresses:

NEW WORK BY THE AUTHOR OF "MANHOOD."
Just out, Pocket Edition, post free 12 stamps, sealed ends 1s.

DR. ———'S MEDICAL GUIDE to MARRIAGE. A Practical Treatise on its Physical and Personal Obligations. With Instructions for removing the special disqualifications and impediments which destroy the happiness of wedded life. By Dr. ———, - - - - st., ———, London. This work, the result of 25 years' successful practice, contains rules by which forfeited privileges can be restored, and essential functions strengthened and preserved.

Sold by ———, London; or direct from the Author, who has just published a revised edition of his medical work, "Manhood," an Essay on the Treatment of Nervous Debility, Spermatorrhœa, Impotency.—Post free, 12 stamps; sealed ends, 20.

NEW FRENCH DISCOVERY in the SCIENCE of MEDICINE.—.———.—This great Continental Remedy, prepared in the form of a Lozenge, administered by the most eminent in the medical profession at home and abroad. May be carried in the waistcoat pocket, free from taste or smell, and be taken without inconvenience to the patient. "———," No. 1, is administered in cases of Sexual Debility, and is strongly recommended to those contemplating marriage, ensuring in a few days increased muscular development, with health, strength, and vigour. "———," No. 2, cures with safety, speed, and certainty, all urethral affections, at once subduing inflammatory action by lubricating the delicate mucous membrane; also successful in obstinate cases of Stricture, &c. "———," No. 3, is the blood purifier in cases of Diseases from Infection, Skin Eruptions, Sore Throats, &c.; and in all cases where mercury has been indiscreetly administered.—To be had only of ——— and Co., ——— st., ——— st., London, —. Price 11s. on application; or free by post for 12s. for stamps or Post-office orders.

THE VIGOUR of YOUTH restored in Four Weeks by Dr. ———'S ESSENCE OF LIFE.—This wonderful agent will restore manhood to the most shattered constitution in four weeks. Success in every case is as certain as that water quenches thirst.—Sole Agents, ——— and Co., ——— , London. Price 11s., or four quantities in one for 33s. Sent anywhere, carefully packed, for remittance.

MEDICAL ADVICE.—Dr. ———, of the Lock Hospital, on the Self Cure of SPERMATORRHŒA, NERVOUS DEBILITY, and DISEASES of INDISCRETION, with

Curative Remedies, free for six stamps. ——— street, ——— square, London. Recent cases of infection cured in a few days. Advice, with "Means of Cure," by letter or personally, 9 till 2, and 6 till 8; Sundays, 10 to 12. Notice.—Fees and medicines superseded.

IN CASES of SECRECY TAKE Dr. ———'S SPEEDY CURE.——The ——— CAPSULES, containing the essence of ———, free from taste, being encased in sugar, at once cure diseases by subduing all inflammatory action. Price 11s. on application; or, free by post, 12s. 6d., for stamps or Post-office order.—Address ——— st., ——— sq.

Just out, price 2s., by post 26, or sealed 36 stamps, direct from the Author, or from ———,

DR. ——— on the PHYSIOLOGY of MARRIAGE.—A Popular Medical Review of its Social, Moral, and Physical Obligations, and the various Disqualifying Causes which in both Sexes prevent the attainment of its legitimate Objects. With an Essay on the Disorders arising from solitary habits or excesses, and on the Treatment of Nervous Debility, Physical Incapacity, and Sterility—founded on the results of 25 years' successful practice. By ———, M.D., ——, &c.

A distinguished Queen's Counsel, in addressing the Court of Queen's Bench, observed: "This is an extremely valuable book, written by an eminent and experienced medical man, upon one of the most important and interesting subjects of life, which everyone, married or single, ought to be acquainted with."

At home from 10 to 2, and 6 to 8. ———.

GIVEN AWAY, a Work on MARRIAGE; its Duties and Impediments. Showing how the vigour of youth may be restored, and retained to an advanced age. 8vo, 180 pages. Sent post-free for two stamps; sealed, twelve.—Address Dr. ———, ——— street, ——— square, London.

MASCULINE VIGOUR GUARANTEED, without the possibility of failure, by the use of Dr. ———'S REMEDY, prepared in the form of a lozenge, to ensure secrecy. Invaluable in all cases of Generative and Physical Debility, Spermatorrhœa, &c. Sent, carefully packed, on receipt of 11s.; free by post, 12s., for stamps or Post-office order; or on application.—Address Dr. ———, ——— street, ——— sq., London.

THE SILENT FRIEND on MARRIAGE, 150 pages, illustrated with engravings, price 1s., post free 14 stamps, sealed 20; containing prescriptions of Preventive Lotion. Make this invaluable work your guide and adviser for self-cure in all cases resulting from the errors or excesses of youth, infection, loss of natural power and vigour; all female irregularities, and barrenness.—Address Messrs. ——— and Co., ——— st., ——— st., London. Consultations daily, 11 till 2, and from 5 till 8.

TO LADIES ONLY.—Consult Dr. ——— Personally or by letter in Midwifery, Pregnancy, Obstructions, Disappointments in Marriage, and cases peculiar. Has had Thirty-one years' London practice. "Ladies Medical Confidant," post free, 14 stamps. ——— street, ——— square, London.

We reprint the following letter, published about a month since:—

"On Tuesday the Marylebone Police-court was crowded with medical gentlemen anxiously awaiting (as they concluded) the *certain* conviction of an old offender for filching another man's name and professional title "*cut and dried.*" This person, known by the name of Hamilton, and carrying on his avocation in Henrietta street, Cavendish square, whence he issues (*in my name*) those polite invitations "*to ladies only,*" made his appearance in answer to a summons under the 40th Section of the Medical Act. To the surprise of all present, however, the pseudo Dr. Scott gets off "*scot-free,*" with the *Doctor* in the bargain, the case being dismissed on the ground "that his assumption of that title did not imply that he practised as a physician," notwithstanding it was prefixed to a vile pamphlet "On Female Obstructions," &c., and forms a prominent feature in those foul advertisements, published daily for the last few years in my name in certain penny papers, *in defiance of repeated requests to the contrary.* However, it may be some satisfac- to know that, although the matter was thus disposed of for the present, a case was demanded and granted. So much for the *sham* Dr. Henry Scott. Now let us see how it affects the real man, although I think the matter as deeply concerns the Profession at large as myself. Can it be otherwise than that the daily display of these productions in my name must do me serious professional injury, to say nothing of the continued annoyance of people addressing me on the subject? I could cite numerous instances to show that I have been taken, or rather mistaken, for this man. Scores of ignorant persons, and *not a few evil-minded ones*, have set it down for certain, that I am the author of these advertisements, or, at least, must have something to do with them, otherwise the papers would not dare to insert them. That they have done so every man who "runs (or *rides*) and reads" will tell you; and what influence this has had upon my practice and prospects as a physician you may guess. The common query of persons acquainted with the facts is, Does the law allow such a thing? Others wonder at the man's impudence, and amongst the *élite* of the Profession, too, nothing daunted. No. We have heard of the age of *stone*, the age of *bronze*, and of the age of *iron;* but I think that when a fellow like this unblushingly makes use of another's name and qualification, and takes a house next door to the President of the College of Physicians to carry on the deception, we have arrived at the age of *brass.*

HENRY SCOTT, M.D.

Upper Woburn place, Sept. 28th, 1864.

Some of the advertisements to which we have referred appear *every day* in the 'Daily Telegraph' and other papers, and must bring in an enormous revenue to the proprietors of those Journals. We would suggest the following as an addition to the "sensation" leader from which we have extracted some choice specimens:—

"The parasites and bloodsuckers, the blustering rascals who transact their filthy business in little back parlours, nearly all belong to a disreputable section of the Jewish fraternity, who derive enormous wealth from the profits of their villainy, and who, by assuming fictitious names, are enabled, with the assistance of Hebrew attorneys—more rascally, if that be possible, than themselves—to evade the punishment which the law imposes upon their iniquities, and they live in a style of luxury and splendour which honest men contemplate with astonishment. The chief means by which victims are entrapped within their dens and afterwards held in their clutches are afforded by the publicity given to their indecent announcements by the ready pages of several of the penny papers, which convey the poison daily to thousands of the innocent, the ignorant, and the unsuspecting; and these papers are, in fact, in great part maintained by the profits of such advertisements. It would be a ludicrous picture, worthy of the graphic pencil of a Rabelais or a Smollett, to contemplate the proprietors of the 'Diurnal Tomahawk' receiving over their counter thousands of money for the prurient trash which is published daily in its advertising columns, and at the same time handing over a few shillings to some half-starved literary hack, and because one or two of the pseudo-medical rascals are brought to justice, instructing him to fulminate his sesquipedalian anathemas against a system which his employers have for a series of years done their utmost to encourage. With regard to the parties now before the police-courts, the Boanerges of the 'Tomahawk' has ample license to vent against them the full phials of his denunciation, inasmuch as these are only small traders in nastiness, and do not belong to the rich Israelite confederation of quacks; and moreover, instead of adver-

tising in the 'Tomahawk,' these privateers do their literary work themselves, are their own advertisers and publishers, and paste up their announcements chiefly in those obscure but useful retreats where the wayfarers retire to relieve the occasional but imperative calls of Nature."

We submit the above as a fair specimen of telegraphic composition; and although it contains some "brave words," there is nothing libellous in them, and they may, therefore, be indulged in with safety. It also supplies some important omissions in the otherwise very commendable castigation bestowed upon the quacks; and we have no doubt that the 'Telegraph' will be obliged to us for the hint.

SUMMARY OF THE WEEK.

PROPOSED AMENDMENT OF THE MEDICAL ACT.

A meeting of the members of the Branch Medical Council for England has been summoned for an early day, to take into consideration the propriety of instituting immediate steps for the amendment of the Medical Act, and especially the fortieth clause, which has been found to work so inefficiently for the protection of the public and of the registered practitioners of Medicine in this country. We believe we are correct in stating that Dr. Burrows is taking an active part in this movement, and we are happy to find that his advocacy will be employed in defence of professional interests. The question, however, is one of considerable difficulty, and the members of the Council are by no means agreed as to the amendments to be asked for, or the line of policy to be pursued. It is urged by some that the existing law has already done considerable good, that by applying to the Legislature there is a probability of losing what has been obtained, and that any attempt to punish or to suppress quackery would certainly be unsuccessful. It is also alleged that many of the offences now committed by persons falsely representing themselves to be practitioners of Medicine or Surgery are punishable at common law without the intervention of any Medical Act whatever. Thus, a person falsely representing himself as a Medical man, and obtaining money from patients under that misrepresentation, stands exactly in the same position as a man who falsely represents himself as a clergyman, and obtains money from the charitable or the religious, under that guise; the offences in each case being punishable at common law. This argument, however, is all very good in its way, but it must be recollected that the question of the guilt of the accused party must be determined by an English jury, who would, in all probability, have no difficulty in convicting the pseudo-clergyman, but who would regard the fictitious medical man rather with sympathy than otherwise, and would, perhaps, consider him only as the victim of persecution. The analogy of the pretended medical man with the fictitious lawyer holds good still less than the case of the fictitious clergyman; for the Law has the right to punish any of its members for improper conduct, or to exclude from practice any person whom it may deem disqualified, and juries have nothing to do with the matter. Again, any man pretending to practise as an attorney, not being one, would be at once detected by magistrates, judges, coroners, &c., and the mischief nipped in the bud; but in the case of the Medical Profession, the poor, the ignorant, and the helpless, have no protection at all against the quack, who injures their health or drains their pockets, and who is allowed by the law to practise his nefarious arts with impunity. We confess, however, that we think the existing laws are sufficient to meet many cases of illegal practice which are now unpunished, and that magistrates are grossly negligent of their duties in not putting the laws in execution. In certain recent cases it has been clearly proved that persons have been practising Medicine illegally under assumed names, and that this has been done for the purpose of gain; and yet it is found that the fact of their assuming names and titles which do not belong to them (instead of being, as we should imagine, an aggravation and a proof of their guilt) is an argument used by the perverted ingenuity of a certain class of lawyers to insure the escape of the delinquents from justice. We therefore hope, both that the existing law may be stringently put in force, and that the Medical Act may receive amendment where amendment can be safely made; and we wish success to Dr. Burrows and his colleagues in the difficult task that lies before them.

PHYSIOLGICAL AND PSYCHOLOGICAL POINTS IN THE "MÜLLER" CASE.

The guilt of Müller has been so abundantly proved by the circumstantial evidence, that there was none of that conflict of evidence which often makes a criminal trial an object of scientific interest, as well as one of vulgar excitement. But there are one or two points which deserve attention in a scientific light, but which have been hitherto little noticed. The fact that Mr. Briggs wasmurdered, or nearly so, then robbed, and his body thrown out of the railway-carriage, in the space of about three minutes, is clearly established; and yet, if such a statement had been made in a novel, it would have been received as a gross exaggeration and a relation of an event which never could have happened. Those who are in the habit of slaughtering the lower animals would find great difficulty in accomplishing their task in so short a period, and even a rat or a cat could hardly be so rapidly dispatched. It is most probable that the unfortunate gentleman was asleep when the attack was made upon him, as otherwise the murder would seem to have been physiologically impossible. As for the psychological peculiarities of Müller, they form a perfect study for the contemplation of the metaphysician; for the criminal appears to combine in his mentaal constitution the ferocity of the tiger, the silliness of the monkey, the stealthiness of the cat, and a little, though very little, of the craftiness of the fox. How a person of such a boyish aspect, and apparently so feeble in physical construction, could have conceived and executed so horrible a crime, is perfectly marvellous; and the astounding folly he displayed afterwards, in furnishing the evidence for his own detection and conviction, is as extra-

ordinary as the coolness and even jocularity he has repeatedly exhibited since his apprehension.

A CASE OF DEATH UNDER MYSTERIOUS CIRCUMSTANCES.

The inquiry to which we referred last week, under the above title, was resumed and concluded by Mr. Langham, the deputy-coroner for Westminster, in the board-room of the Westminster Hospital, on Friday last; and after hearing some more evidence, which, however, threw no additional light upon the case, the Coroner said that "it would be hardly possible to exaggerate the importance of the inquiry or the difficulty of coming to a satisfactory conclusion with regard to it. Although the fall which it was proved the deceased underwent in the park might have caused some of the injuries, yet it did not follow that all of them were thus occasioned. He would not waste time by considering the suggestion that the fatal injuries were received after the deceased was bailed out at the station, as the facts and the evidence conclusively negatived such a supposition. It might, then, be first assumed that the deceased was perfectly sober when he entered the park. The medical evidence was decisively given that the injuries were not the result of a fall, but of a fight or a very brutal assault. Now, it appeared improbable the fatal injury was the result of an attack made in open daylight, in the midst of the park. The medical evidence, conflicting enough on various points, agreed in this, that the injuries to the skull and brain had not been inflicted at the time the deceased left St. George's Hospital in the custody of Police-constable M'Farlane. Where, then, were they inflicted? M'Farlane led him along Constitution hill and Birdcage walk at seven in the evening. It seemed improbable to believe that that officer, who appeared to have behaved with kindness to his prisoner, could have inflicted them. Then came the period during which the deceased was in the police-cell. He was handed from the custody of one inspector and one constable to another, and all those men, when asked, after the usual caution, replied that they had not struck the deceased. But it should be borne in mind that the injuries were not such as could have arisen accidentally. The bruises were about the size of a walnut, and Mr. Hawken, the House-Surgeon of the Westminster Hospital, stated expressly that they were such as would be produced by the blows of a truncheon. If the jury were of opinion that the police had struck their prisoner, a defenceless, unprotected man, such repeated blows with a truncheon, it was his duty to tell them that such an act would be proof of such malignity of disposition that it would amount in the eye of the law to wilful murder. It was painful to arrive at such a conclusion with regard to the A Division of Police, which was the picked corps of the force. It would shake the confidence of everyone in the force; but if the evidence led to that conclusion, the jury should not shrink from its duty, but return a verdict of wilful murder against some person unknown. But if, in spite of the medical evidence, they should still think it possible that the injuries resulted from falls or an assault or fight in the park, then they should return an open verdict, to the effect that the evidence did not show how the deceased came by his injuries."—The jury returned the following verdict:—"That the deceased died from fracture of the skull; but that the evidence is not sufficient to prove how the fracture arose; and the jury are unanimously of opinion that the surgeons of St. George's Hospital ought to have kept the deceased in that institution, and not to have given him over into the hands of the police." [It is very much to be regretted, for the credit of St. George's Hospital, that no further medical evidence was adduced in explanation of this case; and we cannot help observing, in the absence of such evidence, that the censure conveyed by the jury was not altogether undeserved.]

GENERAL CORRESPONDENCE.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

SIR,—The utmost delicacy in handling the patient, or assisting him if about to vomit, when under chloroform, must be observed: this statement, apparently trivial, cannot be repeated too often. I have known and seen the struggling chloroform victim caught, in order to steady him, by the back of the neck, and if he vomited and stained the dainty waistcoat of the student, anathematised in no picked or enlivening phrases. I have seen this, in old times, at Guy's, the "London," the more disciplined "King's" or St. Bartholomew's—in fact, wherever students very much or most do congregate. It is all wrong, and for this reason such a patient is like a person in a dream—if you *suggest* vomiting, he'll vomit; if, on the contrary, you assist him, raise his head with the utmost gentleness, and take care not to suggest vomiting. If you fan him with a lady's fan a little, and go on with the chloroform—if the precaution has been taken that he has had no *solid* food for three hours before the operation, the chances are a hundred to one against his vomiting. I now think the vomiting is merely part of the excito-motor struggling of the muscles—a struggle, in a word, of the muscular fibres of the stomach and diaphragm—and the struggle is part of the dream, and the dream is very much the result of rough handling of the patient or letting his head hang over the edge of the table, when he dreams of falling down a precipice and struggles to avoid falling, &c.

I have often known this miserable effort to vomit come on exactly at the critical point of ovariotomy operation. "Can't you prevent her straining?" the operator imploringly asks; or it is a cataract or iridectomy case and a softened "vitreous" may be lost. You can stop the effort of the stomach to vomit if you have had some practical experience of chloroform, but not if you trust to mere theory or book knowledge. A "sister" at one of the hospitals will often put up a fracture, or dress a stump, better than many or all of our book lecturers, theorists, or fashionable M.D.'s; so is it of this rule-of-thumb knowledge of chloroform, that saves a cataract or ovariotomy case from ending in dismay by vomiting.

This "consciousness," abolished for a time by chloroform, I often think, is like a castle of cards, or the flame of a candle long burning which suddenly goes out in the middle of your work—with dismay, blindness, death, convulsion, coroner's inquest, charge to the jury blaming the medical man, stereotyped abracadabra about Marshall Hall, and fatty heart, and the infallibility of Snow's apparatus or the wisdom of some chloroform quackery—a candle-flame gone out; but by this rule of thumb, if you know what you are about, you may puff it in again, or failing that, if you have an electric battery, the chances are ten to one you restore life.

But what if you are trusting to the one abracadabra and legends of coroners; what if, in place of exciting the respiration and, through it, empty the chambers of the heart—the only mode of saving such cases; what if, in place of puffing in the candle-flame, you dip it in water, wick and wax—paralyse the heart by applying electricity to it—because the Medical Journals, eleven or thirteen years ago, recommended it? Yet this is exactly the state of the case at present.

In a conversation with my excellent friend Professor Simpson, of Edinburgh, the discoverer of chloroform (who was in London to hear the late "Introductories"), he agreed with me as to these and various points as to chloroform. Two million doses of chloroform a-year are sent out by Duncan and Flockhart alone, and yet some journals pretend chloroform is going out of fashion.

Sir Benjamin Brodie, in the last hours of his life, said, "Oh, if the Profession would only study the nature of pain, or realize it, or value some means of lessening it!" Just so. And this is what chloroform does; but it meets the same opposition as did iridectomy, or ovariotomy, or vaccination.

The Emperor of the French has just given 50,000 francs to a man for improvements in electricity; the greatest of these, I think, is the fact, that the special action of the induction current, so valuable in drowning and chloroform accidents, is exactly similar to the old frictional electricity. A special "tension," according as the current is interrupted, is obtained, whereas there is no tension in the common pile. "But except amongst conjurors and illegitimate practitioners," says Duchenne, of Boulogne, "electricity makes little way in England." My friend Dr. Althaus, however, quite agrees with me as to its value in chloroform accidents, and partly demonstrated it to the late committee of the "Medico-Chirurgical Society," the report of which fails to recognise the great value of the discovery.

I am, Sir, &c., CHARLES KIDD, M.D.

Sackville street, Oct. 25.

MEDICAL TRIAL IN SWITZERLAND.

A trial has just been proceeding before the Assize Court of Berne, in Switzerland, which has some points of resemblance to the La Pommerais case, which made so much noise in Paris some months back. One of the accused parties is Charles Hermann Demme, Doctor of Medicine, practising at Berne, and the author of several treatises on Military Surgery. The other, Sophia Elizabeth Trümpi, the widow of Gaspard Trümpi, of Glaris, merchant and banker, also of Berne, is charged with being the accomplice of Dr. Demme in the murder of her husband.

It appears that on the night of the 15th of February last Gaspard Trümpi died at his country-house at Vabren, in the neighbourhood of Berne. The day following his death rumour got abroad that he died by his own hand, and in consequence of this and of another report, that Trümpi had met with foul play, the Prefect—a functionary named by the Grand Council or the election of the people and Council of State, and whose duties are to inquire into all the crimes and offences that may be brought to his knowledge—opened an inquest, and called upon Dr. Demme, as the family physician of the deceased, for a report of the circumstances relating to Trümpi's death. The report was sent in by Demme, who declared that the circumstances which he had observed in the case showed that the death was not owing to any extraordinary cause, but that Trümpi had died from an apoplectic stroke. The Procureur-General of Berne ordered a post-mortem examination by two experts—namely, Dr. Charles Emmert, Professor of Legal Medicine, and Dr. Kupper, both of Berne. The experts were unable to find any outward signs of a violent death. As the head of the deceased had been previously opened by Demme, it was not possible to detect marks of violence on that part; the experts accordingly proceeded to search for traces of poison in the organs that remained intact. The intestines were removed and put into vessels which were sealed, and handed over to two chemists, MM. Fluchiger and Schwalbach. The result of their experiments was the discovery of the presence of over ten grains of strychnine, a quantity more than sufficient to cause death; and the physicians who made the post-mortem examination concluded in their report that the death of Trümpi was the result of that poison. The Prefect transmitted the report to the College of Health, or Medical Commission, whose duty is to examine the reports of experts, and who in criminal cases like the present have superior jurisdiction, and required them to see whether from all the circumstances death had been occasioned by others, or was the act of the deceased himself. The College of Health, before coming to a decision, transmitted in turn the report to the experts employed by the Prefect for their opinion. The experts rejected the notion of accidental death; neither would they admit the supposition of self-murder, and they declared that there was every probability of a crime having been committed by others. As it was ascertained that Dr. Demme had been alone in the house of the deceased the night he died, and moreover that a criminal intimacy had existed between him and Madame Trümpi, the authorities considered themselves justified in issuing their warrants for the apprehension of both parties. In consequence of the suspicion that the poison may have been administered during the operation for an abscess two days before death, the body was disinterred, and the abscess and other parts extracted and submitted to chemical experiments. The experts found in them no trace of poison. The medical questions were again discussed before the College of Health, who came to the conclusion that the poisoning was not accidental, that there were, however, some grounds for believing in suicide, and that as to whether death was the result of a crime committed by others, they declined giving an opinion, it not being within their competence, but that of the judicial authorities. It was finally resolved, on the fifth of last month, that the case should be sent before the Assize Court, and left to the jury to pronounce on the guilt or innocence of the parties.

The attention of the Court was particularly directed to certain points set forth in the bill of indictment by the Procureur. Demme had been the family physician of the deceased. He was, on the nights of the 14th, 15th, and 16th, by the bedside of the sick man, who was suffering from a tumour in the groin. Demme opened the tumour on the 14th, and he remained alone with Trümpi up to the moment of his death. The causes assigned by Demme for the death were not the same in the report he sent in to the Prefect of Berne as in that which he drew up for the Procureur. In the one apoplexy was stated to be the cause; in the other he attributed it to strychnine; and besides this serious discrepancy he suggested certain causes which neither the experts nor the College of Health could accept. Several allegations on the part of the accused, bearing upon the essential points of the affair, were equally inadmissible. Moreover, his manner of acting as physician during the illness of Trümpi laid him open to the gravest suspicions. Madame Trümpi confessed that improper intimacy had subsisted between her and Demme both before and after the death of her husband; that Demme had many times urged her to leave her husband and accompany him to some foreign country; that she and her husband had lived on very bad terms; and that on one occasion Trümpi had thrown a lamp at her which occasioned the loss of an eye. In the preliminary examination she made certain statements which she afterwards retracted. In her depositions she tried to dissipate the suspicions which rested on Demme. While in prison her manner was that of a person whose conscience was ill at ease, and she attempted more than once to lay violent hands on herself. In addition to these circumstances was the fact of the marriage contract between Demme and the daughter of Madame Trümpi, which took place after the death of the father, doubtless with the view of removing from the public mind the suspicions which the intimacy between the accused had raised. Nevertheless, the Procureur could not but admit that there were some circumstances in the case indicating suicide. Several witnesses deposed that they had heard Trümpi declare his conviction that his death was at hand. He was also known to have uttered menaces of suicide; and the depression to which he was of late subject, in consequence of losses in business which had nearly ruined him, lent probability to this view of the case. The Procureur also admitted that the indictment he had framed was neither substantial nor precise; and that he quite agreed with the Criminal Court that it was expedient to add nothing more, but to rest the whole case on the documentary and oral evidence that would be laid before it. It was stated, besides, that the accused had in other respects borne a good character, and that this was the first time either of them had appeared in a court of justice.

In reply to the President's questions, Demme stated that M. Trumpi was a man of light character, but that Madame Trumpi was a good sort of person. The marriage was not happy. Trumpi frequently got intoxicated, and in that state was violent and brutal. In the spring of 1863 M. Trumpi having expressed suspicions on the nature of the relations between him (the prisoner) and Madame Trümpi, explanations were given, and accepted as satisfactory. Already, at that time, M. Trümpi had talked of

committing suicide ; he even bought pistols for the purpose, and, but for the prisoner's persuasions, would have then destroyed himself. With regard to a voyage in the East made by M. and Madame Trümpi in company with him (prisoner), he stated that he went at their request and paid his own expenses. During the voyage Trumpi was frequently very morose, and behaved strangely. On one occasion he wanted his wife to take a certain powder to cure a cold, but she refused, fearing it was poison. Trumpi afterwards told him that he had purchased some very active poison while in the East. With regard to Trumpi's last illness, the prisoner stated that it was of syphilitic origin and attended with excruciating pain, to remove which opiates were prescribed. Of course, Madame Trumpi had never been apprised either of the nature of the disease or of the remedies employed. On the day before his death Trumpi had been in great pain, followed by vomiting, after which he slept quietly. He denied that he was alone in the sick man's chamber on that day. At night he was about to return home, but Trumpi would not hear of his going, and implored him to stay, saying "Pray do not leave ; none but you can save me!" He accordingly consented to stay.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 20th inst. :—John Dawson, London Hospital ; George Jones, Goswell road, E.C. ; Benjamin Locking, Coltman street, Hull ; George Oliver, Bourne, Lincolnshire ; Martindale Cowslade Ward, Markham square, S.W.

As an Assistant :—William John Smith, Northampton.

GLASGOW MEDICAL SOCIETY.—The fifty-first annual meeting of this society was held in the Faculty Hall, St. Vincent street, on Tuesday evening, when the following gentlemen were elected office-bearers for the session 1864-65 :—President : Dr. James Morton. Vice-Presidents : Drs. G. H. B. Macleod and J. G. Wilson. Treasurer : Dr. R. Perry. Secretaries : Drs. W. R. Hatrick and Maclaren.

THE NATIONAL MEDICAL REGISTRATION SOCIETY.—We understand that it is the intention of the members of this Association to invite Mr. Lavies to a public dinner for the purpose of showing their sympathy and regard for the valuable services he has rendered, not only to the Association, but to the Profession, during the long period he held the office of president and treasurer. He has had to contend against debts and lawsuits, which have entailed upon him no ordinary amount of pecuniary loss and anxiety. It is confidently expected that every member of the Association will embrace this opportunity to honour one who has done his duty towards them, and is besides universally respected by his brethren of the Profession. The dinner is announced for the 23rd prox., at the Freemasons' Tavern ; W. Fergusson Esq., F.R.S., will take the chair. The dinner will not be confined to members of the Association. Those gentlemen who wish to be present may communicate with the hon. sec., W. Adams, Esq., 37 Harrington square ; Dr. Lillie, South Lambeth ; or Jabez Hogg, Esq., 1 Bedford square.

ANATOMY AND MEDICINE IN THE EAST.—From the last general report on public instruction in the Lower Provinces of the Bengal Presidency, which has just reached England, Dr. Norman Chevers, the Principal of the Medical College, states that the number of bodies dissected during the year amounted to 1,112, an extraordinary fact when it is considered that only a few years ago a native gentleman lost caste by touching a dead body. The total number of in and out-door patients who received relief at the hospital and in its dispensaries during the year amounted to 30,700, exclusive of the very large number treated in the Eye Infirmary. In the European general wards there occurred 184 deaths, or 9·69 to be treated ; in the native wards there were 684 deaths, being 28·33 per cent. to be treated. Dr. Chevers concludes his interesting report by stating that in March last his Highness the Maharajah of Jyepore, a native prince of great enlightment, who is very earnest in advancing medical education in his own State, after having visited the College, was so pleased with it that he munificently presented the sum of 1,000 rupees "to be devoted to any purpose the managers of the institution may determine."

HUMAN BONES FOUND AT POMPEII.—In a paper addressed to the Academy of Sciences, M. de Luca adverts to the process successfully adopted at Pompeii, for obtaining casts of the persons who lost their lives at the time of the eruption which caused the destruction of that city. We will merely remind our readers that as that eruption consisted of stones and ashes, the fugitives, after falling down in a state of suffocation, were covered by the ashes, which settled on all the minutest folds of their garments and every part of their body. This coating of ashes hardened in course of time, and the flesh wasting away under it left a hollow mould, into which the explorers of the present day, when they are fortunate enough to discover it in time, pour liquid plaster, and thus obtain an exact cast of the body. The number of casts thus taken is four, and M. de Luca has presented the Academy with their reductions in plaster, executed by a clever artist employed at Pompeii. In a chemical point of view the bones found at Pompeii do not all present exactly the same composition, but contain all the principles to be met with in the bones of the present period. On being heated in a stove at a temperature of from 100 to 120 degrees, they lose about 9 per cent. of their weight, which represents the moisture contained in them. At a red heat, and protected from the air, the bones become black, and lose 16 per cent. more ; if calcined in the open air, the loss is 20 per cent. The coal obtained in a closed crucible disappears in the shape of carbonic acid. The total quantity of the latter varies between 4 and 9 per cent. In testing the bones with concentrated sulphuric acid for the purpose of ascertaining the quantity of carbonic acid aforesaid, the glass tube in which the operation is performed exhibits signs of corrosion, which is owing to a certain amount of fluoride of calcium contained in all these bones. M. de Luca states that, when found, they are somewhat soft, and after being treated with weak acids their organic matter, cartilage for instance, remains in a gelatinous state, preserving all the time their primitive shapes.

MEDICAL PROVIDENT FUND.—The first meeting of the Board of Directors of the Medical Provident Fund was held at the Freemasons' Tavern on Thursday, October 20. Present : Dr. Richardson in the chair ; Dr. Armstrong (Gravesend), Dr. J. M. Bryan (Northampton), R. B. Carter, Esq. (Stroud), Dr. Chevallier (Ipswich), John Clay, Esq. (Birmingham), Dr. Collet (Worthing), Edward Daniell, Esq. (Newport Pagnell), Dr. L. E. Desmond (Liverpool), Dr. Falconer (Bath), Dr. Fayrer (Henley-in-Arden), T. Taylor Griffith, Esq. (Wrexham), Dr. Latham (Cambridge), Charles F. J. Lord, Esq. (Hampstead), Thomas Paget, Esq. (Leicester), T. Heckstall Smith, Esq. (St. Mary Cray), Dr. A. P. Stewart (London), Henry Veasey, Esq. (Woburn), Dr. E. Waters (Chester). The Chairman reported that the contributions to the Guarantee Fund amounted to 344*l.* 13s., of which 133*l.* 18s. had been paid. The money had been placed at interest in the Union Bank. He wished to take the opinion of the meeting as to the application of the Fund. After some discussion, it was moved by Mr. Smith, seconded by Mr. Paget, and carried—"That the preliminary expenses be at present drawn from the Guarantee Fund, to be replaced from the General Fund as the Board of Directors may hereafter decide." Dr. Westall was appointed Honorary Treasurer *pro tempore*, and Dr. Henry Secretary for the ensuing three months. Mr. Faget moved, and Dr. Stewart seconded—"That the following gentlemen constitute an Executive Committee, to draw up rules and regulations for the government of the Provident Fund, and to submit the same for approval and adoption by the Board of Directors :—The Chairman, Dr. Westall, T. H. Smith,

Esq,, Dr. Armstrong, C. F. J. Lord, Esq., Dr. Falconer, J. Clay, Esq., Dr. Fayrer. The Chairman to convene the members of the Committee, and to have a casting vote. Three to be a quorum." The resolution was carried. It was proposed by Mr. Clay, seconded by Mr. Griffith, and carried—"That the Executive Committee be instructed to print the rules and regulations when determined on, and to circulate the same among the Board of Directors a month previously to their next meeting." The Chairman said that, before the Executive Committee commenced their work, there were certain points on which they ought to be instructed by the whole Board now assembled. He would limit such instructions simply to questions that were of the largest professional interest, and respecting which he had received most inquiries. He would first take the opinion of the meeting on the point, whether the benefits of the fund should cease at sixty years of age. After a long discussion, the following resolution was proposed by Mr. Paget, seconded by Mr. Fayrer, and carried unanimously—"That the directors, sharing in the general desire to extend the benefits of the Fund beyond sixty years of age, specially instruct the Executive Committee to examine into this point, with a view to such extension ; and to embody their decision in their report." The Chairman then asked for instruction on the point whether the Fund should be applied to cases of disability from accident as well as from disease. Ultimately, the following resolution, proposed by Mr. Daniell, and seconded by Dr. Chevallier, was carried unanimously —"That the Committee be instructed to include accidents in their rules as a part of the benefit scheme." The next subject discussed was the question whether or not the Fund should be confined to members of the British Medical Association, or open to the Profession at large. Mr. Carter moved—"That the directors instruct the Committee to make rules for the admission of members of the Profession generally." Mr. Carter, in moving the resolution, urged that it would be a great injustice to the Profession generally to limit the benefits of the fund to members of the Association. There were many professional men of small income who would be most anxious to join the fund, but who could not afford to join the Association also ; and some might subscribe to both for a time, and afterwards leave the Association. But it would not be just to ask them to forfeit what they had paid to the fund because they chose no longer to belong to the Association. He further stated that, if the fund had not been started by the Association, it would have been commenced by himself and several other gentlemen with whom he had been in communication ; and that although, finding the Association was about to take up the same question, and seeing that it had special facilities for carrying out the scheme, he had deferred to it, he still considered that the plan should embrace in its organization the Profession at large. Such extension would, he believed, increase the number of subscribers to the fund, and do good rather than harm to the Association. The motion was supported by Mr. Daniell and Mr. Paget, and after considerable discussion the resolution for extension was put and carried unanimously. The next subject discussed had reference to instruction to the Executive Committee in respect to the question whether, relief should be granted to members suffering from partial disability from disease or accident. Dr. Latham proposed, Mr. Clay seconded, and it was carried —"That there be no system of partial relief introduced into the regulations of the Provident Fund." It was next discussed, whether by payment of multiple premiums, members should be allowed to insure so as to secure, during sickness, proportionately increased benefits. Dr. Waters proposed, and Dr. Fayrer seconded—"That, for the first two years from the commencement of the Society, no member be allowed to subscribe more than will entitle him to receive 2*l.* a week when incapacitated by sickness or accident." After some other votes on matters of minor interest, and the usual vote of thanks, the proceedings closed.

A MEDICAL CANDIDATE FOR A SEAT IN PARLIAMENT.—Mr. Mitchell Henry, lately one of the surgeons of the Middlesex Hospital, has issued an address to the electors of Woodstock. We print the following extract from his address to the Woodstock electors :—"By hereditary descent, by education, and by natural habit of mind, I am a consistent liberal and a friend to rational progress. My father, the late Mr. Alexander Henry, member for South Lancashire, was well known and tried, when liberal principles were not so popular as they are now, and when they were not disguised under the name of moderate conservatism. For myself, I am independent of all party ties, have leisure to serve you in Parliament, and an ardent desire to advance the good cause. I am in favour of the widest extension of civil and religious liberty ; of the abolition of all oaths that fetter men's consciences ; and of economy in the State, which alone can be obtained by abstaining from irritating and needless interference in the affairs of foreign countries, whereby England is always kept, as it were, on the brink of war. I am also in favour of an extension of the franchise so as to widen the basis of the Constitution, and thus to act in political life and in the Government of the country on the precept of doing to others that which we would they should do unto us. You yourselves have answered the question as to church-rates. I am a sincere member of the Church of England, but confess myself unable to see how the cause of Christianity is to be advanced by compelling men to support an establishment from which they conscientiously dissent. . . . . I have not seen any satisfactory proposal for the compromise of the church-rate question, and I believe that the total abolition of such rates will do more to strengthen the interest of the Church, by removing from her the odium of persecution, than any other measure whatsoever. If Churchmen really value their Church, they will gladly support her, more efficiently than she has ever yet been supported, when once the burden has fallen where it ought to rest, upon the shoulders of the members of our own communion. Thus, gentlemen, I have laid before you openly and fairly my opinions on some of the chief topics of the day, and I am prepared to answer all your inquiries on the spot. The issue rests with you. The stake is a high one, and worthy of your utmost exertions, for not only one, but the whole people of England are interested in the question whether or not in the case of Woodstock the close borough system and the dictation of ages past shall now receive an effectual blow. It matters comparatively little who becomes your representative, provided the choice is your own, and in this great issue all minor differences should be merged. You may easily find a more able member than I can hope to become, but you will not find one who will serve you with more diligence and singleness of purpose.—I have the honour to be, gentlemen, your faithful servant, Mitchell Henry.—Stratheden House, Hyde park, London, October 24, 1864."

HYDROCELE OF THE HERNIAL SAC TREATED BY THE IODINE INJECTION.—Mr. Velpeau, if we are not mistaken, is the first surgeon who has ventured on treating hydrocele of the hernial sac in the same manner as hydrocele of the tunica vaginalis. He originally adopted this practice in congenital hydrocele, after having ascertained the fact that iodine injections do not induce suppuration in serous cavities. He, of course, dreaded the passage of the injected fluid into the abdomen ; but by pressure exercised on the crest of the pubes, so as to close the inguinal ductt M. Velpeau has been able to perform the operation very frequently, and without accident. When hydrocele of the sac is present in omental hernia, no alarm need be felt on this score, because the inguinal duct is obstructed by the omentum. This very year, M. Velpeau unhesitatingly performed the injection in a case of the kind ; the patient was a man of twenty-five, who had been admitted into the wards for a tumour of the scrotum, the diagnosis of which appeared at first somewhat doubtful. The tumour was equal in size to the head of a full-grown fœtus ; it was situated below the outer ring of the left inguinal duct, into which it penetrated ; no pain was present, the colour of the skin was unchanged, and the mass was soft, fluctuating, opaque, entirely unconnected with the testicle, which was plainly discernible at its posterior and inferior region, and did not expand during cough or effort. The absence of transparency might have suggested the existence of hematocele, had the part suffered any pre-

vious violence. On inquiry, it was ascertained that for fifteen years the patient had borne a hernia, for which he was in the habit of wearing a truss; but this appliance became unserviceable ten days before his admission into hospital, and the tumour, which was reducible in part, had suddenly acquired considerable size, without, however, giving rise to any of the symptoms of strangulation. Reduction was attempted, but a portion only of the mass was returned into the abdomen, the remainder forming the tumour about which the surgeon had to form his opinion. The circumstances above enumerated clearly pointed to epiplocele; but omental hernia assumes different characters. The sac may contain merely a portion of omentum, or also an intestinal convolution, or a certain amount of sanguineous effusion. The distinct fluctuation observed in this case left no doubt as to the presence of fluid. The intestine had returned into the abdomen, and the sac was filled with omentum, and a serous fluid tinged with blood extravasated during the attempts at reduction. The diagnosis was confirmed by the results of the operation, which was performed after an interval of six days. A certain amount of serum tinged with blood escaped through the canula, and the sac was then found to contain a flabby, inelastic, irregular mass, formed by a portion of omentum, and probably fixed in its position by old adhesions. All further uncertainty being thus dispelled, M. Velpeau immediately injected the solution of iodine, as in a case of common hydrocele. On the following day, slight local inflammation set in, attended with an unimportant amount of feverishness; but these symptoms yielded to the application of an evaporating lotion. After an interval of three weeks, the scrotum recovered its natural size, and the patient was dismissed, with strict injunctions to wear uninterruptedly a well-made truss; he was further encouraged in the hope that a radical cure might possibly follow if the bandage was carefully and properly applied. The parietes of the sac may, in consequence of the inflammatory action induced by the injection, become attached to the omentum—a contingency promoted by the pressure of the pad—and permanent obliteration of the passage may follow. This result cannot, of course, be predicted with any degree of certainty, because the obliterating plug has been in some cases forced out by the intestine, and a fresh hernia has taken place; but it is within the limits of possibility, and the surgeon should neglect no means of promoting so desirable a termination.

OUT AND OUT GLUTTONS.—A case of self-destruction singular at least as to its cause, occurred lately in the suburbs of Paris. The unfortunate suicide was a stone-digger, a native of Lyons, who was afflicted with bulimy, or insatiable hunger. His earnings being altogether insufficient to satisfy his enormous appetite, though he ate scarcely anything but bread, his fellow-workmen used to contribute towards his support; but, wearied with thus burdening his friends, and worn out by his sufferings from the presence of tænia, which aggravated his hunger, he at last came to the desperate resolution of hanging himself, and succeeded in effecting his purpose. The annals of Medicine record many instances of this disease, both in ancient and modern times, but the most remarkable case of late years was that of a woman named Annie Denise, who died in Paris only a few years since. This unfortunate person was afflicted with bulimy from infancy, and while still a young girl used to devour as much as 10lb. of bread daily. Though not in indigent circumstances, she was twice arrested for stealing bread to satisfy her hunger. She was at length admitted into the Salpêtrière, and placed under the treatment of Drs. Esquirol and Amussat, but to no purpose, for she left the Salpêtrière as voracious as ever. Her hunger varied in intensity: at ordinary times she could manage with 12lb. of bread per day, but for three or four months of the year she would eat from 20lb. to 24lb., and for ten consecutive years her appetite was greatly aggravated in spring. On one occasion when she had thought of keeping Good Friday a fast day, she ate more than 30lb. of food in twenty-four hours. As she advanced in years her appetite became depraved; he took a liking to grass and flowers, especially butter-cups, f which she would gather and eat an immense quantity. To relieve the colics caused by this unnatural food she used to drink brandy, of which she became inordinately fond, and at last died a few hours after taking a whole litre at once. When on her death bed and unable to take food, she begged her sister to come and eat near her, and her last words were—"Since it pleases God that I shall eat no more, let me at least have the pleasure of seeing you eat." It is a remarkable fact that on a post-mortem examination her stomach was found to be exceedingly small, while her liver was unusually large, and all her other viscera quite sound and of normal size.—'Galignani.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, Nov. 2.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. Curling, "On a Case of Cancer of the Rectum, relieved by making an Artificial Anus in the Loin;" Obstetrical Society of London, 8 p.m.—Dr. Eastlake, "On the Management of the Third Stage of Labour;" Dr. Wade (Birmingham), "On a Case (Puerperal) of Embolism of the Pulmonary Artery."

THURSDAY, Nov. 3.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Prof. Wanklyn: "Isolation of Electro-Negative Radicle Voleryl."—Messrs. Graham, Stuart, and Baker: "Existence of Nitrogen in Steel."—Mr. W. Baker: "Concentration of Nickel in Lead by Pattinson's Process."—Prof. Church: "Effects of Ignition on Garnets, &c.," and "Colouring Matter of certain Rocks;" Harveian Society, 8 p.m.—Dr. B. Squire, "On the Diagnosis between Syphilitic and Non-Syphilitic Diseases of the Skin."

FRIDAY, Nov. 4.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, Nov. 5.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, Nov. 7.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, Nov. 8.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Elements of Materia Medica, containing the Chemistry and Natural History of Drugs, their Effects, Doses, and Adulterations. By Dr. William Frazer. Second Edition. London: John Churchill and Sons, New Burlington street.

Photographs (coloured from Life) of the Diseases of the Skin. No. III.—Papulæ. By A. B. Squire, M.B. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

MR. GRIFFIN, of Weymouth, requests us, for the information of the Poor-law Medical Officers, to give insertion to the following paragraph from a letter sent by a Poor-law Inspector (W. H. T. Hawley, Esq.) to the Southampton Board of Guardians, which proves that the subject of "Expensive Medicines" is under the consideration of the Poor-law Board:—"I shall also be obliged if you will obtain from the Guardians "an opinion as to whether expensive medicines, such as "quinine, cod-liver oil, &c., should be supplied by the "Guardians, subject to the orders and regulations of the "Poor-law Board, or whether the Medical Officer should sup- "ply those articles, and make a special charge for them."

THE Report of the meeting of the Harveian Society is unavoidably postponed until next week.

DR. KIDD'S letter is inserted.

THE HARVEIAN SOCIETY OF LONDON.—The notice is inserted.

THE MEDICAL PROVIDENT FUND. — The Report has been received.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
G. M. Phillips, Hitchin	0	10	6
G. T. Smeatham, Great Missenden	0	5	0
D. Rice, Esq., Southam	0	5	0
William Allison, East Retford	0	10	0
C. P. Mann, Cosford	0	5	0
Amount previously announced	89	9	6
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Oct. 26, 1864.

THE OBSTETRICAL SOCIETY OF LONDON.—The notice has been received.

MR. R. B. CARTER AND THE BRITISH MEDICAL JOURNAL.—Mr. Carter has addressed the following letter to the above Journal :—

"SIR,—I am anxious to place before the members of the British Medical Association a letter on the subject of the Journal, containing the facts and arguments on which I should rest a motion that will be brought forward, by myself or some other, at the next annual general meeting. The motion will be directed to the suppression of the Journal as at present conducted ; and it is my wish that the associates should have the question brought under their deliberate consideration before the meeting takes place. In order to state my views fully and clearly, I might require to occupy three, four, or five pages ; and my object in writing to you is to inquire whether you would insert a letter of such length, written with such an object, sufficiently early to allow it to be read and considered by the members before the meeting at Leamington. I shall therefore be glad if you will inform me in an early number—1st, whether you would print such a letter at all ; and 2nd, whether you would print it within a month of receiving the copy ? If your answers should be in the affirmative, it would probably be four or five months before I should act upon them. But I wish to know whether space and time are at my disposal. It appears paradoxical to ask any journal to assist in its own extinction ; but the 'British Medical Journal' is in an exceptional position, and is the best channel for addressing the members on a subject that must interest all of them. I have therefore determined to state the nature of the communication that I wish to make, and to ask whether it will be admitted into your pages.

"I am, &c., "ROBERT B. CARTER.

"Stroud, Gloucestershire, October 22nd, 1864."

[The editor of the 'British Medical Journal' publishes the letter, but declines to give categorical answers to the questions put by Mr. Carter.—ED. MED. CIRCULAR.]

INQUIRER.—It is assumed—and, indeed, suggested—by some of the penny papers, that the victims of the "Manly Vigour" quacks are the debauched and dissolute members of society, whereas it often happens that they are young men of exemplary character, who have, perhaps, never gone astray in their lives, but who erroneously regard certain natural phenomena common in youth, as the indications of disease. This mistaken view is not only encouraged, but mendaciously asserted, by the quacks ; and thus the young and the innocent are first persuaded that they are diseased, and are then fleeced of their money by the promise of a cure for a malady which never existed. It is very probable that Captain Clarke belongs to this class ; and public gratitude is due to him for the course he has lately pursued.

LECTOR.—Carbolic acid is a product of the distillation of coal-tar, and chemically is a hydrate of the oxide of phenyle, being analogous in composition to an alcohol. Its properties are very similar to those of creosote, for which, indeed, as being more cheap and more easily obtained, it is often substituted in commerce.

DR. D. L.—At Oxford, the medical aspirant must take the degree of B.A. before beginning his medical studies. In London, no medical student can now be registered who does not bring evidence that he has passed a Preliminary Examination.

Urine.—Dr. Harley will commence his WINTER COURSE of DEMONSTRATIONS on URINE and URINARY DEPOSITS, for Medical Practitioners, on FRIDAY EVENING, NOVEMBER 4th, at 8 p.m. Fee, 2*l.* 2*s.* The Class meets once a week, and Instruction is practically given in the Application of the Microscope and Chemistry to the Diagnosis and Treatment of Disease.
Physiological Laboratory, University College, October, 1864.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

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TESTIMONIALS.



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"I have seen and made use of your DOUBLE-ACTION SYRINGE, and think very highly of it.—WM. FERGUSSON, Professor of Surgery at King's College, and Surgeon to the Hospital."



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OPENING OF THE SCOTCH AND IRISH SCHOOLS OF MEDICINE FOR THE SESSION 1864-5.

UNIVERSITY OF EDINBURGH.

On Tuesday, Nov. 1, most of the classes in the University of Edinburgh were opened for the winter session, and the Professors of the Faculties of Arts, Law, and Medicine delivered introductory lectures to their several courses, it having been arranged, this year, that the classes should be opened for a fortnight before the introductory address is delivered by the Principal, Sir David Brewster. There was a large attendance at the various classes; and though no classified returns of the numbers of matriculated students have yet been compiled, it is believed that the numbers will bear favourable comparison with those at the corresponding date last year.

INTRODUCTORY LECTURE BY PROFESSOR SPENCE.

At ten o'clock, there was a crowded attendance in the Surgery Class-room, for the purpose of hearing the introductory address by Professor Spence, who was recently appointed to the Chair of Surgery.

Professor SPENCE said: I would seek, as introductory to the course of lectures I begin to-day, to direct your attention to a brief review of the history of the Edinburgh School of Surgery—a school which has acquired a high and distinctive character, but which presents some peculiarities. In the course of its slow progress at first, and rapid rise in later years, we shall, I think, find matter for instruction. So far back as 1505, in the first charter of the Corporation of Surgeons, there was a provision made "that we have onis in the yeir ane condomposit man after he be deid to mak anatomea of, quhairthrow we may haif experience—Ilk ane to instruct athers,"—and from the researches of Dr. Gairdner we learn that for upwards of two centuries the Corporation of Surgeons had occasionally caused dissections to be conducted in terms of this charter. In 1694, Alexander Monteath, a member of the College of Surgeons, instituted a course of instruction in anatomy. The College improved upon and systematised this instruction. Next a Professor of Anatomy for the city was elected periodically, by the College conjointly with the Town Council, to lecture in the Theatre of the College, and this City Professorship in the person of Alexander Monro terminated in the institution of the Chair of Anatomy, and the transference of the City Professor to this University. The second condition in the early medical school is, that whilst chemistry, theory and practice of physic, and botany were gradually added to the anatomy, surgery, as a distinct subject, was *not* taught; and even so late as 1777, when the College of Surgeons petitioned the patrons to institute a separate Professor of Surgery in the University, they were opposed by Monro, then Professor of Anatomy, as interfering with his subject, and he succeeded in getting his commission altered, so as to include surgery, which was made a mere adjunct of the anatomical course in this University. The last feature which I shall mention, and perhaps the most peculiar in regard to the Edinburgh school in contrast to the other schools I have spoken of, is, that until 1729, when the surgeons and physicians opened a house for the reception of poor patients, no hospital existed in Edinburgh; and the Royal Infirmary, which has now obtained so widespread and well-deserved a reputation for the benefit it has conferred both on the suffering poor and on medical and surgical science, was not founded until the year 1736. Here then we have a school in which anatomy, the basis of all surgical science, had been taught regularly from a very early period; and yet in this school little advance had been made, so that not only do we find no works emanating from it, but that until a comparatively recent period surgery was not even taught as a separate subject. Now this may teach us a lesson, that, however valuable and important any one science, its true value consists in its being an applied science. Anatomy is indeed all important as the foundation of surgery, but we must use it as a foundation, and raise the superstructure on it, and not content ourselves with merely laying the foundation. Important and interesting in itself as a natural science, to the student of medicine and surgery the true value of anatomy is as a means to an end—the great end we have in view, of curing disease and alleviating human suffering,—and it is quite possible to possess a knowledge of anatomical facts without being able to apply them usefully. Then as to the want of systematic oral instruction in surgery, that is so very obvious a cause of retardation of surgical progress that the question naturally suggests itself, what could be the reason that whilst other branches of medical teaching were superadded to the anatomical lectures, surgery was not amongst them? The answer to this is not far to seek. I think it will be found in the last peculiarity I mentioned of the early medical schools of Edinburgh, namely, the non-existence of a great hospital; for if we look to other schools, we shall find that they all rose around hospitals. This alone seems sufficient to explain why surgical lectures were not given, and why surgical science made little progress; for without that field for the observation and study of surgical diseases, and that experience which a hospital practice alone can give, lectures compiled from, and representing merely the opinions of others, and the current doctrines of the day, almost untested by the lecturer, would be but cold and lifeless, and little calculated to advance science. Teachers and taught alike could feel but little interest or enthusiasm in a subject in which their field of observation and practice was so limited. I would now turn to the more pleasing phase of our Edinburgh school of surgery—namely, its rapid development, the high position to which it soon attained, and a brief notice of some of the great men to whose labour that development and distinction are mainly due. There can be little doubt that the institution of a hospital in Edinburgh, and the system of clinical instruction, did more than anything else to constitute it a great medical school; and the influence of this on surgery was soon apparent in directing more attention to the subject. Monro, the Professor of Anatomy in the University, who had been an active promoter of the hospital, delivered occasional clinical lectures on the surgical cases, and though not himself an operating surgeon, yet from his great fame as an anatomist gained a high reputation as a consulting surgeon. These lectures in the hospital, and the more practical character which his hospital observations gave to his ordinary lectures, speedily interested others in the subject. The early arrangements of the hospital, by which all Fellows of the College of Surgeons were entitled to act in rotation, though not the most judicious, not the plan best fitted to raise up great surgeons, nevertheless had at least this effect, that it forced the necessity of studying surgery upon all, and hence gave it more general interest. The fruits of hospital observation and experience gradually led to the cultivation of surgery as a special subject, and attracted to it the attention of men of talent, who, emulating what had already been done in medicine and other departments of science, in raising the fame of our city as a seat of learning, soon gained for Edinburgh surgery also a high and distinguished place. Amongst the earliest of those whose names are connected with the

Edinburgh school as a writer on systematic surgery was Mr. Benjamin Bell, who practised about 1772, and whose system of surgery, in seven volumes, still forms a standard work in our surgical classics. But perhaps the man to whom we owe more than any other for having given an impetus to Edinburgh surgery both by his practice and his writings, and stamping it with his own bold and distinctive characters, was Mr. John Bell. *He* was no ordinary man, but a great surgical genius, of great natural talents, and imbued with that enthusiasm which is a mark of genius, and which does so much to create enthusiasm in others. He devoted himself from the first with indomitable perseverance and energy to study his profession so as to take a high place in it, and to advance it. Possessed of a taste for literature and the fine arts, an accomplished draughtsman and etcher, possessed also of great tact and a keen perception of the ludicrous, he seems to have bent all this varied talent to one great end—the elevation of the science he so loved. His lectures on surgery, which he commenced in 1786, were highly esteemed and largely attended. His fame as a surgeon attracted patients from all quarters to Edinburgh, and hence drew attention to this school. His great work on the principles of surgery, unlike many of the works of the present day, was only published after he had ceased to lecture, and after he had enjoyed such an amount of experience as falls to the lot of few. It is an epitome of the man, of his energy of character, of his varied knowledge, and descriptive power. It is no mere system of surgery, for John Bell was scarcely the man to plod on writing in regular system. It is a series of monographs on some of the most important subjects of surgery, written by a man who only wrote when his heart was in the work, and whose graphic pen makes every sentence instructive and memorable. He is a great word painter. With the exception of Macaulay and Carlyle, I scarcely know of any writer who so identifies himself, and leads his readers to identify themselves, with what he is describing. How he interests us in his cases by his mode of narration, and by associating them with collateral circumstances! What student of surgery is likely to be seduced from simple treatment of wounds who reads his vivid description of, and criticism on, the case of that unfortunate French duellist doomed to be treated "secundum artem," by having a cord pulled through his chest twice a day to insure the deep wound healing properly. What a description of the symptoms and ravages of hospital gangrene, and its causes, in his account of the state of Yarmouth Hospital after the battle of Camperdown; and what a melancholy episode in the history of Duncan's great victory is that pen-and-pencil sketch of the poor boy Joiner, of the Triumph, slightly wounded by a splinter during the battle, but dying from the then terrible scourge of hospitals, an evil which the writings of Mr. Bell did so much to remove. This is a book for all time. I do not, indeed, bid you look into it expecting to find all the advancement of modern surgery; but I bid you look there for the spirit and enthusiasm which are the sources of all true advancement. I grant that my favourite author has his faults; that he is, perhaps, somewhat severe and sarcastic, and not always just in his criticisms of others; that his brilliant descriptions of great operations sometimes lead to exaggerations; but, after all, they do not mislead us. When he speaks, for example, of a bold free incision, two feet long, in a space the longest axis of which could scarcely measure one foot, we do not try to solve the problem as one in the exact sciences; we understand it as a specimen of hyperbole, meaning a very free incision indeed: John Bell's work, in truth, is occasionally the very romance of surgery; and if, to enhance the interest of some subject, his genius colours it rather highly, we must allow him somewhat of poetic licence; his style is more enthusiastic than exact. He might, with advantage, give a caution to his readers, like our great Scottish romancist in his 'Marmion,' and say in regard of details—

> "Such things in chronicles are writ.
> Go! seek them there and see;
> Mine is a *tale* of Flodden Field,
> And not a *history*."

Besides this, his great work on surgery, Mr. Bell was the author of a system of anatomy: a treatise on wounds: a series of plates of the anatomy of the human body, drawn and engraved by himself. Nothing indeed is more astonishing, as exemplifying the energy of the man, than his literary labours, and that, engaged as he was in the anxious practice of consulting and operating surgeon, with a large amount of professional correspondence, and mixing so much, as he did, in society, he should have found time to produce so many great original works. But I must bid him farewell, and I always do so with regret. I feel that to his works I am indebted for imbuing me with some small portion of his own enthusiastic love for the subject, and for sending me back to the old surgical lore, to learn much that is valuable even in the light of modern science. I recommend his writings to the advanced student, as tending to excite a love for his profession; and I repeat, without detracting from the merits of the many great men who were his contemporaries, or who have followed him, that as an original thinker, a powerful writer, and a great practical surgeon, John Bell stands out pre-eminent, as having excited the spirit which stimulated the advance of surgery in Edinburgh, and impressed it with the distinctive characters of simplicity in treatment and simplicity and boldness in operating. From the beginning of the present century the Edinburgh school took a high place in advancing surgical science, and has produced so many good practical surgeons that the very "embarras des richesses" makes it necessary to select. At first the advance in surgical teaching was outside the University, where, with the exception of the nominal connection of surgery with the Chair of Anatomy, surgery was not taught. In 1803 the Regius Chair of Clinical Surgery was created, but was, as then instituted, a very peculiar class, all the more so that clinical teaching in medicine had been long one of the great and most valued features in the Edinburgh school, and its fame in this department depended upon the fact that it really was clinical instruction; but, in regard to clinical surgery, as at first instituted in this University, it was an admirable example of the play of 'Hamlet' with the part of Hamlet omitted, for the great characteristic feature of all true clinical teaching—the bedside visit, which enables the teacher to point out to the student what to observe as to the nature and progress of the cases under his care—was omitted. The professor had no patients, indeed, under his own charge, but lectured on those of the surgeons of the hospital, and hence we not unfrequently enjoyed the opportunity of hearing two opinions as to the nature and treatment of cases—one from the acting surgeon at the visit, and the other from the clinical professor in the lecture-rooms. When I myself first commenced my medical studies, the Surgical School of Edinburgh was represented by such an amount of surgical talent as was hardly to be found elsewhere, and not likely to be met with again. When I mention the names of Liston, Lizars, Syme, and Ferguson, I feel sure you will agree with me that I have not said too much. Of these, two have passed away, and two remain. Of the two still spared to us, I will not speak further than to say that the one is the honoured occupant of the Clinical Chair in this University, which he has so long adorned—a man of world-wide fame, who has done much for Scottish surgery. The other is the Professor of Surgery in King's College, the representative of Edinburgh surgery, and one of the first surgeons of the first city of the world. The name of Robert Liston needs no panegyric. It would be a strange review of modern surgery in which his name did not find a foremost place. In Scottish surgery I think it holds *the* foremost place. I may perhaps speak strongly, and with the partiality of an old pupil, but I speak after some experience and after testing the principles he taught. As a bold and cool and dexterous operator, I have scarcely seen his equal. His very pre-eminence in that department has led to his being often spoken of merely as a great operator, but he was at least equally great as a scientific surgeon. His great power in diagnosis, the wonderful faculty he possessed of perceiving as if by intuition the true nature of a case in all its bearings, and adopting adequate measures for its treatment, were such as are rarely to be met; and in the general

treatment of his cases, his success as skilful practitioner was quite as remarkable, to those who carefully followed his hospital visits, as were his displays of unrivalled dexterity in the operating theatre. As a lecturer he had no pretence to eloquence, but he was one of the most instructive teachers I ever listened to. His style was by no means verbose. His short, somewhat abrupt, sentences were like aphorisms, full of meaning, always to the point, and easily remembered. As a writer, his earlier works on the surgical anatomy of hernia, and on stricture of the urethra, bear evidence of research and original observations, whilst his system of surgery, and his later work on practical surgery, embodying as they do the results of his great experience, must always hold a high place amongst our standard surgical authors. Fortunately for himself and for surgical science, his fame as a surgeon led to his being called to fill the Chair of Clinical Surgery in University College, London. There his talents soon gained him the highest place amongst the surgeons of the metropolis, and rendered the then recently erected medical school of University College one of the most popular in London. In some respects he now ceased to be connected with the Edinburgh school, but truly he was its representative man, and vindicated for Edinburgh surgery a high position, and gradually introduced its teaching into England. The characteristics of Liston's surgery were clear and definite views in regard to diagnosis, and discrimination when and in what cases to operate; simplicity in dressings and surgical apparatus; care in planinng operations; and coolness and dexterity in operating.

IRELAND.

LEDWICH SCHOOL OF MEDICINE.

The introductory lecture for the session of 1864-5 was delivered by Dr. William Moore, M.R.I.A., at the school, Peter street, at twelve o'clock, before a numerous audience. Dr. Moore, in the course of his address, referred to the anomalous position of the military surgeon. I am not about, he said, to go over in detail the numerous grievances of which the medical officers of the army so justly complain, but will give you a general outline, which may serve our present purpose. The army surgeons say, that a warrant granting them certain rank and other privileges has not only been curtailed, but in many important points completely nullified by the military authorities. This warrant was issued in 1858, then comes a code of regulations in 1859, and another royal warrant in 1861, antagonising and rescinding, to a great extent, the privileges conferred in 1858. Well, the consequence of this policy is, that the medical service of the army is, and for a considerable time past has been, one-third under its legitimate strength. Not only do young men decline to enter the service as surgeons, but men who have served long and faithfully in every clime are leaving the service, when their experience and judgment would be invaluable. Further still, we find the heads of institutions which have heretofore been mainly instrumental in educating surgeons for the service, and men who have themselves served, dissuading pupils from selecting the army as their sphere. It cannot be a matter of surprise that young men of education and members of an honourable calling decline to enter on a career where their proper official position is not recognised, as happens on court-martials and on other important occasions. Again, on the question of leave—every officer gets his two months' leave of absence at home, with a corresponding allowance after a certain term of foreign service. Not so with the medical officer; he can claim no leave by right or otherwise, and this has been naturally felt as a great hardship, surgeons spending years continuously in the most pestilential climes without a month's reprieve. As regards the fiscal condition of the medical officer, he is appointed to a regiment, and of course bears his part of the usual expenses; other officers can sell out, he cannot, although the sum he has spent in qualifying for his appointment may be double that of the commision of an ensign, who can realise at will, the retirement of the surgeon at best securing an allowance miserable in the extreme. Now, when we consider for a moment that the medical service of the army should be composed of men of scientific attainments, the educational cost of which must be expensive, to say the least of it, it is rational to think that the pay of the surgeon, as also the retiring allowance, should be increased, else the military service must cease to compete with the other channels now opening for duly qualified medical men. These and other such like grievances forced themselves on the attention of the late Lord Herbert of Lea, and eventuated in the issue of the warrant of 1858 already referred to, but which has been ignored, as I have shown you, in most of its main features; however, this policy seems at length to have worked out its own cure, by keeping back from the service the best men. The late Sir B. Brodie, Mr. Ferguson, Mr. Paget, in their evidence before the Royal Commission, gave it as their respective opinions, that the inducements to enter the service were not sufficient to attract good men; yet, in the face of all this, the boons promised in 1858 have proved to a great extent chimerical. No one can tell how soon the horrors of war may be entailed on us, both by sea and land, yet our authorities, so far from encouraging, have absolutely discouraged men of education from joining their service, by rendering their position disagreeable and abhorrent. Skilful men have been so affronted by regulations and warrants, by combatant and non-combatant distinctions, that they refuse to enter the service *in toto* or leave it in disgust. It must be some consolation for a wounded soldier or sailor to feel that, under any circumstances, a brave heart and educated hand will dress his wounds, or soothe his path towards the dark valley; and this is well exemplified in the surgeon who, with a steadfast and humane purpose in view, in the midst of the fiercest fire, is intent on saving the lives of those committed to his care. As a verification of this fact, we have only to look at the monument at Netley, to no less than sixty surgeons who lost their lives whilst gloriously performing their duty during the Crimean war. And in a recent 'Gazette' you may read, how her Majesty has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross, for acts of bravery in New Zealand, on Assistant-Surgeon William George Nicholas Manley, who, during the assault on the rebel pah, near Tauranga, New Zealand, on the 29th April last, most nobly risked his own life in his endeavour to save that of the late Commander Hay, afterwards volunteering to return and look after more wounded, and being one of the last to leave the pah. Also on Assistant-Surgeon William Temple, whom, I am proud to say, was educated in this metropolis, and with whom I had the honour of being acquainted. This latter gentleman, during an assault on the enemy's position at Rangiriri, in New Zealand, on the 20th November last, crossed the Maori keep, at a point where the enemy had concentrated their fire, with a view to assist the wounded, at the imminent peril of his own life. Thus, the highest distinction in the gift of the Crown for gallant deeds has been won by two heroes in the discharge of duties which, in the eyes of the present administrators, meet with but little appreciation. Many men, during excitement, will perform an arduous or hazardous duty who would be incapable of performing an operation, such as tying a bleeding artery, or amputating a limb under imminent personal danger; yet, as I have said, these are the men whom the military authorities refuse to treat liberally. However, there is one grievance occasionally complained of, which does not seem to me worthy of such an epithet—I refer to the complaint of "non-recognition of social position" Gentlemen, rely upon it, "social position" is not to be obtained by Acts of Parliament, warrants, or such regulations—it is a quality of a man's own making. We see daily men born to the highest social position descending to the lowest scale, whilst, on the other hand, those starting in life with no such hereditary appanage, by their consistent conduct and bearing, step into the front rank. It remains for me only to express a hope that ere long the Medical Department of the

Army will be treated in a manner more in accordance with its merits. At present, the colonies, turn where you will, open a field for you which, with industry and perseverance, will bear fruit more abundantly than the public services, whilst at home the work is equally arduous, and extending over a longer time, till an enviable position is attained. Still, we cannot shut our eyes to the fact that, almost daily, active men in the prime of life are carried off by some fatal scourge, leaving their families comparatively, if not wholly, unprovided for. This follows as a natural sequence, when we consider the remuneration which is extended to the medical officer, his annual income, in many instances, barely sufficing to support and educate his family. Such a state of things is deplorable in the extreme. But what must be regarded as even more trying is the case of a man after long services prostrated by some chronic disease, which incapaci ates him from performing his public duties, the result of which is immediate supercession, without present or future recompense. However, we find the Poor-law Board seems inclined to hold out greater inducements, by gradually increasing the remuneration of its medical officers; and if the pressure from without is steadily kept up, I have little doubt that, sooner or later, retiring allowances will be granted for long services, as we find in the cases of other civil servants under the Crown.

CATHOLIC UNIVERSITY SCHOOL OF MEDICINE.

The inaugural address for the session 1864-5 was delivered by Professor R. Lyons, M.B, T.C.D., in the presence of a crowded assemblage of gentlemen, lay and clerical, and the students of the University medical schools.

Dr. Lyons said that eight years had elapsed since he had delivered an opening address from the place which he now occupied, and since then the success which was anticipated by the friends of the Catholic University School of Medicine had been more than realised. A total of eight hundred students had passed from the benches before him to positions in the public service in its various departments. Some of these gentlemen bore with them the name of their school of medicine with honour to every clime and region. Others settled down to the onerous duties of their profession at home, both in the metropolis and in the provincial districts of Ireland. The learned lecturer proceeded to point out the geographical character of diseases, or rather to show the countries and latitudes in which peculiar forms of disease were most prevalent or nearly altogether confined. Ths name of disease was legion, and a staple state of health could only be maintained for a short period. He impressed on his young hearers the necessity which existed for their becoming conversant with the nature and character of the diseases in the various parts of the world to which their professional duties in after life might lead them. With the aid of a large map he pointed out the countries in which various maladies were most prevalent. He said that ubiquitous diseases were not numerous, but they were to be met with everywhere. Wherever men went to fix their habitations they found scarlatina, measles, and small-pox, and the ordinary whooping-cough following in the track of these affections. He traced the cause of the prevalence and malignity of several diseases in different countries to climate and to geographical peculiarities, such as great heat acting on moisture and florid vegetation, &c. He dwelt with much ability on the character of fever in its various types, and when speaking of the yellow fever remarked, that in late years it had lost to a great extent its endemic character and spread its ravages from out the latitudes to which it had been generally confined. He dwelt with great force on the erroneous opinion that length of residence inured persons to the diseases of a locality. This opinion was found to be opposed to fact. Men who went to an unhealthy climate took with them a stock of health which was spent in proportion to the time they resided in the unhealthy locality, and it was now the recognised practice in the public service to send men to dangerous stations only for three years—this being the time fixed for the coast of Africa, the West Indies, and parts of the East Indies also. The learned gentleman, after having disposed of the portion of his subject principally having reference to the forms of disease met with in foreign countries, directed attention to the maladies of these regions. He referred to statistical tables, in which the amount of mortality in England from zymotic diseases, in the year 1845, were shown to be 164,812; and after alluding to the diseases prevalent in Ireland, he commented on the beauty and fertility of the country and to the fact that, in physical and moral development, its people had not been surpassed by any on the face of the globe, but still there was no country more remarkable for diseases of a fatal character. From the most ancient times records had reached us of great epidemics in Ireland, first appearing in the lower animals and from them extending up to man. Having commented on the epidemics which proved most fatal in Ireland in bygone and recent periods, he said that the population of this country passed through a phase of existence within the past three hundred years not known of elsewhere. Scarcely a quarter of a century elapsed without some great epidemic making its appearance, and at no time were these epidemics more fatal than in the century now passing. Fever in the famine year 1847 carried off 200,000 of the population, and also in that year 100,000 of the people of Ireland died of dysentery. The learned gentleman referred to the census tables taken of Ireland on the nights of the 5th of April, 1851 and 1861, with the view of showing the state of the health of the population at both periods, and when alluding to the number of persons returned as "blind, deaf mutes," insane and idiotic, he said that their number were much greater in proportion to the population than in Belgium, Holland, France, or the United States. Although the people of Ireland had reached to the highest state of physical development, still the peculiar circumstances under which they lived, from political, social, and other causes, the numbers labouring under the afflictions to which he had referred were in Ireland greater in proportion to the population than in any country in the world. He spoke to the evil influences on the public health of the city arising from bad sewerage, and directed attention to the premature decay to be observed amongst the labouring section of the population, which he attributed to a want of proper sanitary regulations, particularly defective sewerage, and stated that the recent returns showed that mortality was not decreasing, as 21 deaths from zymotic diseases occurred in the city during the past week. He alluded to the filthy state of the Liffey attracting the attention of all strangers who visited Dublin, and said that which should be a pure and health-giving stream was nothing but an open sewer and the means of propagating and spreading disease. He was sure they would soon have a plentiful supply of wholesome water for the city, which would effect much good; and it would be most advisable to have public fountains erected for the poor in every street, lane, and alley. He had to express his regret that the School of Medicine of the University laboured under two deficiencies. The first was that they had not the power to give the students clinical instruction in fever, the attendance on which, in the course of their professional career, would occupy a great portion of their time and energies. In making these observations, he thought the sooner a great difficulty was made generally known the sooner it would be remedied. The second difficulty arose from the want of the means of giving the students clinical instruction in midwifery. Although they had a professor who had highly qualified himself to give them instruction, still they had no clinical wards, and this evil he (Dr. Lyons) trusted would be soon remedied; and it was necessary to have a place for the students to receive clinical instruction in midwifery where a Catholic professor would have head control. There was a great midwifery institution in the city, founded some years ago, but no Catholic could be a teacher in it; and it was necessary that lying-in wards should be established in connection with the School of Medicine of the Catholic University.

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician to Deputy Inspector-General Dolmage at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

Case II.—Acute Anteflexion of the Uterus, the Dislocation occurring from a Leap.

Mrs. M——, aged about thirty-six, presented herself before me, and complained of excessive pain in the "lowest part of the stomach"; inability to walk without very great pain, which, also, almost entirely precluded the possibility of her even moving; a loss of power to empty the bladder, though she had a constant desire to go to the closet for that purpose, as well as to evacuate the bowels; a dragging sensation in the lumbar and sacral regions, which sometimes was increased to positive pain; also a sense of oppression in the chest as if a belt were drawn too tightly round the waist: there were, likewise, head ache, nausea, and a feeling of general discomfort. The patient had "become unwell" during the night of the day upon which the dislocation had occurred; and she stated that the appearance of the red discharge was preceded by a great increase of the "whites," an ailment that had been upon her for some considerable time.

On examination of her abdomen, I found the walls of that cavity loose, pendulous, and very much thinned, partly, no doubt, from the fact of her having borne many children and partly because of the general emaciated condition which obtained. Through these attenuated walls I could distinctly feel a tumour anteriorly—that is, in the vesical region—and of such a nature as to convey to the mind the impression that it was either a stone in the bladder pushing before and drawing after it that viscus, or else, was formed by a distended sacculus of a distended bladder. To the latter it bore more resemblance than to the former, since there was a certain degree of elasticity and yielding such as we would not have were a culculus the occasion of the condition I have described.

The symptoms were urgent. The pain had become excessive, the weakness had increased till it now amounted to complete prostration, and the woman "could hardly bear herself" owing to the general uncomfortableness. The sanguine discharge had ceased and had yielded place to a very profuse leucorrhœa.

I made the patient lie upon her left side; and when I introduced the finger into the vagina, I found that canal abundantly lubricated with the white discharge, very much more capacious than it is usually, its walls very loose and its length considerably diminished owing to an elongation of the neck of the womb and its subsidence or partial descent; the upper portion of the vagina was especially roomy and admitted the os and lower part of the cervix to move about freely; the os was patulous, its lips granular, and thickened in such a manner as to form a hard cartilaginous ring; above this the cervix was soft, and, as the finger was passed along it, the angle of curvature in its anterior wall could readily be ascertained. This angle was very acute, showing that, while the os and lower part of the cervix were fastened to a certain extent in their natural position, the fundus, enlarged and top heavy, had deviated from its normal situation and fallen forwards and then turned downward so as to form the tumor of which I have before spoken.

There was a general laxity of tissues, not alone of the muscular, but of all the tissues; and this relaxation seemed apparently to have extended itself to the vaginal and uterine ligaments, supports, and tissues, and to have involved them not a little. The os was so patulous that it admitted the tip of the forefinger without any difficulty. When, therefore, I found this to be the case, and that I could obtain a purchase upon the indurated cervical structure which I have mentioned as forming a kind of hard cartilaginous ring, I determined to use it for purposes of leverage, in order to effect the reduction of the dislocation. I made the patient alter her posture and assume the supine, with her hips elevated; and then passing the forefinger of the left hand as high up into the cervix as I could without occasioning much pain I managed by bending, the first joint upon the ring formed by the indurated tissue, to obtain the desired purchase, and to draw the cervix at first downwards and backwards so as to bring it as nearly as possible into a straight line; and in the next place, by acting with the right hand, the abdominal walls alone being interposed, I sought to restore the dislocated fundus to its natural position. After some little manipulation with the left hand in the vagina, so that I could by means of the forefinger in the patent os pull downwards and forwards or downwards and backwards the cervix, or push it up into the pelvis, at the same time that, with the right hand outside on the abdominal wall, I pushed the fundus upwards and backwards, I succeeded in obtaining the object I desired. The uterus was restored as nearly as possible to its normal berth and the urgency of the symptoms relieved. The woman then drove home; that night she was in scarcely any pain, and in a short time she was able to resume her duties.

During her rest at home she was enjoined to keep the supine position and to have the hips well elevated as she lay in bed, also to use cold water injections frequently in the day.

The lesion had taken place in the following way:—On the day previously to her presenting herself before me an accident had occurred to one of the workers in the Dépôt; a panic had ensued amongst the others employed, who, imagining that a fire had broken out in the building, ran in different directions to save themselves. This patient happened to be near an open window; in her fright she leaped out through it and came on her feet upon the ground which was some little distance from the window; immediately she fell upon her knees and "became doubled up with the pain." As soon as her feet met the ground she had experienced from the shock a sensation "as if something had given way or broken in her inside, and as if her womb and bowels were falling from her;" she had gone home from her work and had sought relief in fomentations, but had not obtained the ease she had expected.

To the subsequent history of the case I have already adverted.

9 Lupus street, St. George's square, Pimlico.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Operations by Mr. Fergusson and by Mr. Wood.

Case I.—*Operation for Hare-lip in a Girl of about Fourteen or Fifteen Years of Age.*—The remarkable features in this case Mr. Fergusson noted to be:—That the patient was more advanced in years than is usual in the cases upon which he operates, since he prefers operating in infancy; that the fissure—which was in the left of the median line of the lip—was very wide, yet was not complicated with cleft in either the hard or soft palate. The causes of the wide gaping of the fissure were:—First, because the lesion had been allowed to remain for so long a time without being remedied, and, in consequence of this neglect, the muscles had been allowed full play upon the margins of the cleft, had drawn them more widely apart each time they had exercised their power upon them, and by this constant action had widened considerably the original fissure; secondly, because, from certain indications on the lip, it was not unlikely that an operation had been attempted upon a previous occasion, and, having failed, tended only to make worse what it had attempted to remedy.

Case II.—*Excision of the Elbow-joint.*—Mr. Fergusson exhibited this patient—a young, strong-looking man, and apparently in full health—in order to demonstrate the immense superiority of excision of the elbow-joint over amputation of the arm, even when the disease in the joint

was of so formidable a character as to threaten the safety of the entire limb, and to demand its removal in order to save life. This patient had presented himself at the dispensary with the arm not alone useless, but, far worse than useless, cumbersome; excision was advised, and was performed three or four months since, and with what effect was now evident:—The man had a limb now, comparatively speaking, sound and useful, if not in all respects, certainly in very many ways, inasmuch as there was some power of extension and flexion, of pronation and supination; and although, when at rest, the arm preserved an angle, the curve of which was about equal to a right angle, yet it would, after the lapse of a little time, be capable of lifting even very considerable weights, and also of carrying substances to the mouth.

There had been very extensive disease of the joint; and it is worthy of notice, that the operation was done while the morbid action was in a state of acute activity.

CASE III.—*Removal of a Wen from the Scalp.*—The tumour, which was of a caseous, fatty, or atheromatous nature and soft to the touch, was turned out of its bed by having an incision made across it, through the integumental covering, whereby the handle of the scalpel was passed underneath, and so it was lifted from its berth at the same time that expulsive force was exercised upon it by compressing with the finger the skin or scalp which enveloped and surrounded it.

CASE IV.—*Warty Tumour on the Back of the Neck.*—The patient was a man aged forty-five. Mr. Wood remarked that the growth may have been originally a nævus, or of a nævoid character; that it had been irritated, being situated in a place where the clothes were very likely to be constantly rubbing it and producing abrasion of its cuticular covering; that, as a result of this constant irritation, it had taken on degenerative action, had passed through the several intermediate stages, until at length—from having been originally a benign growth—it had become one of the true malignant tumours, or at least, in disposition and ultimate tendency, very closely allied to that class.

The growth was about the size of the palm of the hand, of a dark red, or purplish colour; was, as regards its surface, irregular and of a warty appearance; it was not raised much above the surrounding skin; its base was hard and firm, and became fined down as it commingled with the neighbouring structures; there was mobility, but of a certain kind, and which showed that there was some attachment to the subjacent muscles. The entire mass had lately taken on rapid growth, and this fact was one reason for considering it to be, if not actually and at the time malignant, at least of a malignant tendency. Carrying the knife around the base of the disease, and at the same time sufficiently wide of it to prevent the possibility of leaving any of it behind, Mr. Wood excised the entire. The incision had of necessity to be comprehensive, not alone as regarded width, but also as to its depth, since the tumour had taken root downwards, deeper than was at first supposed; in consequence of this extension downwards, Mr. Wood dissected away a portion of the muscle upon which the tumour rested, and with the fibres of which it was probably amalgamated.

PRESENTATION TO A SURGEON.—At the general annual meeting of the governors of the Preston Dispensary, an elegant piece of plate was presented to Mr. Howett, the surgeon of the institution. It was manufactured by Mr. Garrard, of the Haymarket, at a cost of 100 guineas. It was said by the chairman, J. Cooper, Esq., that the centre figures of Faith, Hope, and Charity might well be said to represent Fortitude, Prudence, and Perseverance, the virtues by which Mr. Howett was distinguished. It bore the following inscription:—"Presented to William Howett, Esq., Fellow of the Royal College of Surgeons, England, senior honorary medical officer of the Preston Dispensary, by a number of his friends, as a token of regard for the valuable services rendered by him to that institution during a period of nearly thirty years.—25th October, 1864."

REVIEW OF THE PERIODICALS.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY'S seventh lecture in his "Course of Lectures on the Urine and Diseases of the Urinary Organs" opens the present number. The subject brought forward for consideration is phosphoric acid and phosphates in rickets, in diseases of the brain, spinal cord, bladder, and other affections: phosphatic gravel and calculi, their diagnosis and treatment. Renal phosphatic calculi arise either from the urine being abundantly loaded with phosphates, formed from the tissues containing them, or on account of the urine being secreted in an alkaline condition from abnormally alkaline blood. In addition to these agencies, there is, in the case of vesical calculi, another cause for the formation of calculi—namely, the diseased state of the bladder itself. Diseases of the digestive organs dispose very much to the formation of phosphatic and all other kinds of calculi; but sometimes so severe are the gastric symptoms that they may altogether mask those dependent upon the presence of calculous concretions. The formation of a urinary calculus is due to some special local cause; as, for the sake of example, the blocking up of a tube by blood, mucus, or effete epithelium. On the obstructing substance the urinary deposit rests, a nucleus is formed, and this becomes augmented into a stone. A calculus may engage a tube, and yet, when that tube becomes distended with fluid, it may permit the onward passage of the fluid, while it retains the calculus. When once a predisposition to stone exists, a calculus is quickly formed. Vesical phosphatic calculi are frequently consequent on vesical inflammation, the condition of the bladder inducing hypersecretion of mucus, the mucus taking on fermentive action, by which the urea is decomposed, ammonia evolved, and the phosphates precipitated. The plan of treating all phosphatic calculi in the same way is strongly deprecated, the pathological condition being the only true indication; and that should be followed in each instance. When a stone forms in the bladder, it may be dissolved by administering the nitro-muriatic acid three times daily, after food, and by irrigating the bladder with the same acid. When the stone forms in consequence of debility, the strength must be supported; when from abnormal alkalinity of the blood, that condition must be corrected by the use of the strong mineral acids: animal food must be given, and little if any, vegetable. We must avoid pushing our treatment so far as to produce the opposite, that is, an acid state of the urine. This can easily be obviated by testing the urine from time to time.——Deputy Inspector-General HARE contributes an original communication "On the Treatment of Malarious Fever." The death-returns of the fever are given in the commencement of the article, and throughout the rest of it the history of the treatment is detailed.——Dr. GILLESPIE writes on "A Case of Poisoning by the External Application of Iodine." The subject was an Indian lad, aged seventeen, who had become a patient from mumps, the sequela to a bilious remittent or Bombay fever.

When the acute stage of inflammation of the parotids had passed away, the remaining enlargement was painted with a very strong solution of iodine, the tincture having been rendered much stronger by evaporation. Five hours after the using of the paint, vomiting and purging supervened, and on the day following there were present all the symptoms of iodism in their severest form. Death occurred in about thirty hours after the application of the iodine. A post-mortem was made, and the examination showed that "the mucous membrane of the stomach was studded with small ecchymoses;" that "the small intestines presented similar ecchymoses;" the left kidney was atrophied, weighing only an ounce; bladder healthy, containing ʒiss. of urine, in which were slight traces of the iodine.

THE 'BRITISH MEDICAL JOURNAL.'

Dr. THUDICHUM, in his 'Hastings Prize Essay,' describes the substance which he conceives to be the colouring principle of the urine, and which he has named "Urochrome." He thus describes the physical and chemical properties of this substance:—"On evaporation of a pure and neutral solution of urochrome, it remains in the form of yellow crusts. They are, however, not entirely re-soluble in water. It is easily soluble with a purely yellow colour in water, least in alcohol, more in ether, very dilute mineral acids, and alkalies. Its watery solution, on standing, even when precluded from contact with air, assumes a darker colour verging towards red, and becomes red at last. It next becomes turbid, and deposits flakes of resinous matter. This decomposition is effected more quickly by the agency of heat. When a yellow, somewhat acid, watery solution of urochrome, such as can be obtained without the employment of oxide of silver, is evaporated in the open air on the water-bath, it becomes covered with a red film of resinous matter. The fluid, on cooling, becomes turbid; but ultimately is cleared up by the deposition of more resin, which was dissolved in the hot fluid. The same acid watery solution, evaporated in a retort in a current of hydrogen, is decomposed. Resin is formed, which is dissolved in the acid liquid with a red colour; but falls down on cooling in the form of flakes. These under the microscope are seen to be composed of red non-crystalline granules. A highly acid, clear, colourless, stinking distillate passes into the receiver. The ultimate residue in the retort is syrupy, and remains so when repeatedly treated with water to remove resin, and re-distilled in the hydrogen current. Acids effect a similar transformation by mere contact, immediately by boiling. Hydrochloric acid immediately precipitates resin by boiling; but retains in solution much resin, of which the greater part is precipitated by the addition of water. Dilute nitric acid also effects this decomposition; but the solution cannot be concentrated, as can the hydrochloric acid solution. The hydrochloric acid solution, after evaporation of most acid and neutralisation of residue, does not yield the reaction for sugar with an alkaline solution of copper. Boiled with caustic potash and a little oxide of lead in solution, urochrome apparently undergoes no change; no sulphide of lead is deposited. From its watery solution, urochrome is precipitated by nitrate of silver as a gelatinous mass, entirely soluble in nitric acid; neutral acetate of lead throws down a white and flaky precipitate; basic acetate of lead, a bay or yellow coloured flaky precipitate. Acetate of mercury produces a yellow-fawn precipitate. Precipitation by this reagent is complete from neutral solutions. Nitrate of mercury produces a white precipitate, which, after boiling, becomes pale flesh-coloured; it is entirely soluble in nitric acid. The supernatant fluid assumes a pink colour." The following conclusions are grouped together by Dr. Thudichum under the head of "Results and Thesis":—"1. The colouring matter of the urine, to which the name of urochrome is given, is one of the most interesting compounds in the list of organic and physiological substances.—2. It can be isolated in a pure state; and then is yellow, easily soluble in water, less in ether, and least in alcohol.—3. When its quantity [in equal bulks of solution] is increased, its colour still remains purely yellow. Consequently, the hypothesis of Vogel, that the urine of healthy and sick persons becomes darker in proportion to the increase of colouring matter, is fallacious.—4. Under various processes of decomposition, urochrome yields a red resin, consisting mainly of uropittine [having the elementary composition $C^{18}H^{10}N^2O^6$, and of omicholic acid, mixed with small quantities of undetermined matters], black matter, uromelanine [having the elementary composition $C^{12}H^7NO^4$], and other products.—5. By a simple process, probably of oxidation, urochrome passes into a red colouring matter, urerythrine, which [sometimes] colours red the urine of disease, and any deposits of urates contained in it. Frequently, this oxidation is only effected after emission. The red colour may also be due to omicholic acid, which is a little soluble in ammoniacal salts.—6. The fœtor of decomposed acid or alkaline urine is due to the uropittine and omicholic acid, and substances derived from them. It may be increased by, but it is not primarily due to, carbonate of ammonia.—7. The urine of man contains an essential oil, which is volatile; has a strong, peculiar odour; a curious reaction with iron chloride; and yields a diagnostic pink reaction with nitrate of mercury on boiling.—8. Human urine also contains cresylic alcohol, which is obtained, along with urochrome, by one of the processes for its isolation.—9. One of the principal features of uræmia is the retention in the blood of urochrome. It is there decomposed, and yields uropittine and omicholic acid, which, circulating in the blood, vitiate all tissues, can be found in the crusts on the teeth, and their smell can be perceived in the breath and the perspiration.—10. When colouring matter is retained, the typhoid symptoms of uræmia are prominent. The treatment with acids, under those circumstances, has to be set aside, as promoting the retention of the poisonous uropittine and omicholic acid, and a treatment with alkalies has to be substituted. The skin must be purified by washing, and repeated perspiration induced, until the effluvia do not any longer smell of uropittine.—[11. From healthy human urine, neither indican, nor uroxanthine, nor any other substance yielding by decomposition with acids indigo-red and indigo-blue, can be extracted; neither does it yield indigo-red or indigo-blue by boiling with acids.]—12. Urochrome has no immediately apparent relation to the colouring matters of the blood or the bile. It is a derivate of albuminous matter, and the most essentially characterising ingredient of urine."

UNIVERSITY OF EDINBURGH.—At the half-yearly meeting of the General Council held on the 28th ult., a report was given in on the subject of extending the session, stating that, after considering the various schemes proposed, the committee, by a majority, approved one for lengthening the session by making it commence on the 1st of October (instead of the 1st of November), and continuing till the end of April, with a vacation of three weeks at Christmas. It was on Dr. Lee's motion resolved, by twelve to seven, at the close of a long debate, to represent to the Court the undue length of the long vacation (six or seven months), more particularly in certain classes of the Faculty of Arts, and the desirableness of extending the present sessions; the attention of the Court being specially called to a scheme for dividing the year into winter, spring, and summer sessions, with thirty weeks of teaching in place of twenty-three, the summer session being made optional, but reducing the curriculum from four years to three if taken.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 9, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

The opinions we expressed on this subject last week have been confirmed by subsequent reflection, and by the observation of the course of events. We then stated that the existing law in relation to Medicine was, in the opinion of some, already working a certain amount of good, and that, moreover, many of the offences now committed by pseudo-medical men were punishable by the ordinary laws of the country. Thus, if a person falsely represented himself to be a medical man, and by adopting that fictitious guise received money from the public, he would be clearly liable to the charge of obtaining money under false pretences, just as a person would be liable who represented himself to be a clergyman, or a solicitor, and received money in consequence of that false representation. For it must be observed that it is not an offence in law for a person merely to represent himself to be what he is not, but he must also be proved to have obtained money in consequence of that false assumption.

That the common law is competent to deal with such matters is abundantly proved by certain cases which are now pending before the judicial tribunals. In one case, for instance, certain persons are charged with an attempt to extort money under the threat of publishing a libel; and it makes no difference whatever that the alleged delinquents pretend to be members of the Medical Profession, for they would be equally liable to punishment if they belonged to any other class of society. Again, another person is charged with having obtained money under the pretence that he was a member of the Medical Profession, and that he was able to cure diseases; and here, we apprehend, the offence is also punishable under the common law. The Apothecaries' Act, too, is not repealed, and this gives the power to prosecute any persons who, not being legally qualified apothecaries, prescribe and supply medicines for profit and gain. How this Act is inapplicable to the prosecution of certain offenders of the advertising class is not very clear, until we take into consideration all the circumstances which render such prosecutions always troublesome and generally ineffectual.

The reasons why the existing laws are comparatively inoperative against Medical pretenders are to be found in the absence of a public prosecutor, in the contradictory judgments given by magistrates and even by the higher law authorities, in the ignorance and prejudices of juries in cases involving medical matters, and in the facilities afforded by the law itself for the escape of delinquents.

1. Although laws may exist, it is necessary that some one should put them in force; and this is usually only done when some one is personally aggrieved, or has money enough to go to law, or has some speculating attorney ready to bring an action for the sake of his costs. In the case of quacks, the victims are generally too much ashamed of their own credulity to expose it to the public, and thus the necessary evidence is wanting; and it is a much more safe game for a speculating attorney to bring an action against a respectable member of the Medical Profession for some real or imaginary injury inflicted upon a client, and trusting to the usual bullying of witnesses or perversion of facts on the part of some ingenious counsel.

2. The contradictory judgments given by magistrates and judges on points involving Medical law are disgraceful to the law itself and to its administrators, and they are calculated to deter persons from submitting any case involving questions of irregular practice to the legal tribunals. Here and there may be found a judge (and we would give an instance in the Lord Chief Justice of England) who takes a manly and straightforward view of a Medical question, and gives a bold and honest opinion; but we are guilty of no disrespect or untruth in affirming that several of the judges, and many magistrates, take only the narrowest view of such questions, and are guided chiefly by the quibbling interpretations put upon the laws by the hired ingenuity of attorneys or counsel. Hence, a plain question of whether A. or B. is guilty of an offence in pretending to be what he is not, and defrauding the public in his borrowed plumes, is obscured, in the mind of the magistrate, by a multiplicity of legal subtleties, which have the effect of frustrating the ends of justice and allowing offenders not only to escape, but to obtain a triumph over their opponents.

3. When we have noticed the baneful effects of the quibbling tendencies of the highest law authorities of the country, it is almost unnecessary to mention that the absurd and inconsistent decisions of juries are detrimental to the best interests of legitimate Medicine and favourable to the prosperity of quackery. Juries, of course, are not expected to know anything of law, and this principle is always carefully impressed upon them by the presiding judge; but with regard to medicine and surgery, or physiology, or psychology, they are as carefully instructed that they are fully competent to understand such matters, and to decide upon them. Hence it cannot be a matter of astonishment that they are easily led away by the addresses of ingenious counsel; and as the eloquence of the latter is readily to be bought by the quack fraternity, it is ten to one in general in favour of the empiric.

4. The law itself affords every facility for the escape of pseudo-medical delinquents, and the more rascally the latter are the greater are their means of escape. We take a recent case as an illustration; and we find a person advertising himself as a legally qualified practitioner, and by that pretence attracting patients to his house, and inducing them to pay him large sums of money. But an attempt is made to check this person's career, and for the purpose of evidence he is asked by a stranger whether he is the Dr. De Boots who advertises himself in the papers? Supposing the stranger to be a victim, he at once answers in the affirmative; but on being presented with a summons, he denies his own identity, and becomes Dr. De Shoes, or perhaps plain Mr. De la Blacke Guard, or what is more likely than all, he shades

off into Mr. Invisible Green. Now, as we remarked last week, this conduct would amount, in the eyes of any honest man, to an aggravation of his guilt; but it is actually adduced by counsel as a plea for his irresponsibility! And the counsel also, who has received his fees for defending Mr. I. Green, who is and who is not Dr. De Boots within the space of a few minutes, has the effrontery to declare that he does not know who his own client is! Here, then, is a specimen of the facilities afforded by the law for the triumph of rascality. Any honourable man in any other profession would at once say that he appeared for Dr. De Boots, or Mr. De la Blacke Guard, or Mr. Invisible Green; but in the case we are supposing, the client first assumes a variety of names, apparently for the purpose of extortion and imposition, and then *his own paid advocate* declares his ignorance of the person whom he comes to defend! We need not say that he knows the name perfectly well, but the fictions of the law forbid the presiding magistrate from asking the counsel at once the name of his client.

Thus, then, we have shown that the law is theoretically competent to deal with irregular Medical practice, but that any beneficial results are frustrated by the culpability, or the negligence, or the ignorance of those who administer the law, or by the quibbles of the law itself. The necessity of some special legislation for our Profession is a question which we must reserve for another occasion.

SUMMARY OF THE WEEK.

MEDICAL MEMBERS OF PARLIAMENT.

The two gentlemen of our Profession who have already declared their intention of soliciting the suffrages of the electoral body at the next general election are Mr. Mitchell Henry and Mr. Alfred Smee. The former was lately one of the surgeons of the Middlesex Hospital, but retired from practice at a comparatively very early age, on attaining to the possession of an ample independence. Mr. Mitchell Henry is a very amiable man and a good surgeon, and if he had continued in the Profession would no doubt have achieved eminence. As an instance of the interest he took in social matters connected with Medicine, we may mention that he exerted himself some years ago in the most strenuous manner to procure a remission of a capital sentence, on the ground of insanity, for a wretched Italian who had committed a murder, but his humane exertio s in the prisoner's behalf were unavailing. Mr. Henry solicits the suffrages of the electors of Woodstock on Liberal principles, and he is prepared to oppose the well-known local influences which prevail in that borough. Mr. Alfred Smee, though not so independent of his Profession as Mr. Henry, is yet sufficiently so to justify his aspirations to represent an English constituency in Parliament. Mr. Smee is well known in the world of science as the inventor of an excellent and efficient galvanic battery, which bears his name; and his scientific researches justly procured for him, at a very early age, the Fellowship of the Royal Society. It must be admitted, putting the battery out of the question, that some of his speculations in science have exceeded the fair bounds of legitimate logical deduction, and his zeal in theological matters has lately involved him in considerable personal trouble and expense. He issues his address to the electors of Rochester, and professes his sentiments to be those of a Liberal Conservative. For ourselves, it matters nothing whether the Medical candidates are Liberals, or Conservatives, or Liberal Conservatives, or Conservative Liberals; but we heartily wish them success in their parliamentary aspirations, and we hope that, if successful, they will, in the House of Commons, fight the battle of our Profession, which stands sadly in need of some active combatants in the Halls of the Legislature.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

FELLOW OF THE LINNEAN, AND THE CHEMICAL SOCIETIES, MEDICAL OFFICER FOR THE CITY OF LONDON, AND PROFESSOR OF CHEMISTRY IN THE COLLEGE OF THE LONDON HOSPITAL.

No. XXVI.

FERRUM REDACTUM.—Reduced iron is always prepared by passing a current of dry and pure hydrogen over peroxide of iron, which is heated to redness. The hydrogen unites with the oxygen of the oxide to form steam, which escapes; while the iron is left in a finely-divided metallic condition.

The Pharmacopœia directs the oxide to be put into a gun-barrel, and the latter to be passed through a furnace. The hydrogen is generated by the action of diluted sulphuric acid upon zinc. Before entering the gun-barrel, the gas is made to traverse a wash-bottle containing oil of vitriol, and then a tube eighteen inches long, packed with minute fragments of chloride of calcium, by which means the hydrogen is rendered perfectly dry. Supposing the materials from which the gas is obtained are perfectly pure, this is all that is necessary; but if any sulphur or arsenic be present in either the zinc or the acid, it is advisable to wash the gas with solutions of acetate of lead and nitrate of silver before drying it, for otherwise those impurities will be retained by the iron and contaminate it. After traversing the gun-barrel, the gas should be made to bubble out through a little water. The close of the action may then be judged of by observing whether the gas bubbles through the water at the same rate that it does through the wash-bottle of sulphuric acid. When this is the case, the fire should be removed and the current of gas continued until the barrel is cold.

The success of the process depends on the proper management of the heat: if this be too little, the oxide will not be thoroughly reduced; if, on the contrary, it be too high, the iron will be granular instead of being in an impalpable powder. The principal impurity of reduced iron is magnetic oxide, the presence of which is due to imperfect reduction. The presence of this oxide, however, is recognised by the Pharmacopœia, as, in the Materia Medica, reduced iron is defined as "metallic iron, with a variable amount of magnetic oxide of iron." It is described as a fine greyish black powder, strongly attracted by the magnet, and exhibiting metallic streaks when rubbed with firm pressure in a mortar. It dissolves in hydrochloric acid with the evolution of hydrogen, and the solution gives a light blue precipitate with the ferridcyanide of potassium.

The following is the test given by the Pharmacopœia for determining the amount of metallic iron really present. It

should amount to at least fifty per cent. Ten grains added to an aqueous solution of fifty grains of iodine and a like quantity of iodide of potassium, and digested with it in a small flask, at a gentle heat, leave not more than five grains undissolved, which should be entirely soluble in hydrochloric acid.

The iodide of potassium is merely used to effect the solution of the iodine; it is the latter which unites with the metallic iron to form the soluble iodide, while the magnetic oxide remains unacted on.

FERRI ET AMMONIÆ CITRAS.—This is one of the easiest of the scaling salts of iron to prepare; and the process of the British Pharmacopœia, if not followed literally, is capable of yielding a satisfactory result. Eight ounces of the solution of persulphate of iron are to be diluted with two pints of water, and then poured into an excess of ammonia; the oxide so precipitated, after being well washed, is to be dissolved in a solution of five ounces of citric acid in two pints of water. The liquid so obtained is to be made neutral by the addition of ammonia, and then "evaporated to dryness in thin layers on flat porcelain or glass plates." The method of obtaining the hydrated oxide of iron is very good, but the directions for effecting the combination of this oxide with the citric acid are absurd. Five ounces of citric acid will dissolve in a few ounces of water; why, then, are two pints ordered for the purpose? The only effect of so large a quantity is to weaken the solvent power of the acid and make a larger bulk of liquid for subsequent evaporation. The instructions for scaling the salt have been already sufficiently laughed at by practical men. In the small edition of the work the error has been admitted and a correction introduced; for we are there directed to evaporate the solution to a syrupy consistence before spreading it out on the glass plates.

This method of obtaining ammonio-citrate of iron is the best suited for a Pharmacopœia process, but it is not adopted by manufacturers who make large quantities of the salt. They find it more practicable to macerate iron filings or turnings with a strong solution of citric acid; a gentle action sets up, and after a lapse of time a citrate of iron is formed which, by exposure to air and neutralisation by ammonia, yields a very good product.

The compilers of the Pharmacopœia have ventured to assign a chemical formula to this preparation. Fortunately, they attach to it a note of interrogation, and thereby save us from the almost impossible task of preparing the salt twice exactly alike.

Ammonio-citrate of iron, like the other scaling salts, is not precipitated by acids or alkalies; hence its great value in medicine, the iron retaining its soluble condition throughout the alimentary canal. When boiled with a caustic alkali, however, it evolves ammonia and deposits oxide of iron. The Pharmacopœia directs that it shall leave by incineration 26·5 per cent. of peroxide of iron.

FERRI ET QUINIÆ CITRAS.—The Pharmacopœia process for obtaining this compound is somewhat long and intricate, and certainly not very good. It consists essentially in this:—Moist hydrated *magnetic oxide* of iron is to be prepared by precipitating a mixed solution of per- and proto-sulphate of iron by caustic soda; after washing, this is to be dissolved in a solution of citric acid; some recently precipitated moist quina is then to be added, and the whole digested on a water bath until the alkaloid is dissolved; the solution is lastly evaporated. The object of using magnetic oxide in the place of the ordinary peroxide is to obtain the peculiar golden green tint which this salt generally possesses as met with in commerce. The green colour is due to the presence of a portion of protoxide of iron. Commercial citrate of iron and quinine varies very considerably in the proportion of quinine which it contains. It is generally supposed to have present 25 per cent. of citrate of quinine, but the exact composition of the latter is not generally known. The Pharmacopœia, therefore, now very rightly orders that citrate of iron and quina shall contain 16 per cent. of quina. This is readily determined by the method given:—Dissolve fifty grains in an ounce of water, and add a slight excess of ammonia; a white precipitate is obtained which, when collected in a filter and dried, should weigh eight grains. This precipitate should entirely dissolve in pure ether and should burn away without leaving any residue.

FERRUM TARTARATUM.—This is the new name for potassio-tartrate of iron. The process given for preparing this salt consists in making moist hydrated peroxide of iron and mixing it with the acid tartrate of potash and water, and digesting the mixture with repeated stirring for six hours, at a heat which must be carefully prevented from rising above 140°. After the solution has cooled down, it is to be decanted off any undissolved precipitate, and evaporated and scaled. The directions for effecting the union of the oxide with the cream of tartar are calculated to prevent combination rather than promote it. It will be found that if, instead of using a large quantity of water and prolonged heating as ordered, the moist oxide be mixed in a mortar with the dry tartrate of potash, and the mixture afterwards warmed over the water bath, that a much more perfect solution of potassio-tartrate will be obtained, and one which will require much less evaporation before scaling.

When this salt is boiled with caustic soda, oxide of iron is precipitated, but no ammonia is evolved; and the filtered solution, when slightly acidulated by hydrochloric acid, gives, as it cools, a crystalline deposit of acid tartrate of potash.

Potassio-tartrate of iron should contain about 30 per cent. of peroxide of iron.

VINUM FERRI is to be prepared by dissolving 160 grains of tartrated iron in a pint of sherry.

REVIEW OF BOOKS.

A Manual of Practical Hygiene, prepared especially for Use in the Medical Service of the Army. By Edmund A. Parkes, M.D., F.R.S., Professor of Military Hygiene in the Army Medical School; Member of the Medical Council of General Education; Examiner in Medicine in the University of London; Emeritus Professor of Clinical Medicine in University College, London. London: Churchill. 1864.

The Royal Commission appointed in 1857 to inquire into the sanitary condition of the army in England recommended, *inter alia*, that an Army Medical School should be established, in which the "specialities of military medicine, surgery, hygiene, and sanitary science" might be taught to the young medical officers entering the army. This school, as our readers know, has now been established for some years, and is one of the recognised institutions of our country; and Dr. Parkes, who holds the Chair of Military Hygiene in it, has published the present volume with the view of carrying out "the wishes of the Commissioners as regards sanitary science, by providing a text-book" on that subject.

Although a considerable portion of the book (which consists of more than 600 pages) is of necessity devoted to purely military matters (as, for example, the chapters on "The Recruit," "Home Service," "Foreign Service," &c.), there is an abundance of material contained in it which is of the highest interest to the Profession generally, and, indeed, to the educated public at large. The subjects of "Water," "Air," "Ventilation," "Food," "Beverages and Condiments," "Soils," "Medical Meteorology," "Climate," &c., are fully discussed, and, so far as they have a practical bearing on hygiene, in the easy and lucid style that characterises all Dr. Parkes's writings.

The chapter on "Water" treats of the quantity of that fluid required for healthy and for sick men; the estimation of the amount of water yielded by different sources (as rain, springs, rivers, and wells), and its quality and composition; the usual sources of contamination of water and sanitary precautions; the characters of good drinking water; the physical, microscopical, and chemical examination of water; the methods of purifying it; and the consequences of an insufficient or impure supply. The following are the general characters of good drinking water:—"It should be transparent, colourless, without odour, and

tasteless ; it should be well aërated (as it then appears to be more easily absorbed), cool, and pleasant to drink ; it must have no deposit ; vegetables should be readily cooked in it ; the total dissolved constituents must be within a certain amount. It is difficult without more evidence than we at present possess to define this amount ; and the following numbers must be taken with some hesitation :—

Organic matter should not exceed	1·5	grains per gallon.
Carbonate of lime	16	„ „
Sulphate of lime	3	„ „
Carbonate and sulphate of magnesia	3	„ „
Chloride of sodium	10	„ „
Carbonate of soda	20	„ „
Sulphate of soda	6	„ „
Iron	0·5	„ „

The proper amount of gases is stated by Boudet to be as follows :—

Nitrogen	6	cubic inches per gallon.
Oxygen	2·5	„ „
Free carbonic acid	5·5 to 7	„

At the Sanitary Congress held at Brussels in 1853 it was decided that the total amount of solids ought not to exceed thirty-five grains per gallon, and the same rule had been previously laid down in the 'Annuaire des Eaux de la France pour 1851' (p. 14) ; but this statement is of little use, as the salts differ so much in their effect on the system. The carbonate of lime may exist without injury in large quantities, the carbonate of soda in still greater ; but sulphate of lime or magnesia is prejudicial in much smaller amounts" (p. 18). In his remarks on the physical examination of water, the author quotes the following table, which was published in the 'Army Medical Report for 1862,' by Dr. De Chaumont. It is important as showing how very little the sense of taste is to be relied upon in the detection of the ordinary inorganic impurities of water :—

Chloride of sodium is thus detected when it reaches	75	grains per gallon.
Chloride of magnesium	50 to 55	„
Chloride of potassium	20	„
Sulphate of lime	25 to 30	„
Carbonate of lime	10 to 12	„
Nitrate of lime	15 to 20	„
Carbonate of soda	60 to 65	„

For the detection of organic matter, which, in excess, is the most dangerous of all impurities occurring in drinking water, Dr. Parkes recommends that six ounces of the suspected fluid should be boiled with a few drops of solution of chloride of gold. In proportion to the amount of organic matter the gold is reduced, and forms a violet or almost black powder ; if this is considerable, the amount of organic matter is large. Our older readers who are growing rusty in their chemistry will be able to detect the presence of an excess of lime or magnesia if they adopt the following simple directions laid down by Dr. Parkes :—

Lime.—Test with oxalate of ammonia. Six grains per gallon of a lime salt give a turbidity with oxalate of ammonia ; sixteen grains, a considerable precipitate ; thirty grains, a very large precipitate. Even from this test an idea may be formed of the quantity of lime. Boil the water briskly for thirty minutes ; if carbonate of lime be present, it will be thrown down ; filter, fill up to original volume with water, and again test with oxalate of ammonia. As only two grains per gallon of carbonate of lime can remain in solution after boiling, a large precipitate will show that sulphate or chloride of lime [? sulphate of lime or chloride of calcium—*Rev.*] is present.

Magnesia.—Filter the water from the oxalate of lime thrown down in the preceding process ; evaporate to a very small bulk, filter again if there be any precipitate, and add a few drops of chloride of ammonium and phosphate of soda and a few drops of ammonia. In twenty-four hours, if magnesia be present, crystals of ammoniaco-magnesian phosphate are thrown down."—Pp. 21–22.

The soap-test, originally proposed by Dr. Clark, of Aberdeen, for determining the hardness of water, is fully described ; and the method of applying it is so clearly illustrated by numerical examples, that anyone with ordinary care may readily learn to employ it. By this test, as modified and extended by Messrs. Boutron and Boudet, and by Mr. Nicholson ('Chemical Journal,' Dec., 1862), we can not only determine both the total and the irremovable hardness of the water, but the exact amount of some of the ingredients—as lime, magnesia, soda, sulphuric acid, and carbonic acid.

The various modes of purifying water, either without or with filtration, are fully discussed by our author. Six grains of alum when added to a gallon of water throw down almost all suspended matters in the course of twenty-four hours or less ; the alumina falls down as a basic salt, while the sulphuric acid remains in solution. We believe that this method of purifying muddy water was much used by our troops during the late Chinese war. For the destruction of organic matter and ammoniacal conpounds by rapid oxidation, nothing is better than the solution of permanganate of potash, commonly know as Condy's fluid, which is much employed for the purpose in the Government emigration ships. In this section we meet with a statement which is new to us, and which we think should be received with caution, although it rests on the authority of the well-known chemist Chevallier—viz., that "lead and copper are removed or lessened by pure charcoal."

The following remarks on the action of water on lead pipes, although containing nothing positively new, are deserving of attention, in consequence of the frequency of lead-poisoning from ignorance of simple chemical laws :—

"1. The waters which act most on lead are the purest and most highly oxygenated ; also those containing organic matter, nitrites (Medlock), nitrates, and, according to several observers, chlorides. Besides the portion dissolved, a film or crust is often formed, especially at the time (? line.—*Rev.*) of contact of water and air ; this crust consists usually of two parts of carbonate of lead and one part of hydrated oxide. . . .

"2. The waters which act least on lead are those containing carbonic acid, carbonate of lime, and, in a less degree, sulphate of lime ; and perhaps, in a still less degree, magnesian salts and the phosphates of the alkalies ; but it has been said that perfectly pure water containing no gases has no action on lead. The deposit which frequently coats the lead consists of carbonate and sulphates of lead, lime, and magnesia, if the water have contained these salts, and chlorides of lead and calcium.

"3. From the observations of Graham, Hofmann, and Miller, the protective influence of carbonic acid gas appears to be very great ; a difficultly soluble carbonate of lead is formed. However, a very great excess of free carbonic acid may dissolve this. This has, perhaps, led to the statement that carbonic acid counteracts the preservative effects of the salts.

"Other substances may find their way into water which may act on lead—as vegetable and fatty acids, arising from fruits, vegetables, &c., or sour milk or cider, &c.

"4. The lead itself is more easily acted upon if other metals—as iron, zinc, or tin—are in juxta-position ; galvanisation is produced. Bending lead pipes against the grain, and thus exposing the structure of the metal, also increases the risk of solution ; zinc pipes, into the composition of which lead often enters, yield lead in large quantity to water ; and this has been especially the case with the distilled water on board ships."—Pp. 41-2.

As cases of lead-poisoning are on record in which as little as one-hundredth of a grain per gallon was in the water, various methods of protecting the lead pipes have been suggested. As some of these methods are decidedly objectionable, and others (as, for example, Schwartz's patent) have not been sufficiently tested, the best course to pursue is that followed by Mr. Rawlinson and other eminent engineers, who employ cast iron, block tin, or some other safe material, for the construction of the pipes, in place of lead.

We turned to the section on the "impure supply" of water to see if our author had been able to find any conclusive evidence regarding the connection apparently

subsisting between goitre and certain impurities in the water drunk by the inhabitants of countries or districts in which that affection prevails. After summarily disposing of the snow-water and iodine hypotheses, he adds that "all the most careful observations, chemical and geological, show that the water of goitrous regions contains large quantities of lime and magnesia, and is derived from limestone and dolomitic regions, or from serpentine in the granite and metamorphic districts." The investigations of M'Clellan (in the 'Medical Topography of Bengal') strongly confirm this view. The amount of lime and magnesian salts required to produce goitre is not precisely known. Johnston found that the prisoners in Durham Gaol had swellings in the neck (incipient goitres) when the drinking water contained seventy-seven grains of solids (chiefly of lime and magnesian salts) in the gallon, and that these swellings disappeared when a pure water containing only eighteen grains to the gallon was obtained.

The chapter on "Air" begins with the consideration of the question—What quantity of air must be supplied per head per hour so to dilute the products of respiration and transpiration from the sound body as to keep the air always pure and fresh? This question may be answered both by calculation and experiment. By calculation (the data for which are fully given in p. 65), Dr. Parkes determines the quantity at 2,082 cubic feet per hour—a result which accords closely with that which had been previously obtained by Pettenkofer, and the accuracy of which is confirmed by practical experience. From a number of experiments in which the outflow of air was measured and the carbonic acid simultaneously determined, he found that "at least 2,000 cubic feet per hour must be given to keep the carbonic acid at ·5 or ·6 per 1,000 volumes, and entirely to remove the fœtid smell of organic mat er." When 1,200 or 1,400 feet only were given, the carbonic acid amounted to ·7, ·8, or ·9 per 1,000 volumes, and the organic matter was so much increased as to act very strongly on permanganate of potash. In cases of sickness, it is impossible to say what minimum quantity of air should be given, because, in some diseases, so much organic matter is given off, that scarcely any ventilation will remove the odour. "At least 4,500 cubic feet per head per hour must be allowed, especially when there are many bad cases, and especially surgical cases with open wounds; and during epidemics, or when hospital gangrene, pyæmia, or erysipelas are spreading, 1,000 cubic feet at least must be given; or, in other words, the supply must be almost unlimited." In these calculations no account has been taken of the air that must be supplied for artificial lights. It has been calculated that, for every cubic foot of gas, 1,800 cubic feet of air must be introduced; and 1lb. of oil demands as much air as 10 cubic feet of gas.

In the section on "the Diseases arising from the Impurities in Air," we extract the following paragraph on the intensely poisonous action of carbonic oxide, the most poisonous of the ingredients of ordinary coal-gas, of which it forms from 3 to 7 per cent.:—"Less than ½ per cent. of this gas has produced poisonous symptoms, and more than 1 per cent. is rapidly fatal to animals. It appears, from Bernard's and from Lothär Meyer's observations, that the carbonic oxide, volume for volume, completely replaces the oxygen in the blood and cannot be again displaced by oxygen; so that the person dies asphyxiated. It seems, in fact, completely to paralyse, so to speak, the red corpuscles, so that they cannot any longer be the carriers of oxygen."

We had marked for extraction several passages from the chapter on "Food," but our limited space precludes their insertion; and we regret this the less, because, unless we are much mistaken, the volume itself must shortly find its place in the shelves of every medical library. It is so exhaustive in its nature, and contains so much important matter upon many comparatively inaccessible subjects, that a new edition will doubtless be soon required. In that new edition we should be glad if Dr. Parkes would give us more abundant references to the authors to whom he refers. For example, "Redwood and Wood," p. 28 (note), and "Sutton, p. 94," p. 34 (note), are too vague, the title of Sutton's work not having been given previously. And when we read the interesting fact that, according to Hofmann, "the permanganate of soda taken into the mouth destroys at once the odour of tobacco," we should be glad if we were told where a statement of such vital importance to our smoking brethren is recorded.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY.

OCTOBER 20TH, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

Dr. DRYSDALE mentioned two cases of

HABITUALLY ABNORMAL PULSE

lately observed at the Farringdon Dispensary. Case I.: A man, æt. fifty, had formerly been in hot climates; he was now a light porter. This man's pulse was habitually 36. No abnormal sounds in heart or great vessels; he complained most of cold and debility. Case II. he had seen that day. A woman, æt. thirty-eight, bookfolder, had for more than a year been a patient at the Dispensary. Her pulse during that time had continued nearly 160. She was very nervous and melancholy—no abnormal sounds at heart, no phthisis; complains of headache frequently. He had examined the pulse frequently, and never found it under 140. In reply to Dr. Grailly Hewitt, Dr. Drysdale added that patient was married, without children; had leucorrhœa. The man had been a great smoker of tobacco.

Mr. SIMES mentioned a case where ℥v. of vinum colchici, given three times a day, had reduced a patient's pulse down to twenty beats in a minute. The man recovered.

The PRESIDENT knew a hospital surgeon whose pulse was habitually under 30. He had had fever in the Crimea. He complains of cold, but cannot take stimulants.

Mr. SEDGWICK had had a patient who, during an attack of sciatica, had a pulse of 43; normally being 78. Napoleon I. had a pulse of 45.

Mr. J. Z. LAURENCE observed that such abnormal pulses were examples of idiosyncrasies, just as pulsation of the retinal veins is seen in some persons.

Mr. CURGENVEN observed that frequency of pulse occurs sometimes when there is pressure on the pneumogastric nerve. Frequency of pulse is more common in females than is generally supposed. He had two patients, sisters, whose pulses were 118 and 120 habitually. It was of consequence to be aware of such cases on first seeing a patient.

Dr. GRAILY HEWITT mentioned the case of a young lady patient whose pulse was habitually 120.

The PRESIDENT read a paper on

THE RESTORATION OF MOTION IN CASES OF PARTIAL ANCHYLOSIS, OR STIFF JOINTS, BY FORCIBLE EXTENSION UNDER CHLOROFORM.

The author commenced by adverting to the history of the operation, before and since the introduction of chloroform, and alluded especially to Langenbeck, the late Bonnet, of Lyons, P. Frank, Skey, Paget, Erichsen, &c., who amongst English hospital surgeons had more recently adopted the operation. Mr. Adams' first cases were treated, in conjunction with the late Mr. Lonsdale, at the Orthopædic Hospital, in 1854 and 1855, and were described in the author's work 'On Subcutaneous Surgery,' published in 1857. Since that time, he had adopted the practice in a large number of cases; and one point to which he had especially directed attention had been, to determine the particular class of cases to which the treatment is applicable and those in which it is either attended with danger or would probably fail in its object of restoring motion. These points were therefore chiefly discussed in the present paper. The author then made some observations on the constitutional conditions upon which diseases of the joints depended, or with which they were generally associated; and with reference to the treatment by forcible extension, he arranged all classes of anchylosis, or stiff joint, in three classes—viz.: 1st. The strumous; 2nd. The rheumatic; and 3rd. The traumatic. With regard to the first class—the strumous—the

result of the author's experience had been to prove that they are decidedly the most unfavourable for the treatment by forcible extension; and he had determined never to repeat the operation in any case belonging to this class, unless it should be of a very exceptional character and present unusually favourable conditions. When the cartilages are destroyed, as they generally are, to a greater or less extent, in the strumous diseases, a stiff joint is the best possible result. Forcible extension may produce serious inflammation; and even if some motion be gained at the operation, it will be subsequently lost, and stiffening return. Several cases in illustration of these points were given by the author, and a few favourable and exceptional cases were also mentioned. With respect to the second class—the rheumatic—the results of the author's experience had been just as favourable as they had been unfavourable in the strumous class. In a large proportion of cases of stiff joint, or anchylosis, occurring in young adults after rheumatic fever, or as the result of gonorrhœal rheumatism, free and useful motion may be restored by forcible rupture of the adhesions and thickened ligamentous tissue. The author believed that the articular cartilage always remained healthy in these rheumatic cases, and that the great pathological peculiarity of the rheumatic form of inflammation, in whatever organ or tissue it occurs, is a remarkable indisposition to suppuration, or the ulcerative process. The author had never seen suppuration occur as the result of rheumatic inflammation, and when it does occurs, as a rare event, the case is probably one of a mixed character, and not purely rheumatic. The tendency of rheumatic inflammation is to the adhesive form of inflammation, so that it produces adhesions and thickening of the ligamentous tissues of the joint, but neither suppuration nor ulceration occurs. In the third class of cases—the traumatic—the results of forcible extension are also generally very favourable, although more uncertain, and on the whole not quite equal to the results obtained in the rheumatic class. Several cases illustrating the successful results of forcible extension, permanently restoring useful motion in the rheumatic and traumatic classes, were then detailed by the author.

Dr. DICK observed that Sartorius was the first surgeon to break down joints. In 1836, a surgeon at Paris followed his example. Then Bonnet brought the operation into vogue. Elbow-joints do not bear the process so well as joints of the lower limb. He (Dr. Dick) had successfully broken down some elbow-joints in cases of rheumatism and in gonorrhœal rheumatism. In some cases he believed pus was found in joints, and especially in the pleura, in cases of rheumatic pleurisy.

Dr. ALLEN had seen a case where pus was found in the left shoulder-joint, but perhaps it was a secondary deposit. At that time, pyæmia was not so well understood as now.

The PRESIDENT believed that suppuration in joints never occurs in true rheumatism. He had heard this point discussed lately, and admitted.

Mr. J. Z. LAURENCE thought it was a pathological law, that pus is not found in cases of rheumatic inflammation. He had never seen any in rheumatic sclerotitis—a very common disease.

Dr. CAMPS observed that most pathological laws are liable to exceptions; many cases of supposed rheumatism, as pointed out by Brown-Séquard, are really neuralgic in character.

Mr. SEDGWICK mentioned a case of rheumatic anchylosis in the little finger of a gentleman aged fifty. He asked whether this was a case for extension.

The PRESIDENT said that such cases in the smaller joints occur in older patients affected with chronic rheumatic arthritis. In young persons, the larger joints are most affected. In this case, a tenotomy knife should be used, and then the finger laid on a straight splint.

UNIVERSITY OF DURHAM.—Mr. J. S. Higgs, of Twyford, Leicestershire, has been this year the successful candidate for the vacant medical scholarship of this University.

LEGAL INTELLIGENCE.

INFRINGEMENT OF THE MEDICAL ACT.—PROCEEDINGS AGAINST "DR. DE ROOS."

In the MEDICAL CIRCULAR of Oct. 26th we announced the commencement of the above case, and at the Uxbridge Petty Sessions, October 24, Mr. William Talley, of Beaconsfield, summoned Doctor Walter De Roos (otherwise George Robinson) for infringing the 40th clause of the New Medical Act, in describing himself to be a M.D., and having placed these initials after his name, without being duly qualified or registered as such.—Mr. Talley conducted the information, and Mr. Robinson appeared to defend.—Before the business was proceeded with, Mr. Robinson said he appeared to defend the person who occupied the house 25 Bedford place, but he did not know who Mr. Talley had summoned, for his client was at Brighton, and it was impossible for that gentleman to attend before the Bench that day. Some time was taken up in ascertaining for whom this gentleman was supposed to attend, and he felt equally anxious to know for whom Mr. Talley appeared, or whether he was the common informer or the complainant; if so, he said he should know upon what grounds he stood.—Mr. Talley then read the whole of the advertisement in Broadwater's paper, in which the defendant had styled himself Doctor of Medicine, and then called Police-constable William Mason, T 47, who said: On the 18th (Wednesday) last, I went to 25 Bedford place, to serve the summons upon Dr. De Roos, but I was told by the private secretary (Mr. Thomas Hall) that the doctor was not at home. I was in plain clothes, and although I had a summons for Thomas Hall, I did not serve it then, but I bought a box of pills and went away, and called again the next day. I did not take the pills. The next day I served the summons upon Dr. De Roos, who told me he was the doctor, but after I served him he said he was not the doctor, and that gentleman would not be at home for a day or two.—Mr. Robinson here objected to the evidence being taken, as the defendant was not answerable for what other people might say of him, or was his identity proved; and after a great deal of discussion, the magistrates said they considered that if Dr. Roos was not in attendance he was represented by his counsel.—Mr. Talley said the defendant had been seen in the neighbourhood of West Drayton that morning by the policeman, and his name was again called out in court, but no response was made to it.—The magistrates decided that the case should go on, when the witnesses were ordered out of court, and Mr. Talley entered into the amount of mischief such deceptions were calculated to cause among poor people and ladies, saying how susceptible all were to be taken when the mind or body was diseased. He was, however, interrupted in his opening speech continually, and asked not to point out the mischief of the infringement, but prove his case by the witnesses. He then called for Mr. Thomas Hall, the Secretary to Mr. Walter De Roos, but that person did not answer to his name.—Mr. Talley then called Mr. Broadwater, the proprietor of the paper in which the advertisements were inserted, who said he had never, to his knowledge, seen Dr. De Roos. He received the order for the insertion of the advertisements through an advertising agent; that he sold a great many of Dr. De Roos' renal pills as patent medicine, and had received them through a patent medicine warehouse in London, as he did other patent articles. He had sold the pills to high and low, and heard many praises of them. He could not connect Dr. De Roos with the advertisement, for he had never, to his knowledge, seen either the doctor or his secretary. He had advertised for the same parties for years. He then gave the agent's name as Mr. F. C. Lewis, of Montague mews, Montague street, London, through whose agency he had received the order.—Mr. Charles Henry Waldron was then examined. He said he was a merchant's clerk, and was living at Islington. He knew the person who personated Dr. De Roos, because that person had told him he was the doctor. He did not ask him the question. He called upon him on July 5, but did not then see him, but

subsequently saw him. He had seen the advertisement in the paper similar to the one just read, and from that he consulted him. He should not have gone had he the slightest intimation the doctor was not a registered M.D. He went to Dr. De Roos as a physician. He saw the person who represented himself to be the doctor. The first time he visited the house the doctor was stated not to be at home ; but on a subsequent visit he saw him, and that person gave him some medicine for which he (the witness) paid. The name of De Roos was not on it. He was ordered to take it periodically—that was, three times a day. The only direction on the medicine bottle was "to be well shaken." He never asked to see Dr. De Roos. He paid the money, in all 6*l.* 1s. ; but the treatment gave no benefit. He did not think he was worse or better. He was under his care for a month.—Mr. Talley asked the witness if he ever saw that instrument (pointing out one in a book).—Mr. Robinson objected to the evidence, and, after much discussion, the magistrates decided that it was not necessary. No evidence having been given of the identity of Dr. De Roos, Mr. Robinson contended, Mr. Talley again asked for the policeman, William Mason, to have his examination finished, and on his being recalled, he said he laid a copy of Broadwater's paper on the table, and left it when he served the summons on the person who called himself the doctor. He also gave the summons to Thomas Hall, and tendered him five shillings, but he refused to have the summons or the money. The person who called himself the doctor, when he gave him the summons, said he had got other work to do than attend to any summonses, and that he was not the doctor.—Mr. Talley said, as Mr. Thomas Hall, the private secretary of the doctor, had not attended to the summons, he must ask for an adjournment, to compel that witness to attend.—Mr. Robinson objected to an adjournment, because, if the person who was supposed or put himself off as Thomas Hall were to attend, Mr. Talley would fail to make the case out, and he knew that Thomas Hall had left the establishment some months. During the whole of this investigation, the court and Mr. Robinson continually asked Mr. Talley to keep to the point of identity, and the former objected to nearly every question the complainant put. A paper was put in of October 8th, and then the evidence of Mr. Waldron, relating to July 5, he deemed could not be evidence, and the defendant had had no notice to produce the paper. He said he was compelled to keep objecting, because evidence might be placed on the depositions that afterwards it would be difficult to get off having once been there.—The Bench said if he would allow Mr. Talley to go on in his usual way, there should be nothing placed on unfairly, so that the latter part was got over more quietly, but it lasted for two hours.—The magistrates, having then consulted together for some time, said if Mr. Talley wished for an adjournment they would grant it. but that they considered the five shillings tendered to the person Thomas Hall was not enough.—Mr. Talley inquired if the same summons would be sufficient if he increased the amount, but the Bench refused to give any opinion, telling the solicitor he must conduct his own case. It was then arranged that the summons should stand adjourned until Tuesday, to be heard at the Public Rooms at eleven o'clock.

LETHARGY.—At the last sitting of the Academy of Sciences a paper was received from Dr. Blanchet on three curious cases of constitutional lethargic slumber. One of them was that of a lady twenty-four years of age, who, having slept for forty days at the age of eighteen, and fifty days at the age of twenty during her honeymoon, at length had a fit of sleep which lasted nearly a whole year, from Easter Sunday, 1862, to March, 1863. During this long period a false front-tooth had to be taken out in order to introduce milk and broth into her mouth. This was her only food ; she remained motionless, insensible, and all her muscles were in a state of contraction. Her pulse was low, her breathing scarcely perceptible ; there were no evacuations, no leanness ; her complexion was florid and healthy. The other cases were exactly similar.

EXPENSES OF THE 'BRITISH MEDICAL JOURNAL.'

In a letter published in the columns of the 'Medical Times and Gazette,' the writer makes the following remarks on the above subject :—

The Association now numbers, we are told, "above 2,400" members. The subjoined is the balance-sheet for 1863. Under the head of "Receipts" we are not informed how many of these have paid their subscriptions, nor how many have not ; nor is there credit given the Association for "sales" of the 'Journal ;' yet surely a few copies have been sold.

Receipts of British Medical Association.

Balance from 1862	£221	1	10½
Subscription of members . . .	2,118	9	0
Donation	10	10	0
Advertisements in 'Journal' . . .	626	16	4
	£2,976	17	2½

Expenses of 'Journal.'

Mr. Richards (printer), 52 nos. . .	£1,784	9	0
Mr. Richards, for directing, &c. . .	66	16	0
Mr. Honeyman (publisher), sundries (?)	92	18	0
Mr. Davidson (commission) (?) . .	77	19	0
Engravings	5	3	6
Editor of 'Journal' (Dr. Markham) .	200	0	0
Sub-editor (Dr. Henry)	50	0	0
Contributors to 'Journal' . . .	301	8	0
Interest and commission . . .	3	16	4
Total expenses of 'Journal' . .	£2,582	9	10

It is right to note that the 'Journal' is directed and sent free by post to the members.

Net cost annually of 'British Medical Journal'	£1,996	13	10

If we look into the 'British Medical Journal,' we find the most prominent items, as to type, are certain contributions called "leading articles," which seem to be the opinions of the editor on current events, such as trials, hangings, elections, and the like, or personal disquisitions on laudable and recalcitrant members of the Association, editors of other journals, and public persons. In one "leader" we are told that all the officers of public Medical charities hold their appointments for none other than selfish ends ; in another, that there are only three public teachers of Medical science in London who lecture from any other motive than to get into practice ; in another it is admitted that a London lecturer (one of the few who contribute to the 'Journal') is one of the three, and I think it is implied that the Editor is another ; the third metropolitan Uriel of Medicine is as yet unknown. In one leader you are denounced as "a Tartuffe" in reply to some of your animadversions on the editorial lucubrations. In the "leader" you criticised, some stupid jurymen at Liverpool were rated as if the sentiments they uttered were those of the Prime Minister, or even of the three celebrated tailors of Tooley street. A weekly polemic has been going on ever since the beginning of August with the Editor of the 'Lancet,' because he got the start of the 'Journal' in publishing Dr. Humphry's address to the annual meeting. I say nothing of minor personalities, nor of the domestic records of births, marriages, and deaths in the Association, and other small-beer matter. The 'Journal' is plainly a Medical newspaper, apparently as much esteemed by the members as it is by the salaried officers and Council ; but I do not think an Academy of Medicine would want a journal of the kind. If current rumour be correct, the editor of the 'British Medical Journal' is, or has been, specially paid also as a contributor for his "leading articles" in addition to his salary of 200*l.* a year. Now, let us conceive an account presented to an Academy of Medicine from their scientific editor of papers with items such as —"To wigging certain Liverpool jurymen, and asking them how they would like to be called up at night to give out brandy and pearl barley ; two columns—two guineas ;" or "To trouncing the editor of the 'Medical Times and Gazette' soundly, and calling him a Tartuffe for criticising me—£ s. d. ;" or "To tying a kettle to the tail of the editor

of the 'Lancet' for surreptitiously making off with, &c.—£ s. d." Clearly, however amusing, and even valuable, such productions may be in regard to the British Medical Association, they would be out of place in the reports of proceedings of an Academy of Medicine, and all the sums expended on them might be saved. Indeed, it would be the height of presumption in the paid officer of such a learned body as I contemplate to print his opinions at its cost and uninvited on any subject whatever. It may be alleged, however, and not unfairly, that part of the 300*l.* allotted to contributors to the 'Journal' goes really to the encouragement of Medical science. Able "reviews," for example, and letters from "our correspondents," are thus procured. But the works of the members of an Academy of Medicine would be submitted, with proper dignity and due regard to the subject, to a Committee of the Academy to examine and report, as is done by the French Academy. Looking, indeed, from this point of view at the contents of the 'British Medical Journal,' it is difficult to understand how the 300*l.* is or can be spent yearly upon scientific matters. Sir John Forbes used to pay contributors 6*l.* for sixteen closely printed octavo pages of the 'British and Foreign Medical Review; so that 300*l.* ought to produce 800 such pages. Yet there is, I think, nothing like these in the two volumes of the Journal." Sir Charles Hastings, or the treasurer, or the auditors, would do good service to science if they would show how this 300*l.* is expended, by publishing in the 'Journal' a list of the scientific contributions—not necessarily of the contributors—thus honoured by direct payment. In the meanwhile, for the purpose of financial estimate, we may assume as a fact that the *best* contributions to the 'Journal' have *not* been paid for, and that such would be the case with the papers and essays in the Transactions of an Academy of Medicine as it is in regard to those of all learned societies, except in the case of especial grants.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 27th ult.:—Charles Eddowes, Millbrooke, Southampton; Frederick Henry Hume, Angel terrace, Islington.

SMALL-POX IN JAMAICA.—The small-pox is continuing its ravages in Jamaica, and by the last advices we learn that it is rapidly extending over the island.

UNIVERSITY COLLEGE HOSPITAL.—The following liberal bequests were announced to have been left to this institution at a meeting of the hospital committee on Wednesday—viz., by the late Mr. Jacob Stiebel, 5,000*l.* (this gentleman received his early education in University College); Mr. Henry Lloyd, 100*l.*; and Mr. Z. A. Jessel, 50*l.*

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—The medical staff of this hospital, previously consisting of Dr. J. S. Ramskill and Dr. C. B. Radcliffe, Physicians, and Dr. J. Hughlings Jackson, Assistant-Physician, has been increased by the appointment of two Physicians, Dr. E. H. Sieveking and Dr. J. Russell Reynolds, and an Assistant-Physician, Dr. P. Victor Bazire.

THE UNIVERSITY COLLEGE MEDICAL DINNER.—The annual dinner of the Medical Department of University College, and of the medical practitioners who were educated at that institution, was held on Thursday last, at Willis's Rooms, and was very well attended, about a hundred having assembled on the occasion. The chair was taken by William Cadge, Esq., of Norwich, who formerly held the post of assistant-surgeon at University College Hospital, but who, soon after the death of his friend and patron, Mr. Liston, retired from that institution and returned to his native city, where he enjoys an extensive practice. He was supported by several of the professors and by many of the old students of the College, among whom were Professors Sharpey, Erichsen, Harley, Ringer, Russell Reynolds; Drs. Quain, Garrod, Hare, Sieveking, Waller Lewis, Semple, Hardwicke; Messrs. Emanuel Baker, Gant, Thompson, G. Cooper, Simpson, &c. After the usual loyal toasts had been given, the toast of the evening, namely, "Prosperity to University College," was proposed in appropriate terms by the Chairman, and responded to by Mr. Erichsen, as the Senior Professor among those educated at the College. Among other topics of congratulation, he adverted to the recent bequest of a considerable sum to the Hospital, the testator having, at the same time, bequeathed a handsome legacy to one of the Hospital Physicians. The evening passed off in a very pleasant manner, and the hilarity of the meeting was much increased by some amateur musical efforts by one of the company.

THE 'Medical Times and Gazette' has the following remarks on the "Manly Vigour" crew and the morality of the cheap papers:—"We have repeatedly had to call attention to the assistance afforded by most of the newspapers in circulating the poison of these noisome extortioners. The 'Daily Telegraph,' one of the chief delinquents, must have appeared to a reader who took it up on Tuesday week to have fully seen the error of its ways, and undergone a complete repentance in sackcloth and ashes, provided that his attention was confined to the leading columns. But what must have been the astonishment of the sympathising reader when, as he turned his paper round, his eye was caught by the too familiar headings of some half-dozen offensive announcements by the quacks against whom the leader indignantly protests! Should the beadle at the door of one of the so-called anatomical museums, at the same time that he hands his volume of obscene trash, give utterance to a lecture on the infamy of his offensive trade, he would be deemed guilty of a glaring inconsistency. The wages of iniquity are not more respectable when they help to fatten the proprietors of a thriving journal than when they keep from starvation the wretch who distributes handbills in the kennel."

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of the candidates who passed the Major Examination on the 26th ult. as Pharmaceutical Chemists:—John Baily, London; Alfred P. Balkwill, Plymouth; William Davies, London; Richard Fitzhugh, Nottingham; Thomas G. Gibbons, Manchester; Marshall Heanley, Peterboro'; Evan L. Hickey, London; William Jones, London; Thomas M. Orpe, London; Joseph Sims, Hirwain; Thomas Taylor, Peckham; R. G. Thomas, Merthyr; Henry C. Upjohn, Oxford; Robert F. Young, Gringley-on-the-Hill.

THE LATE JOHN LEECH, ONE OF THE ARTISTS OF 'PUNCH.'—We can hardly claim John Leech as one of us, yet so good, so universally popular and beloved as he was, we gladly record the fact that it was not his fault that he was not a practitioner of Medicine. He was the son of a respectable hotel-keeper in the City, and on leaving school was placed as a medical student under the care of Dr. John Cockle, now Physician to the Royal Free Hospital. Whilst in Dr. Cockle's family he won the hearts of all about him by his gentleness and kindness of disposition, his perfect manners, and his musical taste. It must be confessed that he did not take very heartily to the study of Physic, but he was indefatigable in making sketches. No matter where he was or what was going on, he was sketching on paper, fly-leaves of books, and the walls of Dr. Cockle's study. Very soon his father's circumstances altered for the worse, and young Leech, being compelled to abandon Medicine, took to his pencil for a livelihood. And well he did his work. Whatever is fine, graceful, or elegant in man or woman he sketched to the life; and his satire is without a spark of malice. He always was what is called nervous and sensitive, and a brain delicately and feebly organized broke down at last from the pressure of hard work. Three weeks ago a friend saw him on the sands at Scarborough, looking quite the old man. He did not live much longer. His complaints of street noises were pathetic in the extreme; but, alas! we must say again what we said lately, they who cannot bear London noise should tell their griefs to their physician. They are over-wrought or undernourished, and should take the hint and beat a retreat in good time.—'Medical Times and Gazette.'

MUNIFICENT DONATION.—J. C. Bowring, Esq., of Larkbeare, has presented 4,000*l.* to the Devon and Exeter Hos-

pital, for the purpose of applying the income to the maintenance of a ward for the reception of infants under the age of seven years. The donation is made unconditionally, and in furtherance of the wishes of the late Mrs. Bowring.

FORT PITT, CHATHAM.—Additional buildings have been erected at Fort Pitt, Chatham, for the reception of the whole of the troops of the garrison requiring hospital treatment. The necessity of a separate staff of medical officers for the old hospital within the lines now ceases, that building being converted into quarters for the troops.

CAMBRIDGE UNIVERSITY MUSEUM.—The inspectors of this Museum have just reported to the Senate that they found the collection in an excellent condition. The catalogue of the physiological series commenced by Mr. J. W. Clark has been continued by Dr. Drosier, who hopes to be able to complete it during the present academical year. A large addition has lately been made to the collection, including the skeleton of an adult male gorilla, purchased of M. du Chaillu. A very interesting series of corals, starfishes, echina, and other invertebrate animals, collected and prepared by the late Mr. Lucas Bassett, has been placed in the Museum. It is hoped that these specimens will form the nucleus of a collection of invertebrata, which is much needed, and also will perpetuate the memory of their indefatigable collector, whose early death, in the prosecution of scientific research, was so much deplored by all who knew him.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 9. — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, NOV. 10.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, NOV. 11.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 12.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, NOV. 14.— *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 15.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Anthropological Society of London, 8 p.m.—W. T. Pritchard, Esq., "On the Natives of the Viti Islands."—W. Bollvert, "On the Astronomy of the Red Man of the New World."

BOOKS RECEIVED FOR REVIEW.

First Help in Accidents. By C. H. Schaible, M.D. London: R. Hardwicke, 192 Piccadilly.

Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital. Vol. I. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

THE ROYAL INSTITUTION.—The notice has been received.

A CONSTANT READER.—The whole number of entries to the Metropolitan Medical Schools is this year much smaller than the average, but some of the large schools have a greater number of entries than they had last year. Guy's takes the lead in point of numbers.

ANTI-QUACK.—At the time of our going to press, the persons charged with intent to extort money by threats of publishing a libel have not yet been committed for trial. The 'Lancet' positively stated that "Dr. Henery" had been formally committed, but such is not the fact.

MR. J. B.—The abstract of the lecture has been received.

JUVENIS.—In ninety-nine cases out of a hundred spermatorrhœa is only an imaginary disease, but its existence is asserted by the quack fraternity for the infamous purpose of extorting money from the unwary.

X. Y., *Glasgow.*—Bromine was discovered by M. Balard, of Montpellier. It is a constituent of sea-water.

A LOOKER-ON.—As far as we can see at present, the matter is too much a personal one to deserve notice at our hands.

DR. L.—The newspaper has been received with thanks.

VESTRYMAN.—We have never expressed any opinion but one as to the late proceedings of the Marylebone Vestry—namely, that they are calculated to bring sanitary science into contempt. We entertain, however, every personal feeling of respect for Dr. Whitmore.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
H. C. Wildash, East Ashford	0	10	6
R. Davies, Esq., Dunmow	0	5	0
T. A. Stephenson, Esq., Radford	0	5	0
Amount previously announced	91	5	0
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Nov. 2, 1864.

To the Editor of the Medical Circular.

SIR,—Will you kindly inform me in your next issue what is the best treatise 'On Food.'

Yours, &c., AN OLD SUBSCRIBER.

[A work by the late Dr. Pereira 'On Food.'—ED. MED. CIRCULAR.]

DR. B.—The letter and the inclosure have been received.

ARMY MEDICAL DEPARTMENT.
October 29, 1864.

A Competitive Examination of CANDIDATES for COMMISSIONS in the Medical Service of Her Majesty's Army will commence at Chelsea Hospital, on Monday, the 20th of February, 1865, at 10 o'clock a.m.

SUBJECTS OF EXAMINATION.

Obligatory.—Anatomy and Physiology, Surgery, Medicine, including Therapeutics, the Diseases of Women and Children, Chymistry and Pharmacy, and a practical knowledge of Drugs.

Optional.—Comparative Anatomy, Zoology and Botany, with special reference to Materia Medica.

Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and not being under 21, nor above 30 years of age, are eligible to attend.

Applications for the printed form, which must be filled up by intending competitors before their names can be placed on the list of candidates, should be made in writing to the Director-General of the Army Medical Department, War Office, London.

J. B. GIBSON, Director-General.

Royal College of Physicians of LONDON.

FIRST PART of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, December 6th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, December 13th.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pallmall East, 1864. H. A. PITMAN, Registrar.

General Hospital and Dispensary FOR CHILDREN IN MANCHESTER.

WANTED, an ASSISTANT DISPENSARY MEDICAL OFFICER. He must be unmarried; have a Medical and Surgical registered qualification; devote his whole time to his duties at the Institution. Salary, 120l. per annum. Candidates for the office must send in their applications to the Institution on or before November 26th.

BASS'S EAST INDIA PALE ALE.

The October, 1864, Brewings are arriving from BURTON in Casks of 18 gallons. Last season's Ale, in Bottles, is in fine condition.

BERRY BROS. & CO., 3 ST. JAMES'S STREET, S.W.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 292.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Besides the accumulation and coagulation of blood in the uterus, we may meet with another variety of internal hæmorrhage, which is quite as dangerous and much more liable to be overlooked. I stated that in most cases a few small clots form after delivery in the vagina, and come away during micturition; now, in some instances of flooding very little of the blood escapes externally, but nearly the whole of it coagulates in the vagina. It is astonishing what a quantity of clots the vagina can contain. In two cases which came under my own observation, the vagina was distended in its circumference by coagula to the fullest extent the pelvis and the structures within would allow, and its distal extremity was so pushed upwards, that a soft mass, which could be felt externally above the pubes, and which for a time appeared to be the bladder, was nothing more than the upper portion of the vagina containing clots. The blood collecting in the vagina, instead of escaping through the vulva, is most likely due to the patient lying with the buttocks placed on too high a level, and the uterine extremity of the vagina being unusually capacious. Our attention will be first attracted by the symptoms of loss of blood, such as faintness, increasing rapidity of the pulse, and pallor of countenance, &c. The external loss of blood may be almost *nil*, or there may be free draining. The uterus will be found to be of the usual size, moderately contracted, and in its proper position, unless the quantity of coagula be very large, in which case the uterus will be pushed up and a soft mass felt below it. In the two cases alluded to above, in consequence of feeling a space between the hard uterus and the pubes, I thought the bladder was distended; and I should have introduced the catheter, had not a feeling of bearing-down, complained of in both instances, led me first to make a vaginal examination, which at once revealed the true state of things.

The treatment is very simple. The clots may readily be pushed out of the vagina by pressing the uterus firmly downwards, and the patient bearing down at the same time.

Cough.—The sympathetic cough which women frequently suffer from during the latter months of gestation continues for a day or so after delivery. It is especially troublesome for the first few hours, and sometimes gives rise to a very free loss of blood. The attacks of coughing do not continue long, but recur frequently.

Diagnosis.—The uterus is felt fairly contracted, and the loss of blood, which occurs as a draining, *only takes place when the patient coughs.*

Treatment.—It consists in relieving the cough as soon as possible. Fifteen minims of the tincture of opium or Battley's solution should be given at once, and a second and a third dose at intervals of half an hour, if the first does not prove effectual. During each attack of coughing, much good may be done by grasping the uterus firmly and steadying it. It excites a more efficient contraction, and also prevents the uterus from being jolted so much.

Illustrative Case.

The patient, mother of seven children, was attended in her confinement by a pupil of the Dispensary. The placenta came away by traction without any difficulty, in about five minutes after delivery; the uterus contracted firmly, and, except that she had a bad, teasing cough, she appeared for some time to be doing very well. In about half an hour the patient complained of feeling very faint, and as there were other signs present of an undue loss of blood, the pupil made an ocular examination. He found that the patient had lost a great deal, and he also noticed that a free draining took place every time the patient coughed. Ergot was administered, and cold and pressure applied, but with little or no avail, as the cough was almost incessant. I was accordingly sent for. There was no difficulty in making out the cause of the hæmorrhage. The uterus was rather large, but it readily contracted on pressure; there was an entire cessation of hæmorrhage during the brief intervals in which the patient was free from coughing. As the woman was in a very low state, I was anxious to relieve the cough as soon as possible, and I began by giving half a drachm of Battley's solution of opium, and in a quarter of an hour gave a second dose of fifteen minims. After the last dose, the attacks rapidly diminished in frequency, and the patient was soon out of danger from further loss of blood. For the first few days, until the cough ceased, she took every four hours a draught containing ten minims of chloric ether, fifteen minims of the compound spirit of ether, and five minims of Battley's solution of opium in an ounce of water.

A Large Placenta.—Women are much more liable to flood after the delivery of the placenta in twins than in single births; at the full term, than after premature confinements; when delivered of a large child, than of a puny infant. In twin cases, there being two placentas either separate or attached to each other, double the number of vessels are laid bare on their detachment. At full term, the calibre of the vessels and the uterine sinuses are larger than in the preceding months. When the child is very large the placenta is generally in proportion. The larger the placenta, the greater are the number of uterine sinuses laid open, and the uterus has to be more firmly and equably contracted than it usually is soon after delivery.

Treatment.—As the sole object to be attained is a strong and permanent contraction of the uterus, the treatment should be the same as that for hæmorrhage from inertia.

Exertion.—It is a frequent cause both of primary and secondary hæmorrhage, especially amongst the lower class. Very slight exertion made during the first two or three hours after confinement is liable to bring on profuse flooding. I have met with two or three bad cases brought on by removing the wet clothes, putting on clean things, and drawing the patient into bed. In another instance, flooding was set up by the woman injudiciously getting out of bed to make water, soon after I had left the house. Severe flooding may also be caused through exertion several days after delivery. Dr. Murphy relates one which occurred on the tenth day, and Dr. McClintock another which set in on the eleventh day. It is more common, however, after the lapse of a few days, to meet with cases in which the hæmorrhage is not profuse, but occurs as a slow, continued draining. When women leave their bed before the lochia has taken the place of the sanguineous flow, a slow draining of blood is very apt to continue for a month or six weeks. Even after the coloured discharge has ceased for several days, getting about too soon not infrequently brings it back again. The slow loss of blood for several weeks after confinement occurs more often than medical men are aware of. At the Dispensary, I made numerous inquiries concerning that point, and I found not only was it of frequent occurrence, but the answers received from some of the patients showed that they looked upon it as natural. Three or four women said that they always lost very little until they got up, and seem surprised when I explained to them that that was in consequence of their not remaining in bed long enough. The debility and anæmia resulting from the gradual loss of blood were attributed to a tedious convalescence from the immediate effects of the labour.

Diagnosis.—We may infer that exertion was the cause of the hæmorrhage, if the patient were quite free from flooding before the exertion was made.

Treatment.—That depends very much on the length of time which has elapsed between the delivery and the commencement of the hæmorrhage; also upon the profuseness of the flow. If the flooding be violent within the first day

or two, cold and pressure should be diligently applied, and two or three doses of ergot administered. If there should be any evidence of clots having collected in the uterus, they must be pressed out or removed by the hand. When the flooding comes on profusely for the first time several days after delivery, we may also have recourse to plugging the vagina precautions being taken against the occurrence of internal hæmorrhage.

Those cases in which the loss occurs as a long-continued draining may usually be treated without the local application of cold. If the uterus is not tender, firm pressure should be applied to it by a pad and binder. The patient should be enjoined to eat and drink everything cold, keep perfectly quiet, and take five grains of gallic acid, fifteen minims of dilute sulphuric acid, ten minims of Battley's solution of opium, in an ounce of compound infusion of roses, every four hours. If no benefit be derived from these remedies in a few days, an infusion of ergot may be given instead of the astringent mixture, each dose containing ten grains of ergot. In obstinate cases of draining, the injection of a pint of cold water every morning into the rectum will generally be attended with success; if, however, all these various means fail, we must then employ the tampon or plug.

Illustrative Case.—The patient, an unmarried girl, æt. sixteen, was a poor idiot upon whom rape had been committed, by a man who had watched her into a privy after dusk, and effected his villanous purpose under threat of murder. During labour she thought the pains were caused by "a big worm" which was trying to get out of her inside. It is probable that the idea of the "big worm" arose from her feeling the movements of the fœtus during pregnancy. The labour was short, and she bore the sufferings of the last stage unusually well. The placenta came away in the usual time, the uterus contracted firmly, and she lost very little. I visited her next morning, and found her going on favourably. The uterus was well contracted, and her mother said she had had very little loss. Late in the afternoon of the same day I was hastily called to see the girl, as she had lost a large quantity of blood. The mother told me that she had left her daughter by herself for half an hour, as she appeared to be doing so well. At the end of that time she went up stairs again, and was surprised to find the girl lying on the outside of the bed, blanched, and looking very ill. There was blood all about the floor, showing that the patient, not knowing any better, had got up and walked about the room. I found the uterus rather larger than it was in the morning, and not so firmly contracted. There was free draining of blood from the vulva. A dose of ergot in some brandy-and-water was given, and cold and pressure applied, which soon restrained the flooding. Considerable sanguineous draining continued for two or three days; it then gradually ceased, and the patient made a perfect, but very tedious recovery.

I have now treated briefly all the most common causes of post-partum hæmorrhage, and in the next communication will enter upon the consideration of those which are more rarely met with.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

WESTMINSTER HOSPITAL.

(Case in the Out-Department under the Care of Mr. Hillman.)

The first patient we saw was a young, strong, active-looking woman, who complained of tumours upon the right knee, upon the right forearm, and upon both buttocks, exactly in the place where she rested when sitting.

On examination, the tumour on the knee proved to be a bursa that had become distended with fluid.

Mr. Hillman dwelt carefully on the diagnosis between this enlargement of the supra-patellary bursa and the enlargement of the synovial sac of the knee-joint:—In the former case, the articulation is wholly free from complication, and hence the patient will not complain of the stiffness of the joint so characteristic of the articulation being engaged in some morbid action; nor of pain in the joint, created either when it is used in standing, walking, or any other exercise of the legs, or when the heel is struck by the surgeon in his examination, necessary for the detection of any lesion; nor will complaint be made of a sensation as though a piece of leather were placed between the thigh and leg bones; nor of a boring, gnawing pain on the inside of the knee, as is present when disease of the cartilages is occurring; nor, in fact, will any reference be made to the articulation that would lead the surgeon to consider it affected. It may be, however, that stiffness may be complained of, but on more closely interrogating the patient, it will be found that this sensation is one rather of tightness outside the articulation—just as if a band were tied round the leg at the joint—than of stiffness in the articulation itself.

Moreover, in supra-patellary bursal enlargement, the patella is—as exists in the healthy condition—fixed in its place by its own ligament and by the tendon of the quadriceps extensor cruris, which has its extremity affixed to this bone. Again, it is not more prominent than in health; not at all bulged out, or floating; nor does pressing it backwards occasion any pain in the joint. If the bursa be not very much enlarged, the edges of the knee-cap can be distinctly felt; but when—no matter how small may be the tumour—we attempt to bring the finger in direct contact with the anterior surface, we at once are made conscious of an impediment to our so doing, owing to the interposition of a foreign body, that foreign body being the distended bursa. Another and very obvious distinction is, that the bursal tumour is always, comparatively speaking, smaller, more circumscribed in its dimensions, more accurately defined, than occurs when the synovial fluid is increased in quantity and comes to swell out the sac in which it is contained.

In the case of the latter affection, the patella is lifted from its usual berth by the amount of synovia poured out, and is pushed forwards, its projection being in a direct ratio with the quantity of synovia excreted; moreover, the edges of the patella cannot be distinctly made out; and should the fingers be applied to that bone it will be found to be, not fixed, but quite moveable and floating upon the synovia; there will be some uneasiness, uncomfortableness, stiffness, or pain in the joint itself, the degree of abnormal sensation being proportionate to the extent of mischief, or in accordance with the stage to which inflammatory action may have advanced; there will, likewise, be pain or discomfort occasioned when the limb is used, or when it is percussed by the surgeon in the course of his examination.

Should ulceration of the cartilages be present, a peculiar boring, gnawing, darting pain will obtain in the entire articulation, but more especially in the inner side of it, as if, in fact, all the disease lay in the internal condyle of the femur and in the inner part of the head of the tibia; in addition, excessive and sickening pain will be experienced with every movement of the limb which, also, will be affected with constant startings that arouse the patient from the deepest natural sleep, that prove most harassing and wearing, and in some instances unamenable to the influence of opiates or to any kind of narcotics.

A grating sensation, evident to the patient, and distinctly to be felt by the surgeon as he moves the limb, is pathognomic of erosion of the cartilages, or of this condition and porcellaneous deposit combined. A creaking or crepitus is not to be confounded with the grating, since each, distinct—and readily distinguished by the experienced—from the other, is as distinctly symptomatic of distinctly different morbid actions in and conditions of the joint. The creaking or crepitus may betoken either that there is an undue amount of fluid poured out into the synovial sac of the knee, or that there is a hyper-secretion of the fluid naturally found in the sheaths of the tendons.

Mr. Hillman considered the tumour on the forearm to be of adventitious origin; its probable cause being, either a hurt received at the place whence it sprang into existence, or

constant friction from the nature of her employment. In referring to the removal by means of the knife, of tumours situated upon or in the neighbourhood of a joint, he dwelt upon the great danger of opening the articulation, and the consequences likely to supervene, should such an accident occur.

The next case of interest which came before him was that of a patient suffering from CROSS paralysis. By the term "cross paralysis" is implied that form in which a limb or part of the upper half of the body is affected, and a limb or part of the lower half of the opposite side of the body is afflicted in the same way.

The present case illustrated the meaning admirably; there was a palsied condition of the right arm, and the same condition of the left leg. The patient could not be called either hemiplegic or paraplegic, since neither condition existed completely, the palsy being limited to particular parts of the body—namely, to a limb on the opposite sides.

There is a cause of paraplegia to which we would make allusion, inasmuch as it is not generally discussed, and, perhaps, is not very much known to students or to junior members of the Profession. The cause referred to is GONORRHŒA.

The several steps of the affection are these:—First, gonorrhœa, which is either dried up by strong injections or allowed to run on into a gleet; stricture, we will suppose, supervenes in either case; as a consequence, irritation of the bladder sets in; the kidneys become affected; the spinal nerves and spinal cord itself share in the general irritation of the urinary apparatus; are attacked with disease; grow enfeebled, and no longer able to preside over their appointed functions; the limbs and all the parts to which the nervous influence was wont to be supplied lose tone, and, under no governing power, cease to perform their various offices, until at length they come to be devoid of their natural qualities or attributes, and ultimately are rendered quite useless.

This is a dangerous form of paralysis, since treatment is very often wholly ineffective, and the cases affected with it seldom eventuate successfully.

The next case was one of angular curvature, the patient being a woman of years somewhat under middle age. She was healthy in appearance, and seemed to be suffering merely from impaired digestion. The chief interest attached to the case is this:—Some time since the patient had presented herself at the dispensary complaining of lumps in the groins; an examination was instituted, and the lumps were diagnosed to be abscesses, probably in connexion with the disease which obtained in the vertebral column. The case was considered to be a hopeless one, and very little doubts were entertained but that it would terminate in death. However, Mr. Hillman thought it advisable to give the patient a chance of her life by opening the abscesses. This step he accordingly performed, and gave exit to thirty fluid ounces of purulent matter, the quantity which was contained in each abscess. Through months the case was watched with the greatest interest and anxiety, and at length Mr. Hillman had the satisfaction of seeing his attention, perseverance, and skill in treatment crowned with that success for which he scarcely had allowed himself to hope. The patient recovered and became restored to tolerably good health.

KING'S COLLEGE.

We have been requested to reprint the details of the following operation, which occurred in the practice of Mr. Smith, but which was, by an oversight on the part of our reporter, attributed to Mr. Wood:—

WARTY TUMOUR ON THE BACK OF THE NECK.

The patient was a man aged forty-five, and Mr. Smith remarked that the growth may have been originally of a nævoid character; that it had been irritated, being situated in a place where the clothes were very likely to be constantly rubbing it and producing abrasion of the skin; that, as a result of this constant irritation, it had taken on degenerative action, had passed through the several intermediate stages, until at length—from having been originally a benign growth—it had become one of the true malignant tumours, or, at least, very closely allied to that class. The growth was about the size of the palm of the hand, of a dark red, or purplish colour; its surface was irregular and of a warty appearance; it was not raised much above the surrounding skin; its base was hard and firm, and became fined down as it mingled with the neighbouring structures; there was mobility, but of a certain kind, which showed that there was some attachment to the subjacent muscles. The entire mass had lately taken on rapid growth, and this was one reason for considering it to be, if not actually malignant, at least of a malignant tendency. Carrying the knife around the base of the disease, and at the same time sufficiently wide of it to prevent the possibility of leaving any of it behind, Mr. Smith excised the whole. The incision was comprehensive, not alone as regarded width, but also as to its depth, since the tumour had taken root downwards, deeper than was at first supposed; and in consequence Mr. Smith dissected away a portion of the muscle upon which the tumour rested, and with the fibres of which it was probably amalgamated.

OPENING OF THE CARMICHAEL SCHOOL OF MEDICINE, IRELAND.

The new Carmichael School of Medicine, North Brunswick street, Dublin, was formally opened last Wednesday. The Richmond Hospital School, of which this will now take the place, was originally established in 1829, the late Surgeon Carmichael being one of those who assisted in its formation. That gentleman bequeathed the sum of 10,000*l.* towards the foundation of a new school, that sum to be so disposed of on the death of his wife should she survive him. The lady, however, generously handed over the money to the trustees, in order that her late husband's wishes might be more immediately carried out. The sum of 8,000*l.* was to be devoted to the erection of the building, and the interest on the remaining 2,000*l.* was for distribution in annual premiums amongst the students. The funds having been secured, the construction of the new building was intrusted to Mr. James Edward Rogers, architect, who immediately set about its erection. The contract was given to Messrs. Gilbert Cockburn and Sons, and on the 29th of March last the foundation-stone was laid by the Earl of Carlisle, late Lord-Lieutenant of Ireland. The edifice since that time has risen with great rapidity, and, with the exception of the painting and ornamental work, may be regarded as finished. The cost will be about 6,000*l.* In no case has convenience or utility been sacrificed to ornamentation. The design of the building is simple, the principle observed being to afford the best possible accommodation for carrying out the purposes for which it was intended. An expense of 400*l.* more than was contemplated in sinking the foundation rendered it necessary to dispense with some of the intended decorations. The design of the building reflects the highest credit on the architect. It is very simple, yet nothing appears wanting to render the edifice complete of its kind. The left portion is occupied by one of the most spacious and commodious lecture theatres in Dublin. A marble bust of the founder is placed in a conspicuous position in this apartment. The other portion of the ground floor is divided into various offices and a hall (floored with encaustic tiling), from which the granite stairs ascend. The principal apartment on the upper story is the dissecting-room, which is large and well lighted, possessing also heating and cleansing apparatus. The floor is tiled, and can easily be flushed with water. Adjoining this room is one for demonstrations, having also raised seats at one side to avoid the crowding round of students that must necessarily take place in a dissecting-room. A trap-door in the floor of this apartment, on being raised, reveals a machine for hoisting weighty substances to the upper story. On the same landing there are also lavatory, anatomical lecture-room and museum, chemical theatre, and various other useful apartments. The interior generally indicates great ability in design and execution, and in adaptation

for a medical school. The hall, staircase, and ornamented roof present a pleasing appearance, their arrangement being somewhat novel. The front has a pretty, though unostentatious appearance. It is constructed chiefly of granite, with Caen and Portland stone dressings. The doorway is ornamented in a unique fashion, conventional foliage being incised, and otherwise rendered as pleasing, though less costly, than by the ordinary method of carving. Taking into consideration the neatness of the structure, the short period within which it has been erected, and the masterly style of the workmanship, too much credit cannot be given to the architect and the contractors. The school was opened under auspicious circumstances. The inaugural address was delivered in the lecture-hall of the institution, by Dr. Robert M'Donnell, in the presence of a crowded assembly of the principal medical gentlemen in Dublin, and a large number of students.

DR. M'DONNELL gave the following sketch of the founder of the school :—The Medical School, which may be said this day to have attained its majority, was called into existence in the year 1827 by three distinguished individuals. One of these, Ephraim M'Dowel, was cut off in the prime of manhood, yet not before he had given to the world, both by his writings and teaching, abundant proof that he had not allowed to lie buried in the earth the talent which God had given him. Another of the three is still among us. The presence of Mr. Adams to-day is a matter of extreme gratification to myself and colleagues. The additions he has made to surgical science and literature will gain for him an enduring fame. The third of these individuals was he whose name this school now bears. Richard Carmichael was born in Dublin in 1779. He was of an ancient and noble Scottish family. When the family title—that of the Earldom of Hyndford—became extinct in the principal line, he had reason to believe that his eldest brother had the best claim to it, but, by the destruction of some papers, the evidence fell short of legal proof, and the claim was never established. This marble bust, which forms a part of his munificent bequest to this school, is a truthful portraiture of his strikingly handsome features ; but how immeasurably does the dull cold marble fall short of the original. His countenance in a remarkable degree declared his character : his bold and open expression bespoke vigour of thought and tenacity of purpose, candour and determination. The most casual observer must have felt himself in the presence of a man who would not easily turn to the right or to the left from the path which he believed to be the path of rectitude. His noble presence was of that kind which gives a man weight with his fellow-men, and which, in his case, was increased by his acknowledged integrity and by his genial kindliness. Richard Carmichael commenced his professional life as assistant-surgeon in the Wexford Militia, but, leaving this service at the time of the reduction of the military establishment which followed the Peace of Amiens in 1802, he entered upon his career in Dublin at the age of twenty-four. He rose rapidly to distinction. In 1810 he was appointed one of the surgeons to the Lock Hospital, and in 1816 to the Richmond, Whitworth, and Hardwicke Hospitals. Much of his professional fame was due to his writings. Besides numerous memoirs in the medical periodicals and essays in the form of pamphlets, he published several important volumes, by which he founded the high reputation he acquired. To one of these works he owed the distinction of being elected corresponding member of the Royal Academy of Medicine of France, being the first Irishman upon whom this Academy —the most distinguished Medical body on the Continent— ever bestowed this high and rarely granted honour. He was greatly esteemed by his professional brethren. At the age of thirty-four he was elected President of the Royal College of Surgeons, an office which he filled on two subsequent occasions. In 1841 he was presented with a valuable piece of plate, accompanied by an address signed by 410 of his professional brethren, expressive of their sense of his unwearied zeal for the improvement of his Profession and the advancement of Medical science. At the comparatively early age of fifty-seven, while in the full vigour of life and extensive practice, he resigned his post as surgeon to the Richmond Hospital to make way for younger men. He was then nominated consulting surgeon, an office which he retained until his death. A second address was presented to him by the Fellows and Licentiates of the College of Surgeons resident in Dublin at the termination of his third presidentship, to mark their appreciation of "his unceasing exertions in promoting the best interests of the Profession, and of the kind encouragement which he on every occasion extended towards its junior members." In reply to this address he announced his intention to take an important step as regarded his private practice for the future, which was almost unexampled for its liberality. He said : —"Since the termination of my year of presidentship, I have relinquished all practice, except in my own house or in consultation with a qualified practitioner. This determination has in a great measure arisen from a desire to show a good example to my contemporaries, which I hope in due time they will follow for the benefit of their juniors." He so thoroughly believed in the greatness and nobleness of the Profession to which he himself belonged, that he spared no exertion to promote its advancement. He rightly conceived that the only true mode of forwarding this object was by seeking to improve the education of its members. For many years before his death he gave annually 50*l.* for prizes in anatomy and surgery in this school. He placed 500*l.* at the disposal of the Council of the Medical Association of Ireland, to assist that body in the attempt to effect certain reforms, which he desired to be based upon the following principles :—First, That of a good preliminary general education for students of Medicine. Second, That of a high and uniform professional education for all medical students. Third, That of a searching, demonstrative, and uniform examination for all candidates for a medical or surgical degree. Fourth, That of the separation, wherever practicable, of the profession of Medicine and Surgery from the scientific trade of the apothecary. To this educational institution he bequeathed 10,000*l.*, 8,000*l.* being for the improvement of the school, and 2,000*l.*, the interest of which is to be annually bestowed in premiums. With a view, also, to the promotion of medical reform, he bequeathed to the College of Surgeons 3,000*l.*, the interest of which was, at stated periods, and under certain conditions specified in the will, to be awarded by the Council of the College to the authors of the best essays on the subject of "Medical Education."

PROFESSOR STOKES OF DUBLIN ON MEDICAL EDUCATION.

In an introductory lecture at Trinity College, Professor Stokes made the following remarks on Medical Education : —For many years previous to the passing of the Medical Act, in 1858, the Profession was agitated by the struggle for medical reform, and among the evils complained of was the want of a fitting position for Medicine. The Act, however, had as yet done little for Medicine in that respect. It was true that by the creation of the Medical Council the Profession had been brought for the first time into direct contact with the Government of the country, and that the powers of the Council, as regarded registration, and as a criminal court, were large, and had been usefully and impartially exercised ; but as touching the social position of the Profession, it was but too obvious that the leading idea among the many promoters of the Act was the protection of the various licensing bodies in the exercise of that craft by which they had their wealth—not the placing of Medicine on a level with its sister faculties by the enforcement of a large and liberal education. If they took the original Act, which consisted of fifty-six clauses, and also the additional Acts passed since 1858, they had seventy-seven clauses of Acts of Parliament, but five of which related to education ; three of these, the 20th, 21st, and 22nd, were so worded as to render it doubtful to many whether they gave any power, direct or indirect, to the Council to interfere with extra-professional education. The 23rd and 28th clauses distinctly related to professional education, and these clauses were framed for the protection of the most miserable quackery that had ever soiled a noble calling. Men spoke

of the social position of Medicine, as compared with that of the Church and the Bar, without considering the remote and immediate causes of the evils they deplored. They should look to the past and to the present. If they studied the nature and history of man, they observe two great and co-relative phenomena, the instinct of worship and the obedience to law, or in other words the feeling of religion and that love of the just and the true for which so many had laid down their lives. Naturally, then, it followed that the ministers of religion and of justice, the priest, the patriarch, and the king were placed first in man's estimation. The priest, as standing between him and his God; the patriarch, who governed his early household by laws, hallowed by love and enforced by duty; and the king, who was the head of the law, and himself the personification of its justice. Medicine, on the other hand, if they passed by the Hippocratic period, was long only known as a rude and imperfect art among the Romans, principally practised by slaves, nearly extinguished after the fall of the Roman Empire, and only first appearing in the beginning of the ninth century as a pursuit related to mental culture; while surgery, down to recent times, was but a handicraft. Its position then, whatever that might be, was traditional, and the remote causes of that position were traceable to the earliest and noblest feelings of human nature. But let them turn to the more immediate cause of the state of things complained of, and inquire whether the Profession itself, or at least those who had exercised corporate powers in it, were free from blame. Did they come into court with clean hands? Was not the true cause of the grievance that by long custom, and for selfish ends, the heads of our medical corporations, and that class of universities which, by ignoring the value of an education in arts to the medical students, were really little more than faculties, had confounded instruction with education, had placed the special training first, often to the total neglect of that enlarged education which would enable their members to advance the real interests and support the true rank of a liberal and learned profession? As the result of that system, large numbers of uncultivated men had been and were still admitted into the Profession, and that was the cause which produced the evil of an inferior relative position, an evil of such magnitude that, were it not for the good and purifying influences of Medicine itself on the character of those engaged in its work and its charity, the consequences would be deplorable. At the time of the passing of the Medical Act, there were in the United Kingdom nineteen bodies, which had powers to grant diplomas entitling the holders to practise Medicine and Surgery, or either, according to their qualifications. Those institutions might be divided into four categories—First, universities, in the true acceptation of the term, with faculties of divinity, physic, and law, in which degrees would only be obtained after a full and equal education in arts. Second, universities in which that education was not a condition for obtaining the degree, and which, consequently, so far as Medicine was concerned, were faculties, not universities. Third, colleges of physicians and surgeons, which granted licences by examinations and required the fulfilment of a curriculum of special instruction of purely medical and surgical teaching. Fourth, the faculty of physicians and surgeons of Glasgow, the Apothecaries' Society of London, and the Apothecaries' Hall of Dublin, all of which followed the example of the Colleges of Physicians and Surgeons. But of all these, there were but three that by their practice essayed to give to Medicine its proper position, in an educational point of view, as compared with divinity and law, and these were the old universities of Oxford, Cambridge, and Dublin. Yet to say that the remaining bodies had ignored the study of arts would be going too far, for in most cases some form of preliminary examination was provided; but in giving effect to such regulations it was certain that great laxity had prevailed. Even if these tests had been carried out in good faith, their value, as compared with that of the university system, was next to nothing. The system, in truth, was in most cases deplorable. A young man, often little more than a boy, was sent from his parent's roof, and plunged into a medical school in a large city. As to discipline, there was none for him; as for example, he had that of his fellows. There were none to care for him; he might degrade himself to the last extreme. After a time one idea took possession of him—how he might best obtain his diploma; and so he resorted to the "crammer," under whom he remained until his fourth year of misspent time was passed, and then, with crowds of other victims, he was turned out to commence his professional life, ignorant even of his own business, with his observing and reasoning powers uncultivated, his moral senses necessarily blunted, his tastes unrefined, his literary attainments, if he had any, forgotten. Unfitted by his habits for independent thought, he entered on practice, and what wonder if he occupied an inferior place in society when he found, too late, that he wanted that mental culture which would enable him to support the position of a gentleman or the dignity of a profession?

ABSTRACT OF A PAPER ON THE PAINLESS EXTINCTION OF LIFE IN ANIMALS DESIGNED FOR HUMAN FOOD.

By HENRY MACCORMAC, M.D.

Addressed to the Royal Society for the Prevention of Cruelty to Animals.

I come forward with a proposal to render the parting of life to the creatures which we require for our use, if not absolutely painless, at least as nearly painless as it is possible to imagine. The act of dying, I affirm, may be rendered painless, or next to painless, while the preliminaries need entail no bodily suffering of any kind. At the same time, I do not expect that the community at large will at once abandon its time-honoured customs at my suggestions. I, therefore, do not appeal to butchers or their ordinary customers only, but to the humane and intelligent, in particular to those who feel and know that God has not handed over His brute creation to us except on the tacit but not less binding condition that we should work them no avoidable ill.

I cannot tell why no one, so far as I am aware, before now seems to have entertained the humane idea of putting animals designed for human food to death by means of carbonic acid gas, except that the first origin and growth of all useful ideas are slow. And yet the fact that carbonic acid gas takes away animal life speedily and even painlessly has long been well known; nay, was continually pressed, as it were, upon men's attention by the terrible casualties ensuing in consequence of persons falling into brewer's vats and other receptacles charged, either through Nature's operations or man's intervention, with the gas in question.

When in early life I was a student under Dupuytren, at the Hôtel Dieu, in Paris, the poor women, many of them, who kept stalls for the sale of fruit and other provisions in the public markets, were brought in burnt dreadfully, and yet unconsciously, while in the trance or insensibility occasioned by the gases, the carbonic acid and carbonic oxide—viz., which issued from the little *chaufferetes*, or braziers, filled with burning charcoal which the poor creatures were wont to place between their feet in order to insure warmth during the severe winter chills. They fell asleep, unconsciously, as it were, narcotised by the gases I have named, and in this state, unless haply rescued in time, their coals taking fire from the incandescent charcoal, often incurred the most frightful burns I ever beheld. I questioned many of these poor victims on the subject, but one and all they severally assured me that never had they experienced the slightest pain. Of course, it will be understood that I speak of pain as inflicted during the period in which the injury was incurred.

The extinction of life in small animals, as dogs, has long been performed as a sort of exhibition at the Grotto del Cane, therefore so named, at Lake Agnano, nigh Naples. With this property it would seem Pliny was well acquainted, since he has adverted to it in his Natural History. In modern times the circumstance has engaged the attention of various naturalists, and it has long been ascertained

that carbonic acid gas is the agent at work. But although the period of nigh two hundred years, and perhaps yet more, has elapsed since this property, as attaching to carbonic acid, first attracted notice, it has never heretofore led to any practical inference or result. In England the sacrifice of human life from falling into brewer's vats takes place from time to time, and is detailed any time these hundred years in the pages of the 'Gentleman's Magazine;' but it has occurred to no one during that long period to liberate animals, oxen, sheep, pigs, fowl, and even fish, designed for food, from the cruel infliction to which they are so commonly subjected, by means of the agent which acts so painlessly on man. It is not long, I confess, since the thought of its great applicability in the case of the inferior animals occurred to me, and I earnestly submit that the suggestion is one which should not be made in vain.

On Wednesday, the 25th of March, 1863, a boy, at Sion Brewery, Southsea, mounted on a forty-barrel vat, and while looking through the man-hole, fell among some wet hops, and speedily became a victim to the carbonic acid gas which emanated from them. The engineer, finding what had taken place, descended by a rope ladder, and forthwith became senseless. Another man, although cautioned, also descended, and shared the fate of those who had preceded him. The vat was then broken open, and the lifeless bodies were removed.

On the 21st of August of the same year, an inquest was held at Bromley, on a person who had ventured through a man-hole into a large vat in order to stir up the waste liquor and solids. No sooner had he gone down than he cried out, although he had tested the vat by a candle previously, "There is gas here!" and instantly fell back dead.

About three or four days since, some miles out of Belfast, a young man ascended a chimney in order, by means of a wet sack, to extinguish a burning flue. While in the act of doing so, he inhaled the gases, the carbonic acid and carbonic oxide, which issued from the burning chimney. In an instant, as if struck by lightning, the poor young man lost his foothold and rolled over quite dead. The awful promptness and rapidity with which these frightful casualties ensue, and accounts of which I might recite by hundreds, prove the sure and certain efficacy and fitness of carbonic acid for the object I have named. The very suddenness of its operation seems to preclude all pain. The persons acted upon do not appear to suffer, and the few who have been rescued declare uniformly that they knew nothing, and felt nothing.

These occurrences, time after time, are related in the journals of the day, and like events have frequently been detailed without leading to any desirable result. Now, the useful inference I would draw, and the plan I would strenuously urge, is the painless extinction of life through the instrumentality of carbonic acid gas, as regards animals designed as food for man.

I conceive, and would fain hope, that the simple publication of this proposal will induce the proper action, and lead to the universal adoption of a procedure so simple, painless, and effective, whose undesigned efficacy, as I have shown, has so often been tested at so much cost and so many sacrifices in the case of our own species. I cannot see a colour of objection to it. I see everything, on the contrary, in its favour. The frightful scenes of the slaughter-house, so repugnant to all right feeling and sense of humanity, would come to an end, and the animals designed for human subsistence would be bereft of life almost without a suffering or a pang.

The new method which I propose for taking away life in the case of animals, large or small, designed for the table, is simple in the extreme. A carbonic acid gas generator of suitable dimensions, fed with a little chalk and sulphuric acid, must be had to hand. The sort of generator made use of by the soda-water manufacturers would answer every purpose, even on the largest scale. The gas might be conducted by a pipe or duct into a stone or wooden reservoir or chamber, for carbonic acid gas is so much heavier than air, where the animal should be led. Even gas mixed with air would suffice. No sooner should the line of the gas rise above the level of the zone of respiration than, as in the case of the poor stall women of Paris, the Grotto del Cane, or the brewer's vat, the animal would at once fall prostrate and insensible, and, without experiencing any appreciable pain or suffering, expire.

A sort of india-rubber hood or bag could otherwise be adjusted to the creature's head, and, when so adjusted, the gas might be led on by a treadle pressed by the operator's foot. The instant the gas should surround the respiratory outlets, the animal's consciousness would cease. In order to prevent reanimation, the creature would have to be left a few minutes untouched, after which the butcher might resume his functions. In the name of universal humanity, and for the sake of the beings who share this world along with us—for he who has no response for the cry of nature in anguish is no true man—let this humane and painless procedure, which realizes a perfectly wholesome food without a shadow of risk to the operator, receive the attentive consideration to which the great importance of the subject so well entitles it.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your finding space for the following letter.

I am, &c.,
Weymouth, Nov. 9, 1864. RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
8th November, 1864.

MY LORDS AND GENTLEMEN,—I take the liberty of calling your attention to a report of the proceedings of the Southampton Board of Guardians at their meeting on Nov. 1st, in reference to "expensive medicines." In the speech of the mover of the resolution, it is stated, "It was impossible for their medical officers, with their present pay, to give to the pauper patients such expensive medicines as those referred to in the letter." My lords and gentlemen, this is the statement of a guardian of a large and influential incorporation, and was acquiesced in by the whole Board, as is proved by their resolution. For years past your medical officers, through me, have told you the same; surely, then, you will no longer delay to apply a remedy for such a lamentable state of things. I earnestly entreat you at once to lay down a rule by which all salaries shall be fixed, and not leave it discretionary for one Board of Guardians to give a salary which averages less than one shilling per patient, whilst another Board gives a salary which averages many shillings per patient. The latter part of the speech of the Southampton guardian is most important and is as follows:—"For his own part, he hoped to see the time when that Board had a dispenser and dispensary of its own, and when their medical officers should be paid without having to supply medicines, but simply to prescribe them; for he believed it would prove of benefit to the town by the, in many cases, restoration of their poor, to the great relief of the rates." Your medical officers, as a body, recommended to the Select Committee on Poor Relief, amongst other things, the establishment of dispensaries. The Committee unfortunately ignored that recommendation; but now that you have a similar recommendation from a Board of Guardians of a large and important town, I pray you not lightly to reject it, as its adoption would cure one-half of the evils complained of by your medical officers and be of vast benefit to the poor. The salaries of your medical officers should be based on three payments:—1. Pay for medical advice and attendance a certain sum, in proportion to the number of patients and distance to be travelled. 2. Pay for extra medical services—as confinements, accidents, &c. 3. In those unions or parts of unions where the inhabitants are widely separated, pay your medical officers a fixed sum per patient for medicine; but in all large towns and parishes under local acts establish dispensaries; in the metropolis one dispensary might serve for two or more

purishes. Adopt this course, and you will remove much of the ill feeling which now exists.

As the General Council of Medical Education and Registration of the United Kingdom is a legally constituted body, I think it would be well to consult them as to the amount to be paid the medical officers; if you adopt this course, I feel sure you will give general satisfaction.

I have prepared a short draft bill on the subject of Medical Relief, which it is intended to be submitted to Parliament next Session. If you desire it, I shall be happy to forward a copy for your inspection and, I trust, approval.

I have the honour to be, my Lords and Gentlemen,
Your obedient servant, RICHARD GRIFFIN.
The Poor-law Board.

Extract from the 'Hampshire Independent' of Nov. 2.

SOUTHAMPTON BOARD OF GUARDIANS, NOV. 1.—Upon the question of providing medicines, Mr. Dowman said that he doubted not the surgeons of Southampton would not think that he was saying more than he ought when he said it was impossible for their medical officers, with their present pay, to give to the pauper patients such expensive medicines as those referred to in the letter (from Mr. Hawley, a Poor-law inspector), and which were universally admitted to be almost the only specifics in certain cases. For his own part, he hoped to see the time when that Board had a dispenser and dispensary of its own, and when their medical officers should be paid without having to supply medicines, but simply to prescribe them; for he believed it would prove of benefit to the town by the, in many cases, restoration of their poor, to the great relief of the rates. He proposed, as a reply to the query, that it was in the opinion of the Board undesirable for the medical officers to supply any medicines whatever, but that guardians should have dispensaries, and be ready themselves to supply whatever medicines might be required. Mr. Cave having seconded the proposition, it was carried unanimously.

THE DIRTY QUACKS.

To the Editor of the Medical Circular.

SIR,—In a well-written leading article in the number of your valuable Journal for November 2nd, appears a paragraph which you suggest should be added to an article on quacks in the 'Daily Telegraph.'

Having as little sympathy with those villains as yourself, I yet venture to recommend, by way of amendment to your suggestion, that all reference to their *religion* should be omitted. Such allusion is quite uncalled for and is very invidious. Unfortunately, the Jewish community numbers several (not "nearly all") of these depredators among its members, but I beg to submit that it has not by any means a monopoly of them. Nor are villanous attorneys confined to the Hebrew race. Extirpate the evil, root and branch; lash those who practise it mercilessly, as they deserve: but I humbly venture to suggest that you are no more justified in holding them up to public opprobrium *in connection with their religion*, which is sufficiently disgraced by having them among its adherents, than a Jewish paper would be in representing to its readers that the "Flowery Land" pirates belonged to "the Christian confederation of murderers." In the quotation I merely parody your own words.

I am, &c., A JEWISH PHYSICIAN.

Nov. 14, 1864.

[Nothing could be further from our intention than to cast any reflection on the Jewish religion.—ED. MEDICAL CIRCULAR.]

THE EUROPEAN GENERAL HOSPITAL, BOMBAY, of which the foundation has been laid, is from the design of Mr. T. Rogers Smith, of London. It will be a handsome building, of 500 feet in length. Most of the arrangements of the building, and many of the actual dimensions, were fixed by the medical officers of the institution, and a plan embodying them formed a part of the instructions issued to the architect.

LEGAL INTELLIGENCE.

THE INFORMATION AGAINST "DR. DE ROOS."

The adjourned hearing of the summons against the person calling himself Dr. De Roos took place on Tuesday last, at Uxbridge, at a Special Petty Sessions, held before T. Dagnall, W. W. Drake, and J. W. F. de Salis, Esqs. Mr. Talley again applied for an adjournment of the case, in order to obtain the presence of certain witnesses. This was opposed by the counsel for the defendant, and ultimately the magistrates came to the conclusion to refuse the application, and dismiss the complaint without costs.

BOW STREET.—NOVEMBER 8.

Dr. Charles Watson, of Berkeley House, 1 South crescent, Bedford square, was summoned at the instance of Augustus William Burt, 7 Oval road, Regent's park, under the statute known as the "Medical Act," for falsely representing himself to be a surgeon and physician practising under the Act.

Mr. Talley, a solicitor, conducted the prosecution, and Dr. Watson was defended by Mr. Lewis, jun., of the firm of Lewis and Lewis, of Ely place.

After several witnesses had been called, from whom nothing of any moment could be elicited,

Mr. Lewis submitted that no case had been made out against the defendant. It did not at all appear that he had represented himself as being registered, or as holding any English diploma.

Mr. Talley said he could not practise unless he was registered. He drew the magistrate's attention to a decision at Bristol to that effect.

Mr. Lewis said it was an insult to the magistrate to ask him to be ruled by the decision of unpaid magistrates at Bristol.

Mr. Flowers said the decision, if correctly reported, was clearly wrong in law. A man might practise, and might be a skilful practitioner, without being registered. He had a perfect right to refuse to register. By doing so he exposed himself to certain disabilities. He could not recover fees by an action at law, and he could not hold any situation under Government; but he was not liable to penalties unless he represented himself as being registered, or falsely and knowingly assumed titles to which he had no right. He dismissed the summons.

MARYLEBONE.

William Anderson, *alias* Wilson, was brought up from the House of Detention, and Alfred Field Henery, *alias* Osterfield Wray, surrendered in discharge of his bail, to answer the charge of conspiring to defraud Captain Montague Augustus Clarke, of the 50th Foot.

Mr. Fry, of the firm of Messrs. Fry and Trimmer, Dane's inn, Strand, appeared for the prosecutor; Mr. Lewis, jun., for Henery, and Mr. Wilding for Anderson.

There was no additional evidence given beyond what has already appeared, and both parties were committed for trial at the Central Criminal Court.

Henery's bail was again tendered and accepted, himself in 500*l.*, and two sureties in 250*l.* each. The same bail would have been taken for Anderson, but none was forthcoming.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 3rd inst.:—Arthur Bayley Adams, Lymington, Hants; Joseph Henry Benson, Cambridge; George Gill, Liverpool Royal Infirmary; Walter Hugo Reed, Tiverton, Devon.

At the recent examination for prizes in Materia Medica and Pharmaceutical Chemistry annually given by the Society of Apothecaries, the successful candidates were:—1. William Lively Shepard, St. Bartholomew's Hospital: a gold medal. 2. Stephen Wootten Bushell, Guy's Hospital: a silver medal and a book.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 16, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

We believe we are correct in stating that the Branch Council for England have agreed to apply to Parliament for an amendment of the Medical Act, and that the views of those who formerly dissented from the expediency of such a step have been very considerably modified by the late unblushing attempts successfully made by the most infamous of the quack fraternity to assume the names and titles of respectable Medical men. In whatever way magistrates or even judges may distort the plain meaning of the Act of Parliament by verbal quibbles, there can be no doubt whatever that the intention of the framers of the Act was, as is stated in the preamble, to enable "persons requiring medical aid to distinguish qualified from unqualified practitioners;" whereas, by recent magisterial decisions, it is affirmed that persons having no qualification at all, or having fictitious ones, or assuming fictitious names, and practising Medicine, are completely justified by law in so doing, so long as they do not represent themselves as *registered under the Act of Parliament.* This is such a complete perversion of the spirit, if not of the letter, of the Act, that some authorised interpretation is imperatively called for. The 40th clause of the Medical Act stands as follows:—

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, *or* any name, title, addition, or description, implying that he is registered under this Act, *or* that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

Now, in our minds, not being lawyers, it appears to be the veriest quibble to declare that persons may assume the name of Liston, Watson, Brodie, &c., may call themselves doctor, and may issue unlimited advertisements inviting the public to medical consultations, and so long as they do not expressly declare that they are registered under the Act of Parliament, they are exempt from the provisions of the Act. To us it appears that by the very fact of their advertising themselves as doctors, and announcing their hours of consultation, and appending their titles (generally fictitious), they *do* represent themselves as recognised by law as medical practitioners, and that the public *do* resort to them under such a misapprehension. It is, again, the veriest quibble to assume it to be necessary that the twenty or thirty millions of people constituting the population of Great Britain ought all to have by them a copy of the 'Medical Register,' in order to direct them to a duly qualified medical man. When a person wants a lawyer, is he obliged to consult the 'Law List'? Or when a man is going to be married, does he consult the 'Clergy List' to ascertain whether the clergyman who is to marry him is regularly ordained? To put the matter plainly, suppose the following announcement were to appear every day in the newspapers, would or would not the public (in the absence of all contradiction) assume that the advertiser was what he professed to be?

"MR. SERJEANT BLUSTER, M.N.S., of the Middle Temple, gives advice in all matters relating to Bankruptcy and Divorce. Hours of consultation, ten to twelve in the morning and six to eight in the evening."

This advertisement might all be true. Mr. Serjeant Bluster may be, or might have been, a sergeant in the militia; the letters M.N.S. might indicate that he was Member of No Society; and his connection with the Middle Temple might be truthfully explained by the fact that he was in the habit of walking in the Temple Gardens in the autumn to look at the chrysanthemums. Now, the above imaginary advertisement by a quack lawyer is an exact paraphrase of hundreds of quack medical advertisements which have appeared for years in the newspapers, and we ask whether, in our supposed case, the quack lawyer would not be summarily punished and his practice annihilated? Why, then, should there be one law for the lawyer and another for the medical man? We pause for a reply, and shall be glad if magisterial wisdom can give a satisfactory answer. In the meantime, the injustice of tolerating quack doctors, and suppressing quack lawyers, must be manifest to everyone who has the least power of reflection.

In the above remarks we have no desire, as some of the friends of quackery may suppose, to prevent the public from consulting quacks, if they please to do so. Let the public use their own discretion in the matter, by all means; but let them know distinctly whether the persons they consult *are* or *are not* regularly qualified practitioners of Medicine, and legally recognised as such. It is not too much to ask that a Medical Act should, at any rate, be able to accomplish an object which is already fully attained by the sister professions of the Bar and the Church.

A ROMANCE OF REAL LIFE.

The common saying that "truth is stranger than fiction" has been lately remarkably exemplified in a trial by jury which took place during the last week in the Rolls Court, and elicited some very conflicting testimony as to the facts of the case. One side contended that a certain child was the offspring of a Mr. and Mrs. Gedney, and thereby entitled to a sum of money settled on the parents at their marriage; while the other side maintained that the child was not the offspring of Mrs. Gedney at all, but a supposititious child procured for the purpose from a lying-in hospital. Some medical practitioners, regular and irregular were concerned in the affair, and the whole case presents some very important features in a medico-legal point of view.

The real plaintiff in the suit was the child, now about

ten years old; and it was alleged that Mrs. Gedney believed herself to be in the family way towards the end of the year 1853, and in the beginning of 1854 came to London in order to obtain medical advice on account of her general health, more particularly for a spitting of blood. On the 10th of February, 1854, while living in London, she was said to be suddenly seized with the pains of labour and sent for a person named Goss, who, it was alleged, delivered her of a female child. The husband, Mr. Gedney, was at this time in Lincolnshire, but on receiving the news of his wife's confinement came up immediately to London, and, being dissatisfied with Goss, he paid off and discharged that person, who, together with Mrs. Goss, had been in attendance during the alleged accouchement. The place of Goss and his wife was supplied by Dr. Arthur Farre, the present Physician to the Princess of Wales, and he, declining any consultation with Goss, took charge of the case. Dr. Farre does not appear to have entertained any doubt as to the fact of Mrs. Gedney having been recently delivered, and he attended her from the third or fourth day after the alleged delivery, until her recovery. If we understand Dr. Farre's evidence at the trial, he deposed that he had not the least doubt that Mrs. Gedney had been recently confined, although the grounds of his opinion are not stated. He also declared that he had no doubt the child had been recently born; but this was admitted on both sides.

A child being thus, whether legitimately or illegitimately, introduced into the family, it was brought up as Mr. and Mrs. Gedney's offspring until the year 1857, when Mrs. Gedney died of consumption; and before her death it was stated that she had confessed the child was not her own, but had been brought from a lying-in hospital. She stated, however, that she had been delivered of a still-born child, and she explained her motive in practising the deception to be to impose upon Mr. Gedney, and said she had done it on account of her husband's unkindness. It must be admitted that this confession, although made when the poor lady was very near her death, is not very intelligible, and is not borne out by the evidence, which, so far as the case for the defence goes, seems to show that Mrs. Gedney was never confined at all; while it is difficult to conceive what object could be gained by palming a changeling upon her husband. In fact, the circumstance of his having a child would be of positive advantage to Mr. Gedney, who would be the heir of the infant if it died, and who, if it lived, would enjoy the interest of the child's money until it arrived at the age of twenty-one. The only imaginable motive on Mrs. Gedney's part could be to win back her husband's affections by the course she pursued, though it is not at all clear how her conduct was likely to attain that object.

But now we come to explain, as far as the evidence goes, the machinery by which the supposititious child was introduced as Mrs. Gedney's offspring; and as we have to deal with one of the advertising fraternity of the irregulars in the remarks we are about to make, and as this class of practitioners is under the special protection of the magistrates and the lawyers, we must confine ourselves strictly to the evidence adduced. It is sworn, then, that on the night of the alleged confinement of Mrs. Gedney, Goss and his wife arrived in a cab, the latter having a bundle under her cloak, and after being with Mrs. Gedney about two hours, the landlady of the house where Mrs. Gedney was lodging was gratified with the sight of a baby. She had discerned no symptoms of labour in Mrs. Gedney, she saw no appearance of milk in her breasts, and Goss told her that he had burnt the afterbirth. Another scene in the history is laid at the York road Lying-in Hospital, where, exactly about the time when Mrs. Gedney was said to be confined, a young woman who had just been delivered of a female child disposed of the latter to a gentleman and lady, who were sworn to, by one of the witnesses, as Goss and his wife.

It is a curious feature in the case, as showing that the practice of law is rather to gain a triumph for one side in a suit than to discover the truth, that Goss and his wife, who certainly knew a good deal more about the matter than any of the witnesses who appeared, were called by neither side. Mr. Gedney, in his cross-examination, indeed, declared that he could not find Goss, although he had endeavoured to do so; but this is rather strange, considering that the latter constantly advertises his address; and, moreover, it was proved by one of the witnesses for the defence that a subpœna had been actually served upon Goss and another upon his wife, and it is very possible that they were actually in attendance at the court.

Such are the leading facts in this very curious case; and dismissing altogether any inquiry about the conduct of the Gosses, it must be admitted that the Medical evidence is not by any means of a satisfactory nature. Dr. Arthur Farre states that he has no doubt whatever that Mrs. Gedney, when he saw her, had been recently confined, and it is probable that he gave in evidence some proof that such an occurrence had taken place. Still, nothing appears in his published evidence to confirm this view, and no mention is made of the state of the abdomen, the uterus, or the breasts. On the other hand, a Dr. Porter testifies that he accompanied Mrs. Gedney to Dr. Blundell's in 1852, when she was pronounced not to be in the family way, although she thought that she was. This evidence proves nothing at all, because the child was not alleged to be born before the beginning of the year 1854. Then Dr. Grantham, of Lincolnshire, who saw Mrs. Gedney professionally in August and September, 1853, could give no opinion as to whether she was or was not pregnant at that time, but testified that she was then suffering from gonorrhœa—a circumstance which could have no bearing upon the question of pregnancy. Dr. Porter, also, is said to have examined Mrs. Gedney's body after death, but from the appearance it presented he concluded that she had never had a child. How Dr. Porter came to this conclusion is not stated. It was proved that Mrs. Gedney had had two miscarriages, and therefore there would be corpora lutea in the ovaries; but we are at a loss to understand how it could be established

under these circumstances, that a child had *not* been born. The jury brought in a verdict against the child, affirming, in fact, that it was suppositious; and we believe that their conclusion was a just one, but it was drawn rather from the non-Medical than the Medical evidence, which was calculated rather to puzzle than enlighten them. At the present time, we are not quite sure that the matter will not be referred to another tribunal, in which case the evidence will be sifted all over again; but in the meantime our convictions are the same as those of the jury.

PROPOSED METHOD OF KILLING ANIMALS DESIGNED FOR HUMAN FOOD.

We have printed, in another part of the Journal, an abstract of a paper written by Dr. MacCormac, of Belfast, and addressed to the Royal Society for the Prevention of Cruelty to Animals, "On the Painless Extinction of Life in Animals designed for Human Food." The new plan consists in the application of carbonic acid employed in such a manner that the animal to be killed is instantaneously and painlessly deprived of life. Without having any practical experience of this proposition, we think, nevertheless, that the suggestion is a valuable one; and in a scientific point of view, we cannot understand why the flesh of animals so killed should be unwholesome. Death, in the proposed plan, would result from suffocation, and not from the inhalation of carbonic acid; and most kinds of poultry are at present killed by asphyxiation. Even if carbonic acid were present in the system of animals used as food, it is difficult to understand how it could prove injurious, as no one has ever shown that this gas was deleterious when taken into the human stomach, however fatal it may be when inspired by the lungs.

REVIEW OF BOOKS.

Practical Observations on the Hygiene of the Army in India: including Remarks on the Ventilation and Conservancy of Indian Prisons; with a Chapter on Prison Management. By Stewart Clark, M.R.C.S. Eng.; Inspector-General of Prisons, North-West Provinces, India. Pp. 162. London: Smith, Elder, and Co. 1864.

The public attention has been at last so fully awakened to the connexion existing between the amount of disease and mortality among our Indian forces and the sanitary conditions under which they are placed, that any communication of facts tending to throw additional light upon the causes of disease, or any suggestions of remedial measures, must alike inspire the most lively interest among British readers. The short and compendious work before us, without pretending to any new development of theories in chemistry, physiology, or pathology, proves that the author is fully acquainted with the principles of those sciences, while his practical remarks and deductions indicate his personal acquaintance with the subjects on which he writes, and give great value to his proposals for hygienic improvement in our Indian army. Those who have perused the voluminous reports lately published upon the "Sanitary Condition of our Army in India" are now aware that the Asiatic climate is not alone responsible for the fearful amount of disease which prevails among soldiers in that part of the world, and sweeps off hundreds and thousands of men in the prime of life, or consigns them as premature invalids to the maintenance of the mother-country. The deleterious causes in operation in India, although more extensive in their ravages, are the same in kind as those which periodically decimate the inhabitants of European climates; and the extension of the same hygienic rules which have been found available in the latter regions will in all probability be attended with the happiest results to the dwellers in the Asiatic continent. The history of sanitary mismanagement in India is a repetition, though on a much larger scale, of similar negligence and apathy in our own country; but as hygienic science becomes more extensively studied, and intelligent medical men are more actively employed as health officers, there can be no doubt that the ratio of disease and mortality in India will be reduced more and more nearly to that prevailing in our own islands.

Mr. Clark, at the meeting of the British Association for the Advancement of Science in 1863, submitted some "Observations on the Injurious Effects of Foul Air," and offered some practical hints on the best means of ventilating barracks and other public buildings in India; but in the work he has now published he takes a wider view of the question of sanitation, and has treated the whole subject under diff rent heads, arranged in what he considers to be the order of their importance. He still regards foul air as the chief source of disease, and therefore discusses this subject in the first instance, showing the peculiarities of the Indian climate that render natural ventilation imperfect, and the existing construction of barracks and tents as being unfavourable to the establishment of free currents of air among numbers of men. As the air in India is perfectly still during a great part of the day, it is necessary to resort to artificial means for securing ventilation, and Mr. Clark suggests the employment of fans driven by steam or bullock-power as best adapted to effect the desired end; and he gives a variety of plans, delineated by woodcuts, in which the best means of establishing currents of air are exhibited and explained. In considering the question of water-supply, and the impurities of water as causes of disease, Mr. Clark is obviously inclined to place less confidence in the purification of water as a hygienic measure than in the supply of good and abundant air, and he relates several instances, drawn from his own experience, showing that water evidently impure was less deleterious to ships' crews than might be anticipated. The water of the Hoogly, for example, which is often in a very impure condition from receiving the sewage of Calcutta, and from other well-known causes, is universally employed for the supply of ships on their homeward voyage to Europe, and yet there is very little evidence of epidemic disease having originated from this circumstance. Where disease has broken out in a ship's crew after leaving Calcutta, Mr. Clark attributes the circumstance rather to overcrowding than to the water-supply. Still, although in Mr. Clark's opinion the impurities of water do not constitute the sole or the chief causes of epidemic disease, they contribute very greatly to its outbreak in connexion with foul air; and Mr. Clark therefore gives a great amount of judicious advice as to the sinking of wells and the mode of using the water, whether for bathing, washing, or drinking; and he proposes a number of plans for the conveyance and filtration of water, with a view of rendering that fluid more palatable and more wholesome for the soldier.

Many other subjects of hardly less importance than the supply of air and water are included in Mr. Clark's pages; as the removal and utilisation of manure, the methods of draining, the apportionment of food, the employment of soldiers, and the financial cost of the improvements suggested. We strongly commend this little work, which deserves to be consulted by all persons who are interested in the welfare of our Indian army.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond. No. III. London: Churchill and Sons.

The present photograph, which is remarkably well-executed and is a life-like representation, illustrates a case of lichen inveteratus, occurring in a woman aged forty-five, in whom the disease had existed for sixteen years. It is seen to occupy the back of the neck and shoulders, and is symmetrically developed on each side of the middle line. The peculiarly angry appearance of the eruption and the congestion of the venous capillaries are very well shown,

and the examination of the photograph by a lens brings out still more strongly the characteristic features of the affection. As usual, the plate is accompanied by a description of the disease, its varieties, and treatment.

REVIEW OF THE PERIODICALS.

THE 'LANCET.

Dr. HUMPHRY, of Cambridge, communicates an "Abstract of a Lecture on the Vertebral Theory of the Skull," in reply to Professor Huxley's objections. It is well known that Goethe first originated the idea of the skull being composed of a series of modified vertebræ, and this view was formally propounded by Oken, and subsequently worked out by Professor Owen; but lately the theory has been opposed, chiefly on the ground of developmental appearances, by Professor Huxley. Dr. Humphry, however, adheres to the vertebral theory generally entertained; and even upon the developmental features on which Professor Huxley takes his stand, he considers that the objections of the latter physiologist are untenable. Professor Kölliker, in his recent work, the "Entwickelungs-geschichte des Menschen und der höheren Thiere," also considers it pretty certainly proved, chiefly from the phenomena of development, that the several parts of the primordial skull belong to the vertebral column, and ought to be regarded as its modified anterior termination.——Dr. MARION SIMS continues his "Clinical Notes on Uterine Surgery, and the Diagnosis and Treatment of Uterine Polypi." He figures a modification of Chassaignac's *écraseur*, to which he has added a *porte-chaine*, or a pair of dilating forceps, with spring blades, which render the chain stiff, so that it may be passed straight into the vagina or into the cavity of the uterus, and then opened by approximating the handles. Dr. Marion Sims describes a case of intra-uterine polypus, the existence of which was ascertained by means of a sponge tent.——Dr. A. H. HASSALL contributes a paper "On Pyelitis, or Abscess of the Kidney," and relates two cases of successful treatment of that affection. In the first case the treatment consisted of opiates, with sulphuric acid to check the profuse sweating, decoction of pomegranate bark, and the use of the fresh fruit, and afterwards large doses of concentrated decoction of uva ursi. In the second case, the patient had passed several renal calculi, but still suffered very severely from pain in the left lumbar region, till at last an abscess formed in that part, and was opened. A considerable quantity of pus was discharged, but eventually the opening closed, without any calculus being discharged. The patient recovered, but the calculus was still, in all probability, impacted in the pelvis of the kidney, the function of which was performed by the other kidney.——Mr. THOMAS SMITH describes "An Instrument for Controlling Hæmorrhage in the Operation for Hare-lip," and he considers the instrument likely also to prove serviceable in controlling hæmorrhage in many operations on the lip and cheek, and for nævus of the face.——Dr. A. T. H. WATERS, in commencing some "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," describes the condition of the heart in emphysema of the lungs. The chief cardiac affection produced in this disease is said by Dr. Waters to be a general hypertrophy and dilatation of the ventricles, the left being affected as well as the right.——Dr. ISAAC PIDDUCK contributes a short paper "On the Mechanism of Speech."

THE 'MEDICAL TIMES AND GAZETTE.'

Under the head of "Original Lectures," we find a lecture by Mr. LAURENCE, "On the Optical Defects of the Eye." The subject which engages consideration is "Hypermetropia;" and first an inquiry is made into the fact that parallel rays are focussed behind the retina. The hypermetropic eye has little power in converging the rays of light. When the lens is removed the eye becomes hypermetropic, owing to the loss of the converging power. This condition of sight most frequently depends on congenital formation of the globe of the eye. In the second place, that "the hypermetropic eye in a state of rest is adapted for convergent rays," is considered. Convergent rays—that is, rays which are converged in front of the cornea—are focussed, although the eye be in a hypermetropic condition. The remedy for this affection of the eyes is a convex lens of such a power as to make incident rays converge before they fall upon the retina, and in such a way that a faithful image is formed on the retinal membrane. Thirdly, it is laid down as an axiom that "the far point of a hypermetropic eye in a state of rest is at a definite distance from the eye and negative." The amount of existing hypermetropia can be measured by the degree of convexity of the lens required to correct the deficiency of vision. The eye affected with this condition does not, however, lose its power of accommodation, and is therefore able to adapt itself to beholding distant objects; by destroying this power of accommodation—which can be done with the use of atropine—the true amount of the disease may be calculated. The defect may originate asthenopia and convergent strabismus. A good test for myopia and for hypermetropia is the unequal refrangibility of the different coloured rays of the solar spectrum. The degree of convexity of the glass cannot be specified by any determinate rules which can be applied theoretically to the case of each patient, but must be determined by the trial of several glasses. A pathognomonic objective symptom of the ailment referred to is that "the direct image of the fundus oculi can be seen by an observer (if his eye be healthy).——Inspector-General HARE continues his original communication "On the Treatment of Malarious Fever." The paper begins with an account of Dr. Johnson's treatment of malarious dysentery by means of bleeding and ʒj. doses of calomel, and in the course of the paper the injurious effects of this plan of treatment are pointed out. The history of the treatment is then continued.

WINE FOR THE SICK.—On the complaint of Mr. Warren, the medical officer of the Risborough district of the Wycombe Union, the question of the supply of wine to the sick poor was discussed. The only wine hitherto supplied was tent; it was, however, determined that good port should in future be given.

THE CASE OF DR. SAMUEL DAY GOSS.

We have been requested to publish the subjoined statement:—

The following gentlemen deeply sympathise with Dr. Samuel Day Goss in the painful position in which he has been lately placed in having to defend himself against an indictment for manslaughter, the result of a combination of circumstances which admitted of a full explanation, and which, when fairly and dispassionately considered, in no way justified the proceedings.

They believe that his professional brethren are desirous of bearing him harmless in regard to the expenses he has incurred in carrying out his defence, and have therefore formed themselves into a committee for that object.

Subscriptions of half a guinea will be received by any member of the committee:—C. Corbett Blades, M.D., 53 Newington place, S.; Alfred Elsworth, F.R.C.S., 11 Trinity street, S.E.; Wm. T. Iliff, M.D., 19 Canterbury row, S.; Joseph T. Mitchell, F.R.C.S., 8 Percy place, Clapham road, S.; C. W. C. Otway, F.R.C.S., 7 Canterbury row, S.; G. P. Rugg, M.D., 7 Clapham road place, S.; Nowell Stowers, M.R.C.S., 30 Newington place, S., Treasurer; David Taylor, M.R.C.S., Kennington row, Kennington park, S.

[The above appeal has our hearty sympathy, and we hope that the Profession throughout the country will come forward to offer their assistance in enabling Dr. Goss to avoid at least the pecuniary expenses entailed upon him by his late prosecution. Although it is almost unnecessary to mention the fact, we may state that Dr. Goss is in no way connected with the person of the same name who was mentioned in a late case tried before a jury in the Rolls' Court.—ED. MEDICAL CIRCULAR.]

MEDICAL TRIAL IN SWITZERLAND.

The late trial at Berne ended in the acquittal of Madame Trümpi and Dr. Demme, and the facts throw a curious light on the peculiarities of Swiss criminal procedure. The prisoners, being respectively the widow and the physician of the deceased, M. Trümpi, were accused of conspiring to poison him with strychnine. The circumstances were remarkable for the duration of the inquiry and in the imposing array of scientific witnesses. The duty, however, of striking a balance between their conflicting testimony was confided by the Swiss Court to the "College of Health." To this council of assessors certain questions seem to have been referred, and its report, embodied in eight separate propositions, influenced the result very materially. The effect of it was that the immediate cause of M. Trümpi's death was apoplexy, produced by strychnine (?) at a time when he was suffering from nervous depression; that Dr. Demme had given an improbable account of the symptoms immediately preceding the seizure, and had otherwise acted unprofessionally; that there was no ground for the supposition of accidental poisoning, but that there were some reasons to suspect suicide; and that, from a scientific point of view, the administration of poison by the hand of another could not be inferred from the admitted facts. One consequence of this report was, that Dr. Demme, although acquitted, was sentenced to pay half the costs of the trial, while his co-defendant received an indemnity. The particulars of the case were related in the 'MEDICAL CIRCULAR' of Nov. 2.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 1ST, 1864.

MR. PRESCOTT HEWETT, PRESIDENT.

A REPORT was read by Dr. HARLEY and Dr. MURCHISON on a specimen exhibited by Mr. H. Smith as one of Cancer of the Thyroid Body. The reporters believed that the disease was cancerous, but that it originated external to the thyroid, althougth the thyroid was secondarily affected; the glands in the neighbourhood were also implicated.

Mr. HOLMES exhibited a Multilocular Cyst of the Ovary unsuccessfully removed by ovariotomy. The patient died in two days of exhaustion, with commencing peritonitis.

Dr. GIBB exhibited specimens from a case of

NECROSIS OF THE TURBINATED BONES AND VOMER

expelled from the posterior nares of a gentleman aged forty-five, affected with ozena since Christmas, 1863. A slough of the size of an oyster came away once a fortnight, and the uvula was absent. Rhinoscopy showed large ulcers on the posterior surface of the velum, with red margins, extending into the floor of both nostrils, and involving the left turbinated bones. These were examined from time to time, and subsequently the slough was seen at the base of the septum. The slough continued to come away until the 21st July last, when a large one was expelled of the size of a smalt hen's egg, containing the left middle turbinated bone. A great hollow was now seen with the rhinoscope at the floor of the nostrils, with deficiency of a part of the vomer. From this time the heretofore intolerable odour and all the distressing symptoms of ozena disappeared as if by magic, and the exposed surfaces of bone became covered up by membrane. When seen in September, he was found to be quite cured. The history was specific, and recovery was effected by constitutional as well as local treatment.

Dr. BRISTOWE brought forward a case of

OBSTRUCTION OF THE MIDDLE CEREBRAL ARTERY AND SOFTENING OF THE BRAIN.

The patient was suddenly seized with loss of power on one side, giddiness, &c. He had had secondary syphilis four months previously. After a slight improvement he was again seized with unconsciousness, and paralysis of the opposite side to the one first affected; followed by coma and death. The heart-sounds were healthy. After death the right cerebral artery was found obstructed by a decolorised clot, and the right middle lobe was softened throughout. There was also a cavity in the left corpus striatum. Dr. Bristowe referred to some cases which he had published some years ago, in which obstruction of the arteries had occurred after an attack of syphilis, to which attack he was inclined to attribute the coagulation of the blood.

Dr. MURCHISON showed some fluid removed by tapping from a hydatid cyst of the liver in a woman aged thirty-one, who had been seized suddenly with severe pain in the liver, vomiting, and symptoms of peritonitis. After the acute symptoms had passed off, a tumour was discovered attached to the anterior edge of the liver, of large size, and extending to the umbilicus. She was then admitted into the Middlesex Hospital; and while there, she had several attacks, similar to the first one, of local peritonitis, characterised by the usual symptons, and by friction both heard and felt around the tumour. After the last of these the tenderness became permanent. The tumour was tapped, and twelve ounces of the fluid exhibited were removed with a fine trocar. After the operation, the parietes of the abdomen were kept pressed against the tumour, and the patient was kept perfectly quiet. She went on well, and was convalescent at the time of speaking. Dr. Murchison dwelt on the methods of treatment which might be adopted. He did not think that tumours of this size had much chance of spontaneous cure. If the tumour burst, death was certain if the rupture occurred into a serous sac; if into the bowel or through the skin, death was the most probable result. Hence he believed that a surgical operation was justifiable, as all medical means were useless. In this case the examination of the fluid showed no albumen, but a large quantity of chloride of sodium, as was usual in hydatid tumours. No echinococci were found.

Dr. RISDON BENNETT drew the attention of the Society to a danger connected with the puncture of such cysts—viz., that the bile-ducts might be so freely opened as to cause a serious drain of bile from the puncture, of which he quoted an instance in a child under his care.

Dr. HARLEY related a case in which, two years after the tapping of a cyst in the liver, a hydatid cyst was tapped in the thyroid body. He attributed the flow of bile in the case related by Dr. R. Bennett to suppuration following the tapping, and so ulcerating into the bile-ducts. The same was also (as he explained) Dr. Bennett's theory of the case.

Dr. BRISTOWE referred to cases which he had described, in which large ducts were found opening into hydatid cysts.

Dr. BROADBENT showed a case of

DISTENSION OF THE KIDNEYS IN A CHILD.

The distension was so great as to be quite perceptible during life. Iodide of potassium was administered, and under its influence, with friction, enormous quantities of urine were passed, and the distension subsided, probably as a consequence of the friction. The bladder was also enlarged, rendering it probable that the obstruction existed in front of the bladder, but a catheter was easily introduced.

Mr. HEATH related a case at the Dreadnought Hospital, where a flap of mucous membrane in the urethra obstructed the flow of urine, and produced fatal distension of the kidneys and bladder, without any obstacle to the passage of the catheter.

Mr. HULKE rather believed that a small calculus might have lodged in the urethra, and afterwards escaped.

Dr. BRISTOWE referred to a case in which there were folds of mucous membrane at the mouths of the ureters.

Dr. HARLEY believed that in this case the obstruction would be found in the ureters.

Dr. GIBB suggested whether it were possible that a tumour might exist making pressure on the ureters.

The specimen was referred to Dr. Harley and Dr. Broadbent for examination as to the existence of obstruction in the ureters.

Dr. BROADBENT also showed a case of Very Small Kidney and Supra-renal Capsule.

Mr. SYDNEY JONES exhibited a

CYSTICERCUS REMOVED FROM THE NEIGHBOURHOOD OF THE FEMALE BREAST.

The woman had been suckling, but the swelling seemed to have existed before suckling commenced. After puncture a small quantity of pus came out, followed by a large cysticercus, which Mr. Jones believed to have originated in the pectoralis major muscle. The woman was not suffering from tape-worm.

The same gentleman also brought forward a case of

MALFORMATION OF THE FOOT,

presenting the appearance at first of two great toes. On dissection of the sole of the foot, it was found that the large toe, which looked at first like a great toe, was really a second toe, in which the three phalanges were much hypertrophied and anchylosed together. The hypertrophy was congenital.

Mr. CURLING stated that hypertrophy of the congenital kind was often seen in the fingers, but less frequently in the toes, perhaps because the latter are removed at an earlier period.

Mr. TEEVAN exhibited two specimens of

DEPRESSED FRACTURE OF THE SKULL,

for which no operation had been performed. The patients, both adults, made good recoveries, and died many years afterwards from causes unconnected with the injuries received. In one case, the depressed fracture had been firmly consolidated and its sharp edges rounded off; in the other, the cavity had been filled up by a firm membrane continuous with the periosteum, and the margin of the aperture smoothed down.

HARVEIAN SOCIETY.

NOVEMBER 3RD, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

Mr. BALMANNO SQUIRE, M.B., read a paper

ON THE DIAGNOSIS BETWEEN SYPHILITIC AND NON-SYPHILITIC DISEASES OF THE SKIN.

The author, after remarking on the importance of the subject, observed, that an eruption, even when the question of antecedent primary syphilis was well made out, was by no means necessarily of syphilitic origin, and that where an eruption was clearly syphilitic, it was often extremely difficult to obtain a history of primary syphilis; he, therefore, placed very little reliance on inquiries of this kind as a means of diagnosis. The best evidence that we could obtain of the nature of an eruption was the evidence that was within our personal knowledge. The most reliable direct evidence of previous chancre was the cicatrix left by that chancre. One of the most important means of distinction between syphilitic and non-syphilitic eruptions was the situation of the eruption. The most frequent situations for syphilitic eruptions in the order of their frequency were—the neighbourhood of the alæ of the nose, the angles of the mouth, the forehead near the roots of the hairs, the back of the neck near the roots of the hairs, the inner caultius of the eyelids, the middle of the chest, the inner surfaces of the limbs, the neighbourhood of the axillæ, and the groins. It might be stated generally that the face was the most favourable locality for syphilitic eruptions. *The age* at which syphilides most commonly appeared for the first time was another means of diagnosis. The most common age for this was between twenty-five and thirty-five. Infantile syphilis appeared generally at the age of one month. The earliest time at which the author had met with a syphilitic eruption dependent on syphilis communicable by intercourse was in the case of a female aged eight years. *The colour* of the eruption was a favourite, but, unless under certain restrictions, a fallacious, means of diagnosis. He meant that the notion that a coppery tint would enable one to distinguish syphilitic from non-syphilitic eruptions was an erroneous one. This tint was found more or less marked in every case of non-syphilitic psoriasis. Again, syphilitic eruptions did not present it at all at their outset; it was only as they became developed that the coppery tint gradually appeared. *The form* of the eruption was a more reliable means of diagnosis. Most commonly this was annular or oval; if not in actual rings, the eruption formed segments of circles—incomplete rings—or, by the juxtaposition of two rings, it might form figures of eight. This, of course, however, would not enable us to distinguish as by a touchstone syphilitic from non-syphilitic eruptions. Psoriasis, *e.g.*, sometimes occurred in rings; so did lichen; so, again, did herpes circinatus. Lupus was another example of a non-syphilitic eruption of circular form. *The absence of itching and smarting* was a peculiarity which would often aid in the recognition of a syphilide. *The mixed character* of syphilitic eruptions was another means of distinguishing them. Thus, in an eruption that was not syphilitic, it was rare to find rashes mingled with vesicles, or pustules with scales; not so in a syphilide. What might be termed *the products of the eruption*, such as the scales, or the crusts, were a means of diagnosis. *The scales* of a squamous syphilide were finer, smaller, and more adherent to the surface beneath than those of a simple squamous disease. The scaly patch, too, was circumscribed by a whitish border, to which great importance had been attached by Biett, as a diagnostic symptom. This whitish border was the result of the separation of the epidermis from the cutis around the diseased patch. *The crusts*, which might either follow the scales or succeed to pustules, were much harder, thicker, and greener than the crusts of a simple cutaneous disease; they were sometimes, at all events, at their centre, as thick as they were broad. *The ulcers* that were left by either pustular or tubercular syphilides were generally circular, with abrupt and perpendicular edges, and a grey pultaceous floor, the skin around them having a coppery tint. *The scars* left by a syphilide, though at first of a violet hue, soon acquired even a more decidedly tawny brown than the eruption that had preceded them; this tint in its turn faded: but even when the scar had at length been left perfectly white, its annular or reticulated form, as the case might be, would distinguish its origin. Another means of recognising a syphilitic eruption was attention to other changes produced by syphilis besides those wrought in the skin itself. With regard to the *sore-throat*, we should be on our guard against relying too much on it as a diagnostic symptom. There were many diseases of the skin (and some that resembled pretty closely one or other of the syphilides) that were dependent on scrofula, or, at all events, occurred more frequently in the scrofulous than in any other constitution. No people were more liable to sore-throats than the scrofulous; and perhaps no two diseases were more frequently confounded together

than syphilitic lupus and the lupus that occurs in the scrofulous. In doubtful cases, the question "Have you suffered from sore-throat?" is often allowed to settle the difficulty. The most characteristic condition of a syphilitic sore-throat was that marked by the presence of mucous tubercles or of cicatrices. The presence of *mucous tubercles* either in the throat or elsewhere was one of the most conclusive signs of syphilis that one could have. The erythema of the buttocks and scrotum that was so common in sickly children whose cleanliness was hardly attended to was often mistaken for infantile syphilis; and if they happened to have a cold at the time, it was still more likely to be set down to a specific cause. This mistake happened the more commonly because simple erythema in infants, as it faded, often assumed more or less of a tawny tint. The effect of the common remedy for infantile syphilis—grey powder—on the other class of cases is greatly to aggravate them. Again, the author had frequently seen severe cases of eczema in infants taken for infantile syphilis, and treated for it with the same unfavourable results. There was no better or surer means for establishing the disease to be syphilitic than the existence of mucous tubercles; when these were present, and in the majority of cases of infantile syphilis they were, their most common situations were the angles of the mouth, the alæ of the nose, the vulva, the anus, the scrotum, or within the mouth. The author then referred to *rheumatic pains* in the limbs, felt along the bones or or in the larger joints, *bitemporal neuralgia*, *falling off of the hair*, indolent *swellings of the glands* of the neck; and in the female, *frequent abortion*, or still-births, or suspension of the catamenia (not arising from any other ascertainable cause), as evidences of the syphilitic nature of an eruption, and to the *chronic course* and the progressive *changes in the character* of the syphilides, observing that it was not upon any one symptom alone, but on the general issue of the evidence afforded by many symptoms, that we should rely for our diagnosis of syphilides from the other diseases of the skin. He concluded by expressing his regret that the limits of a paper precluded his entering on the much larger subject of the diagnosis of the different syphilides in detail from the several diseases of the skin for which they might be taken.

Mr. DE MERIC said that the subject treated of by the author was a very interesting one, and might well command a large audience. The author had made some useful remarks on a few points on which many authorities differ. The word *syphilide*, used by the author, was a new introduction into English nomenclature. He did not approve of the method of diagnosis by giving mercury, as it is no easy matter always to say off-handed whether an eruption be syphilitic or not. He thought the author had undervalued the copper colour as a diagnostic symptom. There was some difficulty in accounting for this peculiar colour. Of course it is some change in the site mucosum. There are some peculiar brown spots called liver-spots, like maps, that are pathognomonic. He thought the copper colour of great value, added to other symptoms. If the author had taken the various forms of skin diseases, and pointed out the diagnostic marks between them and the syphilides, he would have given more information to the Society. Some forms of eruptions have puzzled, and will for a long time puzzle, many. Men's cases are more easily made out than women's. Mucous tubercles are a form of skin disease, causing much confusion, as in women they were one of the first symptoms observed. In the case of a girl between nine and ten, brought to him recently with mucous tubercle in the vulva, he had almost thought of supposing them to be hereditary symptoms. Ricord had countenanced this opinion; but he (Mr. De Meric) could scarcely believe in this at so late an age. In the mouth, tongue, and cheeks we find mucous tubercles and patches at the edge of the tongue—a very valuable guide in some cases. These sometimes burst and leave a superficial sore. In infantile syphilis the *eruption* itself is dry in character; the coryza, the old-woman's look, &c., constitute the elements of the diagnosis in these cases.

Dr. BALLARD was sceptical as to the existence of such a disease as infantile syphilis, and was sure that many infants were wrongly called syphilitic; *e.g.*, he saw a child lately in bad condition. To see what would be said of it, he sent it to a hospital; it returned with the diagnosis *syphilitic*, and was ordered to be rubbed with mercurial ointment. Dr. B. had treated it simply, and the child got quite well. He believed that lichen atrophylus was often taken for infantile syphilis.

Dr. TILBURY FOX said the thanks of the Society are due to Mr. Squire for the way in which he has brought this subject forward. Mr. Ballard had given us another capital example of mistakes in the diagnosis of skin disease, only tending to show the want of scientific prosecution of the study of dermatology. At none of the hospitals is the matter taken up in its true light; and it is an acknowledged fact, that scarcely a single general principle is fairly made out with regard to the proximate cause of this or that eruption. It is to be hoped that ere long the opportunity may be given at the various hospitals for the investigation of this branch of Medicine in a truly philosophic manner. With regard to the direct subject of the paper, the diagnosis, this was a matter entirely of experience. No man can become adept from the knowledge of the descriptions afforded by books, nor even from the careful examination of any number of plates, and the like; he must carefully study, and compare together for himself, a large number of instances of actual disease. On this account, of all specialities, perhaps that of the skin was most needed. The point of importance to settle is this—Can we, not from the history, but from the features actually before our eyes, say this is a syphilitic eruption? The details of the paper to-night gave an outline of those circumstances which enable us to assert positively that such is and such is not. We seem to fancy that there is something *sui generis* in syphilitic eruptions, but they assume the forms of ordinary eruptions, and the syphilitic poison ought in great measure to be looked upon as a modifying agency only. Confining himself rather to mistakes in diagnosis that have lately fallen under his notice, he might say, with reference to infantile syphilis, that in a child with the old man, shrivelled aspect, the want of elasticity and muddy hue of skin, a cracked, harsh cry, the dry and scaly eruption about the buttocks, and mucous tubercles, we generally have what is very characteristic—viz., a cracked scaly and dry eruption about the hands and feet. Such a state of things in a child under a month of age is absolutely diagnostic of syphilis; and this suggests another point. Are bullæ (pemphigus) about the hands and feet of children syphilitic? Simple pemphigus may occur in children. If before the end of the first fortnight or three weeks, it is probably syphilitic, but if at or after the fourth, fifth, or sixth month, it is non-syphilitic, according to recent researches. And Dr. M'Caul Anderson has lately recorded, in the 'Glasgow Medical Journal,' a case of a disease which is said not to occur in the adult—viz., syphilitic pemphigus—which was clearly traceable as a manifestation of secondary, following primary disease. With regard to colour, old syphilitic subjects are liable to the production of pigment in excess in the blood, and a local deposition may result (melasma), the evidence of the special anæmia present, and may become a marked discoloration. It is often confounded (I have seen it) with the chloasma, but is easily distinguished by the microscope, &c. In reference to syphilitic lupus, I scarcely know what it means. There is one form of ulceration which is very characteristic; it is that in which one side heals whilst the other edge ulcerates (rodent), so as to form a peculiar crescent; this is the horse-shoe ulceration. Typhus mottling and syphilitic roseola have been confounded. At the present time there is a case in one of the London hospitals of secondary syphilis which was admitted and kept in the Small-pox Hospital for a fortnight; and Mr. Langston Parker mentions a similar case, the general symptoms and the progress of the eruption (its non-successive character in small-pox especially, and intimate changes) right to be diagnostic. The tumores gummati are often puzzling. I saw a case not long since in a woman with a history, but no particular present signs of syphilis, who had a hard, firm lump in the calf of the leg; over this the skin was somewhat moveable, whilst ulceration had commenced at

the lower part, and was very obstinate and untractable. The case gave great difficulty in diagnosis, and was only considered to be syphilitic upon negative evidence chiefly.

Dr. DRYSDALE agreed with M. Ricord, &c., that the diagnosis of syphilitic eruptions by administering mercury internally was a very unscientific procedure. The experiments of Fricke, John Thompson, Syme, Boeck, and W. Cooke, proved conclusively that the drug aggravated the eruptions and made what was usually a very mild affair a serious disease. With regard to infantile syphilis, it was not frequent (1 per cent. in the Children's Hospital), and was probably frequently owing to the destruction of the parent's health by over mercurialisation. Mr. W. Allingham, Mr. Dunn, and himself, had published cases which did well, like Dr. Ballard's case, with cleanliness and chlorate of potash, without mercury, whilst 30 per cent. die under the mercurial treatment. Mr. Allingham, he believed, had treated nearly fifty cases most satisfactorily recently.

Mr. JAKINS had recently seen cases of infantile syphilis at a children's dispensary. They were, he thought, about one per cent. of the cases. They did well with hydrarg. cum cretâ.

Dr. GREENHOW had found that hydrarg. cum cretâ, t. d. gr. ij., was very useful in infantile syphilis; the children got fat under its use. Syphilitic eruptions will often not recover without mercury; *e.g.*, he had recently seen a case of syphilitic rupia where no mercury had been, and which would not heal until mercury was given. He thought that there was no necessity for a skin hospital, as skin diseases were well studied in London—*e.g.*, at Guy's Hospital there was clinical instruction on that branch of disease.

Dr. SQUIRE returned thanks to the Society for the remarks made on his paper. He could not think there was any difficulty in the term "syphilitic lupus" or any difficulty in diagnosing *gummy* tumours. The subject of diagnosis of the varieties of eruptions was too vast.

Dr. DRYSDALE showed to the Society a case of

NATURAL HISTORY OF INDURATED SORE AND ERUPTION

in a young man aged twenty, who had been treated by Mr. Charles Mathews and himself at the Farringdon Dispensary for the above symptoms. Details of the case:—R. S., age twenty; seen first June 6, 1864, by Mr. Mathews, with indurated sore; sent to Dr. Drysdale; glands of groins indurated and multiple; slight roseola appearing. ℞. Pot. chlor., gr. v., aq. ʒj. t. d.; sore dressed with water dressing. June 23.—Sore healed; corona veneris and posterior cervical glands enlarged; rep. med.; rheumatoid pains; no falling off of hair. July 14.—Posterior cervical glands much enlarged and indurated; the eruption is still roseolar in character, but is well marked over forehead and face, chest, abdomen, and thighs; no iritis; no alopecia; no sore-throat; rep. med. The young man is always at work and is in a hot room, which causes him to sweat, so no baths were ordered. Sept. 12.—Eruption gone; stains left; health excellent; posterior cervical glands large. Nov. 3.—Glands much less, disappearing; no other symptom. Dr. Drysdale thought this a simpler plan of treatment than six months of iodide of mercury, followed by three of pot. iod., as recommended by Ricord. He believed any relapses that might occur would be as easily treated as those he had already had.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Friday, September 30th, 1864, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—Cornelius Benjamin Fox, M.D. Edin., Truro, Cornwall; Thomas Stevenson, M.B. Lond., Guy's Hospital.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the Preliminary Examination in the subjects of General Education:—William Bernard Boyd, Wells, Somerset; Alexander Fox, Stoke Newington; Thomas Joshua Gittens, Barbadoes; George Frederick Guy, Shoeburyness; Anthony Alfred Henley, Ringwood; Edward Withers Minter, Southsea; G. H. W. B. Parker, King's College; Henry Sutcliffe, Rochdale.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 8th inst., and when eligible will be admitted to the pass examination:—Albert John Clapp, Cork; Pierre Georges Cox, University College; Thomas Dalton, Edinburgh; James Fernie, Middlesex; John Gittins, Guy's; Alexander Wallace Jamieson, Edinburgh; Thomas Knight Salter, St. George's; David Shoolbraid, Guy's.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—George Dods, East-Lothian; James Dods, East-Lothian; Daniel Forbes, Edinburgh; Edgar Gailey, Annan; John Grealy, Galway; Arthur Hackett, Cork; William Holmes, Cork; William S. Mackenzie, Sutherlandshire; Peter A. Sullivan, Co. Galway.

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edin. and L.R.C.S.Edin.:—William Alister, Catherwood, Donaghadee; Alexander Campbell Campbell, Aberdeen; William Charteris, Dumfriesshire; Edward Connellan, Cork; James Elliott, Yorkshire; John MacWilliam Graham, Mullabrack; Edward Henderson, Edinburgh; Thomas M'Donald, Ross-shire; Richard Dickinson O'Brien, Ennis; John M'Naughten O'Keeffe, Co. Kerry; Joseph Hildreth Rockett, Yorkshire; James Watson, Dundee.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Charles H. Johnstone, New Brunswick; Thomas O'Hare, Co. Down.

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College:—Hugh Smiley Kane, Co. Antrim; John Douglas Lytle, Co. Derry; Andrew Veitch, Edinburgh.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The stated quarterly meeting of the committee of this branch of the above society was held on Wednesday, the 2nd inst., in the rooms of the Ulster Medical Society, Dr. Thomas Reade presiding as chairman; the other members present being Dr. Drennan, Dr. Moore, Dr. Cuming, and Dr. Stewart (secretary). Dr. Moore brought under the notice of the meeting the case of the widow of a lately deceased medical man in the County Down, who, together with an infant child, was left entirely destitute of all means of support. After some discussion it was directed to be placed on the minutes for bringing forward at the regular period for recommendation for a grant at the next annual distribution of the funds of the society. The Secretary reported that the Parent Committee had with much kindness and consideration departed from the stated course of procedure by affording assistance to the widow and family of a lately deceased practitioner in the lower part of the County Antrim, the application having been made after the proper time; another serious difficulty also being that there were no subscribers to the society in the applicant's locality, though several medical men resided there, to recommend her. Both these difficulties, however, were surmounted, owing to the peculiar urgency of the case, and a grant given, but which was not to be drawn into a precedent for the future. The meeting hoped that the Profession in the locality in question would see the necessity of affording their countenance to the society from this forward, if only to insure this poor widow and her family obtaining further assistance. A special appeal having been recently made by the Parent Committee to the Profession at large in Ireland to come forward more generally, and in such contributions as they might be pleased to give, no

matter how small, was now read, and met with the entire approbation of this committee, as being well conceived and much required in furtherance of the increased usefulness of the society. The annual report of the society, as lately published, was now also laid before this committee, and its able and important contents strongly recommended to the consideration of the Profession, and with a copy of which every medical man of this branch was being supplied, so that none need be in ignorance of the workings of the society. Arrangements having been made for the ensuing annual meeting of the subscribers to this branch and some further business disposed of, the meeting separated.

THE ULSTER MEDICAL SOCIETY.—The anniversary dinner of the members of the above society took place on Tuesday evening, 1st instant, in Mr. Thompson's rooms, Donegall Place, Belfast. The usual loyal toasts having been given, they were succeeded by "The Medical Departments of the Army and Navy." The President, in proposing this toast, said he was sorry that there were no members of either branch of the service present this evening to call upon to speak to it; he could not, however, permit the opportunity to pass by without observing that their brethren in the army particularly had every reason to feel deeply aggrieved and wronged in respect of the inexcusable conduct of the military authorities, in regard to the Queen's warrant of 1858, having rendered it to all intents and purposes a dead letter, the consequence of which was, that candidates of any spirit were thus prevented from coming forward in sufficient numbers to fill the vacancies in existence, and not only this, but to cause both surgeons and assistant-surgeons to resign their commissions. This was the worst policy imaginable, and sooner or later it would be found to be so.—"The Medical Department of the Queen's College, Belfast," which was very ably spoken to by Professor Ferguson.—"The Medical Charities of Belfast," responded to by Dr. Pirrie and Dr. William MacCormac, on behalf of the General Hospital; Dr. David Moore for the dispensaries; and Dr. H. Rea for the Belfast Union Hospital.—"The Ulster Medical Society," responded to by the Vice-President of the Society.—"The Royal Medical Benevolent Fund Society of Ireland." Dr. Cuming, having been generally called upon, replied to this toast very effectively.—"The Officers of the Society," responded to by the several officials present.—"Our Absent Members, and, in particular, Dr. Patterson," one of the most valued members of the society, whose absence on the present occasion, owing to a recent severe domestic affliction, was much sympathised with by all present.—"The General Practitioners of Belfast, coupled with the name of Surgeon Smith," who responded in an excellent speech.—Some further toasts having been given by the members generally during the evening, Dr. M. M'Gee of the number, who spoke very largely and eloquently on several subjects, the company separated much pleased with the entire arrangements of the day, and the very satisfactory manner in which Mr. Thompson had fulfilled his important part, both the dinner and wines being unexceptionable.

THE NEW FEVER HOSPITAL AT LIVERPOOL, recently erected in Brownlow street, is now open for the reception of patients. It consists of four stories, in each of which are two wards, each ward containing twenty beds, so that accommodation is provided for 160 patients. The cost, about 6,000*l.*, is to be provided out of the borough rate.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual meeting of the members of this Society was held on the 26th of October, in pursuance of the Royal Charter of Incorporation recently granted, when a letter from the Rev. Arthur Stone was read, acknowledging a letter of condolence addressed to him by the Society on the demise of his father, their late President, Thomas Arthur Stone, Esq. The following officers and directors were elected for the ensuing twelve months, viz.:—*President:* Martin Ware, Esq. *Vice-Presidents:* Everard A. Brande, Esq.; Peter Mere Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; Alex. J. Sutherland, M.D., F.R.S.; Edward Tegart, Esq.; George Burrows, M.D., F.R.S.; John Miles, Esq.; Sir John W. Fisher; Cæsar H. Hawkins, F.R.S.; James Paget, Esq., F.R.S. *Treasurers:* James T. Ware, Esq.; G. Hamilton Roe, M.D. (Acting); Richard S. Eyles, Esq. *Directors:* J. Gregory Forbes, Esq.; William Munk, M.D.; Barnard W. Holt, Esq.; Charles Miles, Esq.; William J. Little, M.D.; William Cathrow Esq.; Henry Sterry Esq.; Henry Jeaffreson, M.D.; H. S. Illingworth, Esq.; Francis Hawkins, M.D.; T. B. Curling, Esq.; John Hilton, Esq.; John Love, Esq.; Henry A. Pitman, M.D.; John Adams, Esq.; Robert Druitt, M.R.C.P.L.; J. Cooper Forster, Esq.; Edward Tegart, Esq.; J. J. Sawyer, Esq.; Henry Lee, Esq.; Charles Collambell, Esq.; Richard Quain, M.D.; George Johnson, M.D.; C. F. Du Pasquier, Esq. Mr. Ware, the new President, is the senior living member of the Society, was the senior Vice-President for many years, and is the son of the most strenuous and indefatigable supporter of the Society, Mr. James Ware, its second President.

IMPRISONMENT OF A MEDICAL EDITOR FOR A LIBEL.—Dr. Wittelshöfer, the editor of the Vienna 'Medical Gazette', has been sentenced to imprisonment for four weeks for having made certain charges against the "Sisters of the Good Shepherd," who have the care of the public gaols and houses of correction. In the opinion of the public, the various witnesses called fully proved that the charges which had been made were well founded, but it would appear that the Judges were not of the same opinion. When the Court passed sentence on Dr. Wittelshöfer it declared that the nuns who had been calumniated were "the organs of Government." The State pays the "Sisters of the Good Shepherd" so much a head for the board of the persons who are under their charge, and it is notorious that the food provided by them is both scanty and bad. The holy women maintain that they save nothing, but it is a positive fact that they acquire real property in Austria, and make large remittances to foreign cities. During Wittelshöfer's trial one of the most respectable bankers in this city declared on oath that the Superior of the establishment at Neudorf recently had bought of him a bill for 12,000f., which was made payable in Paris.

DEATHS.

DAVIS.—On the 19th ult., E. Davis, M.R.C.S.E., of Upper Belgrave place, Pimlico, aged 60.

MACLEAN.—On the 18th ult., at Wimpole street, S. Maclean, F.R.C.S.I., aged 46.

MORGAN.—On the 19th ult., M. Morgan, L.R.C.P.Ed., of Charlotte street, Bedford square, aged 63.

SKEGG.—On the 17th ult., Robert Skegg, L.R.C.P.Ed., of St. Martin's place, aged 61.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 16.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. G. H. Sutton, "On Fibroid Disease of the Lungs."

THURSDAY, NOV. 17.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Dr. Marcet, "On the Brine of Salted Meat."—Professor Wanklyn, "On the Nature of Compound Ethers;"—Harveian Society, 8 p.m.—Clinical Discussion, "On Sore Nipples, Mammary Abscess, and Remedies for the Excitation and Suppression of the Secretion of Milk."

FRIDAY, NOV. 18.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 19.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, NOV. 21.—*Operations* at St. Mark's Hospital for

Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 22.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Painless Extinction of Life in Animals designed for Human Food. By H. MacCormac, M.D. London: Longman and Co.

Transactions of the Pathological Society of London, Vol. XV.

The Dublin Quarterly Journal of Medical Science, No. LXVI. Nov., 1864. London: Longman and Co.

The Pharmaceutical Journal, Vol. VI., No. V. London: John Churchill and Sons, New Burlington street.

The Dental Review, New Series, Vol. I., No. IV. London: R. Hardwicke, 192 Piccadilly.

The Diseases of the Stomach, with an Introduction on its Anatomy and Physiology. By W. Brinton, M.D., &c. Second Edition. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ROYAL INSTITUTION.—The report has been received.

DR. STEWART.—The extracts have been received.

THE HARVEIAN SOCIETY.—The report and the notice have been received.

MR. R. GRIFFIN.—The communication is inserted.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
C. W. Chaldecott, Esq., Dorking	0	10	6
J. L. Jardine, Esq., ditto, per. C. W. Chaldecott, Esq.	0	10	6
G. B. Norman, Esq., Basford	0	10	6
W. Cooke, Esq., Tunbridge	0	10	0
Dr. Sinclair, Halstead	0	10	6
W. W. Howard, Esq., Glossop	0	10	0
W. V. Lush, Esq., Salisbury Infirmary	0	5	0
Amount previously announced	92	5	6
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Nov. 9, 1864.

C. S., *Cambridge.*—Phloridzin is a substance somewhat resembling salicin, and found in the root-rind of the apple and cherry-tree. It has been proposed by some American physicians as a substitute for quinia.

DR. L. S.—We know nothing of the qualifications of the person alluded to, and the diplomas mentioned are in all probability fictitious. Those documents are sometimes manufactured to order, and may be procured in London for a few shillings.

DR. S. W. J. MERRIMAN.—The papers have been received.

A JEWISH PHYSICIAN.—The letter is inserted.

THE 'Whitehaven Herald' has been received, and the subject shall be noticed next week.

DR. MACCORMAC.—We have given insertion to an abstract of the paper, as we conceive the subject to be one of great public importance.

Society for Relief of Widows and ORPHANS OF MEDICAL MEN.—Founded 1788. Incorporated by Royal Charter 1864.—The Members are reminded that a QUARTERLY COURT of Directors will be held on the 7th of December next, at which Candidates for Admission into the Society can be proposed. It is desirable that the Form of Proposal be filled up and forwarded to the Secretary a few days before the Meeting. The Form of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing. The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

S. W. J. MERRIMAN, Secretary.

53 Berners street, W.,
November, 1864.

LUNACY.—SINGLE PATIENTS.

OFFICE OF COMMISSIONERS IN LUNACY,
19 Whitehall place, October 10, 1864.

The Commissioners in Lunacy having reason to believe that many persons of unsound mind are illegally received or taken charge of, and that the law relating to insane persons not in asylums or licensed houses, but under individual care as "Single Patients," is extensively violated, desire to draw the attention of medical practitioners and others to the provisions of the 8th and 9th Victoria, cap. 100, sec. 90, as amended by the 8th section of 16 and 17 Vic. cap. 96.

By these enactments no person (unless he derives no profit from the charge or be a committee appointed by the Lord Chancellor) can receive one patient in any unlicensed house, neither can any person take care or charge of any one patient as a lunatic or alleged lunatic without the same form of order and medical certificates as are required upon the admission of a patient into a licensed house, copies of which are to be sent to the Commissioners in Lunacy, together with other particulars, which are fully stated in printed instructions to be obtained on application at the office of the Commissioners, 19 Whitehall place.

By the first-mentioned Act every person neglecting to comply with the requirements of the Statute is liable to prosecution for a misdemeanour.

By the interpretation clause the word "lunatic" is declared to mean "Every insane person, and every person being an idiot or lunatic, or of unsound mind."

According to the law as laid down by the Judges of the Superior Courts, the provisions and penalties of the Act apply to all cases of insane persons taken or retained under care or charge in unlicensed houses, whether or not they were of unsound mind when first received.

The Commissioners will feel it their duty, in cases of violation of the law hereafter brought under their notice, to proceed by indictment against the offending parties.

By order of the Board, W. C. SPRING RICE, Secretary.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

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Cellars and Counting-house as above, and Orders taken also at the Restaurant,
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Laryngoscope complete from £1 10s. 6d. Mackenzie's Laryngeal Galvanizer, 10s. 6d. See this Journal for February 21, page 184. Laryngeal Aluminium Probangs, Aluminium, with glass brushes (for applying caustic and nitric acid to the larynx,) and other brushes, all at 2s. 6d. each. Tobold's Illuminating Con, denser, £1 7s. 6d. All other Instruments for operating on the Larynx, and other Surgical Instruments to be had at C. W. KROHNE'S, Manufacturer, 241 Whitechapel road.

Vapour Bath Apparatus.—Mr. CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effectual means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited

Pepsine and Pepsine Wine.—Boul- DAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Chemist in Ordinary to the Queen and H.R.H. the Prince of Wales, 227 Oxford street, London, to whom all applications respecting it must be addressed.

Third Edition, with Further Remarks by DR. CORVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

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In Actinic Glass Bottles - - - 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz., 5s.; and 8 oz., 8s. 6d.

Freeman's Original Chlorodyne is largely employed by the Profession as a sedative, an antispasmodic, an astringent, and a diaphoretic.—In Phthisis, Asthma, Chronic Bronchitis, Pertussis—as a sedative, and calmative in cancer—as an astringent in Dysentery and Diarrhœa.—In each of these affections its use is attended with the most striking results.

In the late Chancery suit, many eminent London Physicians and Surgeons of long standing in the Profession, and who hold public appointments, made affidavits to the fact that they had extensively prescribed "Freeman's Chlorodyne"; "had used it in comparison with Dr. J. Collis Browne's Chlorodyne; had carefully noted the effects of each, and preferred Freeman's, as being a more certain and reliable preparation, stating in particular that they had not found it to produce headache." It is offered to the Profession and the Trade as the best preparation of the kind, and at a price which allows the poorest sufferer to enjoy its beneficial effects, and to deserve the name of a "wonderful, though cheap medicine." Full and explicit directions for use, and a sheet of Medical Testimonials, with each bottle.

N.B.—The Chancery Court printed copies of the above affidavits may be seen at R. F.'s address.

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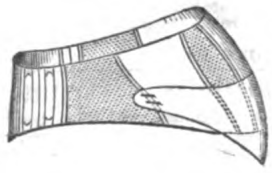
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

BY ROBERT HUNTER SEMPLE, M.D.,
Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 274.)

The General Symptoms of Disease of the Heart.—The Pulse.—It has already been mentioned that disease of the heart, even of a serious character, may be unattended with any remarkable general symptoms, for the chief organ of the circulation has the power of adapting itself to its altered conditions, and the system generally accommodates its functions to the increased or diminished supply of blood which it receives. Even the pulse, which, it might *a priori* be supposed, would sympathise most remarkably with the changing conditions of the heart, is sometimes little, if at all, affected, and sometimes the indications given by the pulse are anomalous and unsatisfactory, for a full and rapid pulse may coexist with a weak but irritable heart, while a feeble pulse often accompanies an hypertrophied and violently-acting organ. However, putting out of the question those cases where the pulse in disease of the heart does not deviate from the healthy or usual standard, it may be said that it is far more commonly increased than diminished in rapidity in such disease, a slow pulse in disease of the heart, even in great obstruction of the cardiac orifices, having scarcely ever been observed, although in softening of the organ this kind of pulse has been noted.

Undue rapidity of the pulse, unaccompanied by auscultatory evidence of cardiac disease, is a symptom with the significance of which I am not yet thoroughly acquainted. It has fallen to my lot, on a few occasions, in examining lives for the purpose of life assurance, to find the pulse preternaturally accelerated, without any evidence whatever, either by auscultation or otherwise, of cardiac disease. I need scarcely observe that all allowance was made for nervousness, for hurried walking or running, for eating or drinking, or other obvious causes for the acceleration, and that in the cases to which I refer, I did not conclude that 112 or 120 (for such were the numbers of the pulse) was the normal rate, until I had felt it under a variety of circumstances and at different times. Guided by the general opinion of the Profession, I have regarded this acceleration of the pulse as a morbid condition, and one which was unfavourable to the prospect of longevity, but I am not sure that the symptom is one of such grave importance as is generally supposed. In one of the cases to which I allude, and in which I carefully examined the pulse at various times and found it to be 120, the subject was a gentleman whom I have known for many years and who always was and is now in excellent health.

Intermission of the pulse must, I think, be altogether disregarded as a pathognomonic sign of cardiac disease, for although it may undoubtedly exist in such a case, yet it quite as often, or perhaps more often, results from mere nervousness, or hypochondriasis, or indigestion, or disease of the liver or of the brain.

Still, although the pulse may justly be denominated, as Celsus called it, *fallacissima res*, yet there are certain modifications of its force and frequency which are observed in cardiac disease, and ought by no means to be overlooked, especially when taken in connection with the physical signs. Thus, at the onset of pericarditis the pulse is always frequent, and generally full and hard, although regular, and the same characters are observed in endocarditis; while in hydro-pericardium, where the heart is embarrassed in its action by circumjacent fluid effusion, the pulse is small, frequent, and intermittent.

In the early conditions of simple hypertrophy of the heart, where the muscular structure is augmented in volume, and where the force which impels the blood is thereby increased, the pulse is strong and hard, although its velocity is not augmented. But as the hypertrophy increases, and is accompanied with dilatation, the contractile power of the muscular fibres is diminished, and the blood is no longer propelled with the same force through the system, and then arises the apparently anomalous and paradoxical condition of a heart beating with enormous force against the parietes of the chest, and a small and weak pulse felt in the radial arteries.

In dilatation of the left ventricle, where the muscular walls are attenuated and the power of the heart is consequently diminished, the force with which the blood is impelled is necessarily less, and the pulse is soft and weak. Practically speaking, simple uncomplicated hypertrophy and simple uncomplicated dilatation are each exceedingly rare, the most usual condition being the combination of hypertrophy with dilatation; and in the advanced condition of the latter combination the pulse is weak, although the heart may be beating with an abnormally strong impulse. In the early conditions of the disease, however, the pulse is full and strong, and so continues as long as the hypertrophy is predominant, but in proportion as dilatation advances the pulse becomes soft and compressible.

In aortic regurgitation the pulse is so peculiar that its characters are sometimes almost pathognomonic of the disease, for it is jerking and receding, but regular, and the pulsation is *visible* and locomotive. This is called *the pulse of unfilled arteries*, "the diastole or beat of the artery being short and quick, as if the blood were smartly jerked or shot under the finger, the vessel during the intervals feeling unusually empty." (*a*) The jerking character of the pulse in aortic regurgitation is easily explained by the circumstance that after the contraction of the left ventricle the blood partly returns into the ventricular cavity, and there is consequently a general retrograde movement of blood in the arteries. I should mention that the jerking and visible pulse, taken by itself, is not always to be regarded as necessarily indicative of aortic disease, for it is often observed in old persons in whom the arterial tubes have become rigid from atheromatous or osseous degeneration.

In contraction of the aortic orifice, unless the contraction is extreme, the pulse is full, strong, and regular; for although the stream of blood thrown into the aorta is somewhat diminished in its volume, yet it is propelled with greater force, owing to the increased action of the ventricular walls, and thus the pulse is undiminished in its strength or fullness. To Dr. Hope is due the credit of the observation that the pulse in contraction of the aortic valves is regular, for Corvisart, Louis, and Bouillaud all described the pulse in aortic contraction as irregular; but it must be observed that these authors were formerly but little acquainted with the diagnosis of valvular diseases, on which so much light has been thrown by British writers.

In regurgitant disease of the mitral valves, in which case the blood is thrown back into the left auricle, the pulse is but little affected at first, but as the disease advances it becomes invariably weaker than in the natural state, and is also usually described as irregular, intermittent, and unequal. But in several cases of mitral disease which I have watched, the pulse was neither irregular nor intermittent; and, indeed, these latter characters are not now considered as essentially connected with this form of cardiac lesion, at least until the disease is very far advanced. In obstructive disease of the mitral valves, the pulse is also weak; and, indeed, obstructive and regurgitant disease of the mitral orifice are followed by the same pathological conditions, for in the former the cavity of the left ventricle is imperfectly filled, and in the latter a portion of the blood which has entered it passes back into the auricle, and in either case the ven-

(*a*) Hope 'On Diseases of the Heart.' Fourth Edition, p. 355.

tricular walls are insufficiently stimulated to contract upon their contents, and thus the pulse is necessarily reduced in force.

In that hitherto mysterious disease, fatty degeneration of the heart, it cannot be said that the nature of the pulse throws, in general, much direct light upon the diagnosis; but in the advanced stage of this affection, in consequence of the softening of the muscular walls, the force of the circulation is diminished, and the pulse becomes small, weak, irregular, and unequal. But all these characters may exist in cases of weak heart, or of impoverished condition of the blood, and cannot be received as pathognomonic signs. But in the fatty disease the pulse has been found much more slow than in the natural state, and Dr. Stokes and Dr. Quain have recorded cases of this affection where the pulse was only 28, 32, or 24. But it would be erroneous to make a diagnosis of fatty degeneration of the heart from slowness of the pulse, even when accompanied with feebleness and irregularity; and, indeed, there must be many concomitant circumstances during life to render the diagnosis certain, or even probable.

To sum up the characters of the pulse of cardiac disease in a few words, it may be stated generally, that in hypertrophy the pulse is strong, in dilatation it is weak; in aortic obstruction it is but little affected, in aortic regurgitation it is jerking, visible, and locomotive, but regular; in mitral obstruction or regurgitation, it is weak, and sometimes intermittent; in fatty degeneration, it is small, weak, irregular, unequal, and sometimes slow. But it cannot be too carefully impressed upon the mind that cardiac diseases usually present themselves in a combined form, and that the characters of the pulse will vary as one or the other predominates.

(To be continued.)

PARISIAN MEDICAL NEWS.

EXPERIMENTAL RESEARCHES ON THE CONSTITUENTS OF OPIUM.

Amongst the various communications forwarded to the Academy of Sciences during the last month, we may notice two papers, read by Messrs. Claude Bernard and Ozanam, on the different action of the alkaloids obtained in opium. Both inquirers agree that the physiological effects of these substances are not identical; but the inferences which each author derives from his researches on the subject are so dissimilar, that the therapeutical problem propounded in these investigations does not seem likely to receive a speedy solution.

By a fresh analytical inquiry into the nature of six of the active substances which may be regarded as constituents of opium, M. Claude Bernard has ascertained that they are possessed of three distinct properties—viz., narcotic, stimulating, and toxic. With regard to narcotic powers, M. C. Bernard ascribes the first place to narceia, the second to morphia, the third to codeia. The three other alkalies—thebaïna, papaverina, and narcotina—are not, in his opinion, endowed with soporific virtues, but he considers them to be invested with stimulating properties in a much higher degree than codeia, morphia, or narceia. As poisons, the Professor classes the constituents of opium in the following order: thebaïna, codeia, papaverina, narceia, morphia, and nicotina.

On the other hand, in a paper on the same subject, M. Ozanam shows that, for therapeutic purposes, opium contains sedatives—viz., morphia, opianina, and narceia; stimulants—viz., narcotina and thebaïna; and an intermediate principle, codeia, which is alternately a stimulant and a sedative. With regard to its special effects on different parts of the system, M. Ozanam remarks that each of the constituents of opium would appear, in addition to its more or less considerable activity, to possess a peculiar and elective influence on certain portions of the nervous structures. Thus, morphia, opianina, and narcotina would address themselves especially to the cerebral hemispheres; codeia to the cerebellum and bulb; thebaïna to the superior or cervico-dorsal section of the spinal cord; and narceia to its lumbar region.

Both experimentalists, therefore, agree that opium is a compound of substances which act on the system in an opposite manner, but they are at variance in their practical inferences from the fact.

In his estimation of the value of vegetable medicinal products, Mr. Ozanam shows himself more partial to synthesis than to analysis; he acknowledges the usefulness of quina, but prefers cinchona bark, and describes opium as a matchless remedial agent, which we can never expect to replace by any substitute; opium may be said to dissect the nervous system, and each of its constituents, liable, if separately prescribed, to occasion effects of too lowering or too stimulant a character, is corrected by its salutary association with the others. M. Ozanam, therefore, thankful for this providential dispensation, can suggest no alteration from an arrangement so entirely perfect.

Not so M. Claude Bernard. This indefatigable inquirer is not satisfied with the mere study and contemplation of natural phenomena; he views progress as the sovereign and ultimate end of human activity; and his researches on opium have thoroughly convinced him that not only should the constituents of that drug be separated, but that the same operation should be applied, as a general rule, to all vegetable compounds used in medicine. "We should not," says the author, "persist in the use of remedies the effect of which is only the combined result of several forces acting in different directions; such a resultant is necessarily changeable, and must induce effects variable as they are unexpected, according to the peculiar susceptibility called forth by each or any of the active ingredients of the drug. It is also desirable to renounce our belief in the similarity of action of plants belonging to the same family, since we find that from one plant we can extract substances of opposite physiological power. Each of the constituents of such substances is obviously entitled to its autonomy, and is endowed with a separate and distinct virtue. M. Claude Bernard considers himself, therefore, justified in loudly asserting the necessity of analysing the complex actions of plants, and of reducing them to simple and precisely determined effects, which may be taken advantage of alone or combined, according to the indications of each case, and the intentions of the therapeutist.

The question raised by M. Bernard is one of the greatest interest; and although the present state of science may not permit us to hope for an immediately satisfactory solution, yet the researches of the author have not been barren, and have supplied us with a new narcotic of a power, perhaps, superior to that of morphia and codeia—viz., narceia—which has already been prescribed with benefit by several practitioners.

ORIGIN OF VIRULENT DISEASES.

The debate on the subject of pustula maligna has been carried on and brought to a conclusion; and M. Ricord read an interesting report on a memoir, forwarded by M. Prieur, of Gray, on the efficacy of iodine in scrofulous adenitis. The debate on pustula maligna was summarised by M. Gosselin, who also presented discursive remarks on the pathology of virulent affections.

The point at issue was at first the spontaneous origin of malignant pustule. The learned reporter agreed with the authors of the memoir presented to the Academy, and with MM. Bouley and Magne, members of the section of Veterinary Surgery, that the disease might sometimes arise spontaneously. MM. Cloquet, Velpeau, Ricord, Jules Guérin, Gibert, Briquet, and Piorry contended, on the contrary, that pustula maligna is invariably communicated by contagion, or at least that a contrary opinion is unsupported by facts. The former inquired whether a specific poison or virus was really necessary to the propagation of malignant pustule, argued that all putrefied matter shared the same privilege, and that numerous general and apparently unimportant causes might induce results ascribed solely to the operation of a specific virus. Cases related by Morand were adduced, in which healthy but merely overworked oxen had

communicated pustula maligna, although in nowise affected themselves with carbuncular disease ; other instances were brought forward for the purpose of proving that flies, the sting of which had given rise to malignant pustule, had not always been in contact with the bodies of animals which had died of carbuncle. These obscure and doubtful facts, all deficient in some one element of certainty, were set aside by the opponents of the spontaneous development of the affection, who pinned their faith to the time-honoured doctrine, established on many thousands of incontrovertible cases, that virulent diseases invariably originate in a specific virulent principle. Every one of these must, of course, have once originated spontaneously under the influence of a peculiar combination of circumstances which it is not in our power to account for, but, once produced, the affection has ever afterwards been communicated by inoculation. Such is M. Ricord's theory with regard to syphilis, and such also are the views which will long prevail as to the mode of development of small-pox and other exanthemata. It is not impossible, in the reporter's opinion, that malignant pustule may turn out to be an exception to the general rule ; but in spite of his remarks, which were listened to with considerable interest, M. Gosselin failed in convincing the majority of the members of the Academy ; nor will the doctrine which he defends ultimately prevail, so long as it is supported but by a negative, and so long as the hypothesis of spontaneous development is propped solely on the alleged absence in certain cases of any direct proof of contagion.

Liability of the Lower Animals to Syphilis.

M. Briquet supplied an interlude to this very serious discussion. He presented some interesting remarks on contagious diseases in general, dwelt on the necessity of predisposition of the system as an indispensable preliminary to the effects of contagion, and finally endeavoured to establish the connection of these disorders with contact with animals. So far, M. Briquet adopted a justifiable line of argument, and was doubtless right with regard to malignant pustule ; but interpreting in his own way the views of Providence, he propounded the somewhat singular doctrine that contagious diseases are intended to act as a check to prevent mankind from swerving from the laws of Nature. He ventured to assert that syphilis, for instance, arose from the unnatural intercourse of the soldiers whom Charles the Eighth led to the conquest of Naples with the goats which accompanied the army. This daring misrepresentation could not pass unnoticed ; and M. Malgaigne reminded its author that, long before the fifteenth century, historians and writers had mentioned a disease the description of which closely corresponds with the symptoms of primary and secondary syphilis.

Another highly competent opponent arose and disposed of M. Briquet's remarks in such a manner as to dispel all further doubt as to the possibility of the transmission of syphilis from the human subjects to animals.

" I cannot," said M. Ricord, " vouch for the goats of the time of Charles the Eighth, but I may positively assert, without fear of contradiction, that at the present day goats do not communicate the syphilitic taint." Not only does M. Ricord deny that the disease can be propagated by animals, but he contends, as he has on many occasions professed, that all the attempts to inoculate syphilis to animals have ended in failure. Soft chancre may have thus been produced, but not the indurated sore, which alone can generate secondaries.

This is also the opinion of Messrs. Velpeau, Bouley, and Leblanc, who at different periods have performed experiments on the subject, and have never observed any other result but simple sores, which were never productive of constitutional symptoms.

The only disease from which confusion might arise is that which the Arabs designate by the term *dourine*, a distemper of the horse consequent on copulation. This disorder presents certain analogies with syphilis, but differs from it in this essential point, that it cannot be reproduced by inoculation. It was described as follows, by M. Bouley, in the course of the debate. " This disease,' said the learned member, " was first observed in 1796, since when it has repeatedly been met with, especially in Russia and in Africa. Its principal feature is its transmission exclusively by sexual intercourse ; it cannot be inoculated with the lancet, and gives rise to no secondary manifestations. It has been suggested more than once that *dourine* may possibly have originated in the human subject ; and M. Mersch, an able veterinary surgeon in the military service, remarks that the disorder has on several occasions occurred in Algeria. It is a popular belief in certain Arab tribes, that when a man is affected with venereal symptoms, they may be relieved by communication with a mare. M. Mersch relates the case of a Zouave who resorted to this bestial mode of treatment, and who thus communicated *dourine* to the animal, who subsequently infected a horse, and thus transmitted the disease to a large number of mares."

If many cases of the kind were to recur, they would tend to establish the syphilitic origin of *dourine*, which would thus have been modified in its nature by its transmission to animals ; but M. Ricord sagaciously remarked that the instance related by M. Mersch can readily be interpreted without the participation of the Zouave.

The result of the recent debate is, that, despite the contrary opinion entertained by MM. Depaul, Auzias-Turenne, Vernois, and Gibert, M. Velpeau seems to be perfectly correct in stating that, although syphilis may not be, as M. Ricord supposes, the exclusive attribute of man, yet the human subject alone is susceptible of incurring the taint.

Treatment of Whooping-cough in Gas-Works.

Amongst the questions brought forward for discussion at the learned societies, we may notice the treatment of whooping-cough by the emanations from gas-works. M. Guérard, a member of the Board of Health of the Département de la Seine, forwarded on this subject to the Medical Society of Hospitals a communication which gave rise to interesting remarks from MM. Blache, Barthez, Roger, Bergeron, Maingault, &c.

Coal-gas is deprived of the sulphuretted hydrogen and carbonic acid gases always present in the crude product, by being passed through iron vessels partly filled with sulphate of lime and hydrated sesquioxide of iron. When these substances have fulfilled their object, they are extracted from the apparatus, and exposed in thick layers on the pavement of one of the yards of the works, and thus rendered fit to be employed again. When placed in contact with the atmosphere, they evolve a large quantity of ammonia, mixed with light volatile oils. These exhalations, much complained of by persons who reside in the neighbourhood of gas-works, have of late been highly extolled in the daily periodicals, and have become a popular remedy for whooping-cough. Any person who might be tempted to visit a gas-factory at certain hours might mistake it for the playground of a school ; children affected with whooping-cough are reported to have rapidly recovered after having accidentally passed a few hours in these yards ; others were in consequence brought to the same place, in the hope of securing for them similar benefit, and now these courts are scarcely large enough to admit all the applicants for admission.

It was, therefore, extremely important to ascertain if the alleged efficacy of the emanations in question was real, whether the inhalation was harmless, and also to which of the gases and volatile oils the effects observed are referable. Several members took part in the debate.

M. Barthez stated that he had witnessed two cases illustrative of the utility of this mode of treatment. The patients were two sisters, aged respectively three years and a half and five years and a half, both suffering from whooping-cough, which had lasted a fortnight in the former and three weeks in the latter. The parents, who had heard of the efficacy of these inhalations, sent the children every day regularly to the gas-works for some hours, and in both instances a complete cure was effected, in one of the cases three weeks, and in the other four weeks and a half after

the first onset of the disease—a duration much shorter than that usually ascribed to whooping-cough. No conclusive inference can of course be drawn from two cases, and MM. Blache, Bergeron, Maingault, and Roger brought forward others in which no improvement whatever was obtained, and some in which the treatment would seem to have aggravated the symptoms. M. Blache stated that two children of thirteen and fourteen years, belonging to the same family, and both in advanced stages of whooping-cough, were taken eight days in succession to the gas-works, and in both the paroxysms increased in violence, and were subsequently allayed by the usual sedatives. M Blache also procured a tubful of the residue employed at the works and caused the fumes to be inhaled in several cases of whooping-cough, but derived no benefit whatever from the experiment. M. Roger added that he had been called in consultation for a child suffering from pneumonia, caused by the inhalation of the gases evolved in the works, but observed that exposure to cold might possibly have contributed to the development of the affection; in two of his own patients, however, the treatment in question signally failed, and produced no improvement whatever after a fortnight. Desirous of forming an opinion as to the real utility of the remedial agent, M. Roger also obtained the residue left after the purification of gas, and caused it to be spread out on the floor of a large hall in the Hospital for Infancy, where children belonging to his own and to M. Bouvier's wards, suffering from whooping-cough, were conveyed every day. The results of the experiment having proved entirely negative, M. Roger came to the conclusion that the new mode of treatment presented no decided advantage, and that mere change of air was far more efficacious. We have ourselves had an opportunity of judging of the effects of the inhalations in two children, aged respectively three years and four months, both affected with whooping-cough; they were conveyed to the gas-works, the eldest was rapidly relieved, but the youngest died of extensive bronchial inflammation, although the most active counter-irritation was resorted to.

In conclusion, we may say that, up to the present day, the inhalation of the products evolved from the substances used in the purification of gas has not justified its reputation, and in some instances seems to have been highly injurious. M. Guérard, however, conceives that further inquiry is necessary, and that it is not inadmissible that these gases, which consist merely of ammonia and volatile oils, may yet be found useful in whooping-cough; indeed, ammonia has most certainly been beneficial in certain fits of asthma; it is therefore desirable to ascertain under what circumstances the inhalations alluded to may be advantageous, and to discover some improved means of administering the remedy in such a manner as to obtain its full curative effects, and at the same time to avert the complications which observers have ascribed to its action.

CATHETERISM OF THE URETHRA.

M. Just Lucas-Championnière described last year the ingenious apparatus invented by M. Désormeaux for the direct inspection of the urinary passages. We shall take another opportunity of adverting to this contrivance, which has not, in our opinion, been estimated at its real value by the Profession; on the present occasion we shall merely reproduce an abstract of M. Désormeaux's remarks on catheterism, an operation which the humblest practitioner must daily hold himself in readiness to perform.

The excavations at Herculaneum have led to the discovery of a metallic tube, the incurvation of which suggests the probability that the ancients were not unprovided with some means analogous to those in our own possession for the purpose of draining the bladder of its contents. Modern ingenuity has supplied us with three kinds of catheters—1, that which is in common use; 2, the catheter presenting a short bend at its extremity, which M. Mercier has recommended as the instrument best calculated to overcome the impediment caused in advanced life by hypertrophy of the prostate; and, 3, the straight catheter, the possibility of introducing which into the bladder was demonstrated in 1824 by Amussat, but which is now to be found only in the instrument-case of surgeons who practise lithotrity, and is chiefly used for the exploration of the bladder when the incurvated catheter has not supplied any decisive information.

The diameter of the metallic sound in common use is about two lines, and the incurvation of its extremity forms a quarter of a circle of fifteen lines radius. The patient should lie flat in bed, and the surgeon may place himself at either side; indeed, students should acquire the habit of practising the operation with equal ease, whether standing at the left or right side of the patient, in order to avoid disturbing the bed—a displacement which may distress the invalid. The third and fourth fingers of either hand should support the penis, the thumb and index remaining free to draw back the foreskin or open the meatus. The instrument is then inserted.

Mr. Désormeaux agrees with Ledran that "catheterism should be the result of the concerted action of the hand which holds the catheter and of that which supports the penis; and the sound should alternately be pushed forward into the urethra, and the urethra drawn over the instrument." M. Désormeaux's practice differs, however, from that of Ledran, inasmuch as he recommends the simultaneous, and not the alternate performance of these actions. In his treatise 'On Diseases of the Urinary Passages,' M. Phillips attaches but little value to Ledran's precept. "The penis," says he, "should be held inclined towards the inguinal fold, but *not be stretched*, because elongation of the duct increases the amount of friction, and consequently the resistance." M. Désormeaux cannot assent to this opinion. He remarks that if the parts are inspected with the endoscope during the introduction of the catheter, it will be found that when the penis is not stretched, the mucous membrane forms folds and circular plicatures in front of the extremity of the sound; whereas gentle traction exercised on the penis during the penetration of the catheter causes the duct to assume the shape of a smooth funnel, into which the metallic tube glides without any difficulty. When the pubes have been reached, the surgeon slowly brings down the instrument in a horizontal position, while it passes the membranous portion of the urethra, and enters the bladder.

M. Phillips, as we have stated, advises the surgeon to incline the penis towards the groin, in order to introduce the catheter, and to preserve the organ in this position until the point of the instrument has reached the *cul-de-sac* of the bulb. In most cases, M. Désormeaux holds the catheter over the abdomen in a parallel direction to the linea alba; but occasionally he follows the course recommended by M. Phillips, especially when the abdomen is unusually large, and keeps the point of the catheter in painful contact with the superior wall of the urethra. In very corpulent individuals, the adipose tissue accumulated in front of the symphisis forms a protuberance which interferes with the penetration of the catheter, if it is held over the linea alba; the point of the tube does not readily pass into the bladder, and is almost inevitably arrested in its progress by the triangular ligament or the pubes.

M. Désormeaux also briefly alluded to the now almost obsolete manœuvre called the "*tour de maitre*," and remarked that, in performing catheterism, any affectation of excessive dexterity is much to be deprecated, and that it is far better to resort to safe and simple procedures, than to endeavour to dazzle the patient and the persons present by any idle attempt at display.—'Journal of Practical Medicine and Surgery.'

BEQUESTS.—A number of munificent legacies have fallen to the local charities of Arbroath by the death of the late ex-Provost Johnston, to the amount of 7,050*l.* The medical charities are not forgotten, as the funds of the Arbroath Infirmary have been augmented by the amount of 1,000*l.*, to which Mrs. Johnston also adds 300*l.*; the Dundee Infirmary, 400*l.*; and to Baldovan Asylum for Imbecile Children, 400*l.*

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 8TH, 1864.

RICHARD PARTRIDGE, F.R.S., PRESIDENT.

ON THE NERVOUS STRUCTURES AND THE ACTION OF THE HEART.

BY ROBERT LEE, M.D., F.R.S.

Galen affirmed that the heart has no nerves, and that it is not a muscular organ. Vesalius, Realdus, Columbus, and Cæsalpinus adopted these opinions. The cause of the motion of the heart, or the source of its sensitive and contractile power, has engaged the attention of the most profound anatomists and physiologists ever since the discovery of the circulation of the blood. Harvey considered the motion of the heart to be muscular. Three years after the death of Harvey the Royal Society was constituted by Charles II. a corporate body, "for the promoting of the knowledge of natural things and useful arts by experiments, to the glory of God and the good of mankind." Anatomy and physiology were then considered two of the most important branches of knowledge to which the fellows could direct their attention, and at no period since have they ceased to be viewed in the same light. The doctrine of the circulation of the blood was then almost universally admitted, but the cause of the action of the heart had not been discovered by Harvey; and during the last two centuries the most eminent medical philosophers have been engaged in the investigation of the subject, and the 'Transactions' of the Royal Society of London have contained the results of their most important researches.

In 1670, a paper by the Hon. Robert Boyle, entitled, "On the Motion of the Separated Heart of a Cold Animal in the Exhausted Receiver," was published in vols. iv. and v.

An analysis of Dr. Lower's treatise, 'De Corde item de motu et Colore Sanguinis,' &c., was published in 1669. A Discourse by Dr. Drake concerning some Influence of Respiration on the Motion of the Heart was published in vol. xxiii. A Discourse on the Power of the Heart, addressed to Dr. Mead by Dr. Jurine, was published in vol. xxx., and a letter in defence of the Doctrine of the Power of the Heart against the objections of Dr. Keil. Vol. xli. contains a short account of Dr. A. Stewart's paper concerning the Muscular Structure of the Heart. Dr. Mortimer Borelli computed the motive power of the heart to be equal to 3,000 pounds.

It is impossible, says the author, to tell how many Croonian Lectures have been read before the Royal Society on muscular motion and the heart's action. Mr. J. Hunter read six between 1776 and 1782. In 1790 one was read by Sir Gilbert Blane, and twelve by Sir Everard Home between 1795 and 1828, and two by Sir A. Carlisle in 1806 and 1808. In 1808 one was read by Dr. Thomas Young; in 1811 one by Mr. B. C. Brodie. Le Gallois' was published in 1815, and the same year a paper was published in the 'Philosophical Transactions' by Dr. Wilson Philip, entitled, "Experiments made with a view to ascertain the Principle upon which the Action of the Heart depends, and the Relations which subsist between that Organ and the Nervous System." In 1815 a paper was published by Mr. Clift, entitled "Experiments to ascertain the Influence of the Spinal Cosd on the Action of the Heart in Fishes."

After all these elaborate researches had been made, the cause of the heart's action, one of the most difficult problems in physiology, remained unsolved. It does not appear that any of these anatomists and physiologists made an attempt to discover to what extent the heart is endowed with nervous structures, and whether the action of the heart could not be referred to the influence of these structures, independent of the brain and spinal cord. Haller, Wrisberg, Soemmering, and other anatomists who lived about the middle and towards the close of the last century, affirmed that the action of the heart did not depend upon nervous influence, but on an unknown hypothetical principle which they called irritability. This, they said, was the cause of muscular action in all parts of the body.

In 1791 or 1792 B. J. Behrends, a pupil of Professor Soemmering, published a treatise, entitled, 'Dissertatio Inauguralis qua Demonstratur Cor Nervis Carere.'

In 1794 Scarpa's work, 'Tabulæ Neuralogicæ ad Illustrandum Historiam Anatomicam Nervorum Cardiacerum,' was published. It contains four engravings of the human heart, and if these be examined it will be seen that branches of nerves have been represented accompanying the coronary arteries, as in the engraving of Behrends, but few, if any, passing into the muscular substance of the heart.

In Mr. Swan's magnificent work, published in 1830, only a few small branches of nerves have been represented, which accompany the coronary arteries, and the muscular substance of the heart is represented as almost completely destitute of nerves.

In 1839 M. Remak stated that he had discovered in the human heart small ganglia on the filaments of the cardiac nerves, as they ramify on the substance of the heart. In the engraving which accompanies M. Remak's paper, the heart is represented as almost totally destitute both of ganglia and nerves, as in the engraving of Behrends.

It is impossible to deny that at this time and in 1844 the nervous system of the heart remained undiscovered, and the cause of the heart's action unexplained. The discovery of the ganglia and nerves of the uterus on the 8th of April, 1838, led by an extraordinary and unexpected route to the discovery of the ganglia and nerves of the heart in September, 1846, by which the problem of the heart's action was finally solved. The author then states the four conclusions which he was enabled to deduce from his dissections, and states that, in compliance with the request of a member of the Council, the preparations which warrant these conclusions had been placed upon the table of the Society.

Mr. SHAW said that the Society must be impressed with admiration at the zeal with which Dr. Lee had worked at the anatomy of the nerves of the uterus and heart. One point of great importance as regarded these nerves was the relative proportion of fibres received from the vagus and the sympathetic; but Dr. Lee had not said anything on this point. It was one most difficult to determine, as the fibres from these sources combined. This part of the subject had, Mr. Shaw said, been pursued with great success by Dr. Pettigrew, who had adopted a peculiar method in dissections—viz., the employment of ether, which dissolved out the fat.

Dr. LEE said there can be no doubt about the origin of the cardiac ganglia and nerves; they all arise from the great sympathetic and par vagum. From the second cervical ganglia of the great sympathetic, branches pass down to the heart, and there proceed to the base between the pulmonary artery and aorta, where the great ganglionic plexus is formed which was first described by Fallopius. Into this great ganglionic plexus branches pass from the par vagum, and all the ganglia and nerves distributed over the surface and throughout the walls to the lining membrane of the heart take their origin in this great plexus, to obtain a complete view of which it is necessary to cut away the pulmonary artery at its origin. All this, he said, could be seen in the first dissection which he ever made of the ganglia and nerves of the heart of a child. But the light of that room was not favourable, he said, for such an examination. The proper time is the morning, soon after the sun has risen, when the atmosphere is clear; and this is the only time when a minute dissection of these nervous structures can be made. This heart was removed from the body of a child aged six years, who died from disease of the brain in St. George's Hospital. The blood was first removed by immersing the heart for several days in pure water. It was then placed in a shallow porcelain dish and covered with strong alcohol. With the help of a dissecting lens which magnified six diameters, he (Dr. Lee) proceeded—with a pair of small forceps in his left hand and a curved needle in his right, or a pair of small forceps—to remove the layer of the pericardium covering the heart and the fascia beneath it, and the fat. A plexus of ganglia and nerves soon came into view; it was impossible to mistake them for anything else. He then proceeded to remove the whole pericardium from the base to the apex, and had

the great satisfaction of seeing the whole surface of the heart covered with ganglia and nerves. They were traced backwards, and were found to pass between the pulmonary artery and the aorta. The former being cut away, the whole cardiac system of ganglia and nerves was brought into view. If the preparation were examined, they would all be visible even in that unfavourable light. An elaborate drawing was made of these ganglia and nerves by Mr. West, the eminent artist so long employed by Mr. Swan, and an engraving made which has been published in the 'Philosophical Transactions.' This woodcut has been made from the engraving exhibited. All the ganglia and nerves here displayed are continuous with the great sympathetic and par vagum.

Mr. SOLLY said it would be interesting to know how long Dr. Lee had been at work. Years ago that gentleman had submitted specimens to him to obtain his opinion as to whether certain tissues of the uterus were nerves; he then had no hesitation in saying that they were. Recently he had seen fresh preparations by Dr. Lee of the nerves of the heart. Mr. Solly spoke in warm terms of the beauty of these preparations.

Dr. LEE said he would answer Mr. Solly's question by reading the following extract from his journal:—"I had often put this question to the most distinguished anatomists and physiologists—From what source does the heart derive its sensitive and contractile power? but no satisfactory answer was ever received. I urged several anatomists to undertake the investigation of the nervous structures of the heart, and assured them that if they did so their labour would not be lost. At last I prevailed upon one gentleman to undertake the task. When a year had elapsed, I went to see what progress had been made, and found that he was just on the point of commencing—of breaking ground: the serous membrane had not been removed from the human heart. On the 23rd of April, 1846, an accidental circumstance occurred which made me determine to undertake the labour myself. On that day I went into the library of the Royal Society, where I found the president (the Marquis of Northampton), Dr. Todd, of King's College, and Mr. Simon. A warm discussion immediately commenced respecting the nervous structures of the uterus, when it was asserted by Dr. Todd that the heart had few or no ganglia and nerves, and therefore that the uterus did not require such ganglia and nerves as I had described and represented in the 'Philosophical Transactions.' I inquired of Dr. Todd if he had ever dissected the nerves of the heart, and the reply was that he had never done so; but in support of the truth of what he had affirmed I was referred to the plates of Scarpa and Swan, in which the muscular structure of the human heart is represented as almost entirely destitute of nerves, from which it might be inferred that the action of the heart did not depend upon nervous influence. Having procured the heart of a child six years of age that had died of disease of the brain in St. George's Hospital, and having removed all the blood by immersion in water, it was covered with strong alcohol, and on Sept. 12th, 1846, I proceeded with these small forceps and needles, and this dissecting lens, magnifying six diameters, to see what could be determined. In a few hours, the serous membrane being removed, there were seen numerous branches of nerves with ganglionic enlargements, wholly unconnected with the coronary arteries, ramifying on the surface, and plunging into the muscular substance of the heart. These were traced to the base, and found to terminate in a great ganglionic plexus situated between the pulmonary artery and aorta, into which branches from the par vagum, recurrent, and sympathetic entered. In the evening I showed these ganglia and nerves to Mr. Wharton Jones, and begged him to compare them with the plates of Mr. Swan. He saw the whole surface of the left ventricle, from the base to the apex, covered with an immense plexus of ganglia and nerves. It was now obvious that the ganglia and nerves of the heart had been overlooked by anatomists as those of the uterus, and that no argument against the existence of the ganglia and nerves of the uterus, which had been demonstrated to exist, could be drawn from the assumption that the heart had no ganglia and few nerves."

The PRESIDENT inquired if all the dissections upon the table had been made in the same manner.

Dr. LEE replied that they had all been made in the same manner, that the preparations had been made while covered with strong alcohol, and that the lens magnifying twelve diameters was never employed unless the ganglia and nerves could not be completely cleared of the cellular membrane and fat in which they were imbedded. You can no more make out the ganglia and nerves of the heart without a lens than you can make out the satellites of Jupiter without a telescope. But more is required; if the preparation is not covered with alcohol while the dissection is going on, the ganglia and nerves cannot be displayed. An eminent anatomist had refused to examine these dissections when covered with alcohol, and affirmed that all the ganglia and nerves here displayed are absorbents. Of course it was impossible to do anything with him; there was no hope of coming to any agreement with him. It was from the analogy between the structure and functions of the uterus and heart that he (Dr. Lee) arrived at the conclusion that the heart must be endowed with a system of ganglia and nerves similar to those of the uterus, and he felt the greatest desire to know whether the nerves of the heart would enlarge with hypertrophy like the nerves of the gravid uterus. This great truth was brought to light by the examination of an enormously hypertrophied heart presented to him by Dr. Nairne. It has since been called Dr. Nairne's heart, and he has gained immortality by it. Here is the preparation, and a most beautiful delineation of it by Mr. West. This was the great point he (Dr. Lee) was determined to make out, that the ganglia and nerves of the hypertrophied heart enlarge like those of the gravid uterus. He had placed upon the table preparations of the ganglia and nerves of the virgin uterus and of the gravid uterus in the ninth month. Would anyone venture to step forward and deny that the ganglia and nerves of the uterus enlarge during pregnancy? If these preparations of the nervous structures of the virgin uterus were examined, the great ganglia on the sides of the neck of the uterus, in which the hypogastric and sacral nerves terminate, would be clearly seen, and if these were compared with the same ganglia in the gravid uterus of nine months, it would be seen that they were enlarged in proportion to the enlargement of the organ. Dr. Lee concluded by passing a severe sentence of condemnation on certain members of the Council of the Royal Society, and the referees whom he named, in his first paper on the "Nervous System of the Heart," for publishing a secret and confidential report in certain medical journals, stating that no such ganglia and nerves as those he had described, and Mr. West represented, existed. Anonymous letters were written and published, asserting that he had attempted to practise an imposition, for which he ought to be expelled from the Society. This report was not founded upon the preparations, but upon a strange story invented by a person who remained concealed seven years behind the scenes. The ground being cleared by the forcible removal of the offending President and Secretary, another paper was presented, another referee appointed, and this paper was published in the 'Philosophical Transactions,' with engravings, in 1849. "Here is the paper," said Dr. Lee, holding it up to the President. "Opposition, foul or fair, is in the end most advantageous; it is a powerful spur to the exertion which insures success after years of toil.' Since the publication of this paper he had continued, he said, at intervals to prosecute the investigation with increased energy, and the entire results are placed before the Society. It is now demonstrated by evidence which cannot be contradicted that the heart is endowed with a great system of ganglia and nerves, which had never been before described or delineated in the works of any anatomist.

REMARKABLE INSTANCE OF A GROWTH SPRINGING FROM THE EPIGLOTTIS, WHICH WAS SUCCESSFULLY REMOVED WITH THE AID OF THE LARYNGOSCOPE.

BY GEORGE DUNCAN GIBB, M.D., LL.D.

Although the pathology of the epiglottis has been much enriched since the revival of the laryngoscope, tumours of

the cartilage were very uncommon. This was proved by inspection of the museums of London and elsewhere, together with the author's own experience. Such instances as had existed involved the laryngeal surface of the cartilage, and were chiefly warty vegetations; and the same surface was affected by the mucous cyst in Mr. Durham's recent case. The author now contributed an instance wherein a large growth sprang from the lingual surface of the cartilage, with the object of adding to our knowledge of its pathology, aiding diagnosis, and showing what might be done under the most urgent circumstances.

The patient was a lady of sixty years of age, the wife of a clergyman, who had suffered from a throat affection for two years, the symptoms simulating malignant stricture of the œsophagus, with more or less constant dysphagia and expectoration of blood and mucus, associated with severe pain. Matters had been getting worse for the last twelve months. On examination in July last, she was pale and wan, emaciated, spoke in a low, thick, guttural tone, had complete dysphagia with fluids, and could swallow a little farinaceous food or an egg. Fluids always passed through the nostrils. She had no dyspnœa unless when lying on her back at night, but never in the daytime; coughed and expectorated mucus, at times frothy or thick and stringy, and sometimes mixed with blood. With the laryngoscope, a roundish, prominent, and projecting tumour, of the size of a small walnut, was seen occupying the position of a pendant epiglottis, which, during the act of swallowing, became elevated, and could be seen by the unaided eye at the back of the mouth pressing against the pharynx. The epiglottis itself was not seen, nor the interior of the larynx; but the posterior margins of the arytenoid cartilages could be observed. It seemed as if the tumour, partly divided by an antero-posterior sulcus, grew from the lingual surface of the epiglottis. It was red and vascular in some parts, white in others, eroded, and giving rise to free expectoration of mucus and oozing of blood. Believing that the entire cartilage was involved in the disease, the author's intention was to remove the whole mass, including all the free portion of the epiglottis, and trust afterwards to Nature to so contract the laryngeal orifice as to permit swallowing without inconvenience, as had happened to him in other cases where the free portion of the cartilage had been destroyed by ulceration. On the 7th of July the thick loop of wire of an improvised écraseur was passed around the base of the tumour, and on the second introduction, it was drawn home, and quickly detached the growth; and at the same instant, it was seized by Mr. Ure at the back of the mouth with velsellum forceps, and extracted. Chloroform was not administered, the lady having sat on a chair in front of the author, the tongue being held outwards by Dr. Logan. There was little bleeding, and it was found that the lingual surface of the epiglottis had been separated from the growth as cleanly as if dissected with a scalpel. The subsequent progress was most satisfactory; the character of the voice improved, and swallowing now became quite easy, and has continued so to the present time, although occasionally there is a little sanguineous expectoration from the throat. The tumour was soft and spongy, and, on microscopic examination by Dr. Andrew Clark, was pronounced to be unquestionably benign, in its present condition a connective tissue, and would have become most probably a fibro-cartilaginous growth. In a general commentary upon the case, the author believed that the growth had become movable, with a sulcus running transversely behind, which permitted of its fortunate removal without injury to the epiglottis itself.

OXFORD UNIVERSITY.—The following gentlemen have been appointed Examiners in Medicine:—Dr. Rolleston, Mr. H. S. J. Smith, Sir B. C. Brodie, Dr. T. K. Chambers, and Dr. J. W. Ogle.

MEDICAL FEES IN AMERICA.—The "doctors" of Hanover County, Virginia, announce the following as their tariff of fees:—Thirty dollars per visit for all distances of five miles and under; all distances over five miles, an additional fee of two dols. per mile; night visits double that of day visits; consultation fee, forty dols; obstetric cases, one hundred dols.

CAMBRIDGE.

[FROM OUR CORRESPONDENT.]

NOVEMBER, 1864.

The walls of the new Addenbrooke's Hospital are fast rising, and giving promise of a most noble edifice. The area of the new building is considerably greater than that of the old. The beds will all have greater space, but their number will only be increased by two.

Clubs and societies are peculiarly fashionable in Cambridge. It would be difficult to estimate the number of clubs in some colleges, and still more difficult to form any idea of the number of small societies in existence, both confined to the colleges and open to the University, with objects almost as varied as their numbers. In accordance, however, with the prevailing fashion, the undergraduate Medical community are considering that they ought to form a separate society for themselves, where they can read papers and discuss Medical subjects. This movement has been set on foot by a class of men whose numbers are slowly but steadily increasing in Cambridge, and whose admission must be considered as one of the strongest evidences of the rising status of the Medical Profession—I refer to men who have passsd through the London course, and obtained their London diploma before entering the University. No decided step, however, has yet been taken. The preliminary meeting which some of these gentlemen held for the purpose of considering the advisability of the step has been adjourned. It is right to give every species of encouragement to whatever will advance either the Profession or its members; but a junior Medical society in the University is at present, at all events, clearly out of place. The opportunity for continued and extensive observation in pathology is wanting; and even if it were not, a man would injure his university course by embracing it. A society already exists—The Cambridge University Natural Science Society—where papers on scientific subjects are well received and ably discussed. The physiological papers especially—I may mention those of Messrs. Spencer and Dickson in particular—have been much appreciated; and I am certain that pathological ones would equally be accepted, the more so as the Natural Science Society numbers many men in a marked degree capable of discussing the subject. The Natural Science Society is still young and has many errors to correct, but it is improving and steadily increasing, and also is becoming of importance in the University. It would be much more advisable for the Medical members to support it than to form a new association constituted exclusively of themselves.

From several letters lately addressed to your contemporaries, many Medical men and others seem strangely to misunderstand the objects of a university course. The university is not a Medical school competing with those institutions located in London and elsewhere, and it would be a sorry day for Cambridge if it ever became such. Medicine is a supplemental study of the University, as, also, is Divinity or Law. The university course is intended to train the mind morally and intellectually, to refine the feelings and tastes, and to improve the social status of the men—that is, to render them useful members of society, polished gentlemen, fit for any exigency in life. This is accomplished as much by the three years' residence as by those studies which constitute the B.A. examination. After this course has been passed through, the fosterlings of Cambridge are in the highest degree fitted to perform the duties of life, as statesmen, lawyers, divines, or Medical men, and they can then make use of the supplemental studies which gives them special training in that path in which they are destined to devote their lives. If a father wishes for his son a cheap school, where he can study Medicine in a short time, at a small cost, he cannot find it better than in London. If, however, he wishes every training for his son that will prepare him for his position as a Medical man in the refined and educated circles of society, the universities alone can offer him the advantage.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 23, 1864.

THE NECESSITY OF AMENDING THE MEDICAL ACT.

As the Medical Council are now impressed with the necessity of making the Medical Act a useful measure instead of a dead letter, and as the time is fast approaching when the assembly of Parliament will permit of the discussion of the subject with a view to practical improvement, it becomes a duty incumbent on the Medical Profession to consider what changes are actually required, and what concessions are likely to be made to the Profession on the part of the Legislature and the public.

It cannot for a moment be denied that the Medical Profession is unanimously and justly dissatisfied with the present working of the Act, which exacts from all practitioners who desire to register a pretty heavy contribution, and gives no protection in return. It may, however, be asked, in these days of free trade, why the Medical Profession should have any protection, and why the public should not be at perfect liberty to choose whatever Medical assistance they please, whether from regular or irregular practitioners?

To the first of these questions it may be answered that even to free trade there must be a limit somewhere, and that to allow full liberty to all persons to exercise any calling, however dangerous or however difficult, without any control or supervision, would be inconsistent with the maintenance of the general welfare of civilised nations Thus, for instance, certain restrictions are imposed upon the manufacture and sale of gunpowder; there are certain prohibitions against the exercise of offensive trades and occupations; persons who keep public-houses must shut them up at certain hours; and people cannot sell beer, or spirits, or tobacco, without a licence. Again, in most of the articles of commerce, the public are quite able to judge for themselves whether they are buying what is good and whether they are paying a fair price for it. It requires no extraordinary ability for a person, even in the humblest walks of life, to know whether a butcher or a baker is selling good meat or good bread; but even in this case the Legislature interferes and prevents the butcher from selling diseased or putrid meat under heavy penalties, and fines the baker if he adulterates his bread. There is, therefore, nothing very monstrous in the proposition that some protection should be offered to the public in respect of the Medical Profession, or even that some should be afforded to the Profession in respect to the public. It might, indeed, be urged that there was even more need for some restrictive measures in relation to the Medical Profession than to many other callings in life; because, while the education of Medical men is equal to that of any other class of society, and superior to that of most, it is quite impossible, in the very nature of things, for the public generally, either to estimate Medical services at their true value, or to distinguish between true merit and fictitious pretensions in persons calling themselves Medical practitioners. Still, in deference to the spirit of the age, nearly all the restrictions once imposed upon Medical practice have been gradually abolished; and although lawyers cannot exercise their calling without going through certain prescribed formalities, and clergymen of the Established Church must receive ordination before they can perform their duties, yet Medical men are virtually subjected to no restrictions at all except those which the public may themselves dictate. It is idle to assert as privileges granted by the recent Medical Act, that none but registered practitioners can obtain Government or other public employments, or can successfully sue for their fees, for the quack fraternity would think it quite beneath them to accept the wretched pittances which are doled out by public parsimony to the legitimate members of our Profession; and as to the recovery of fees, few of our Medical brethren ever think of suing for them, and the quacks take care to get them beforehand, and thus save themselves the trouble and expense of law.

But we are now brought to the second question we proposed—namely, whether the public should not be at perfect liberty to choose whatever form of Medical assistance they please—and to this question we answer in the affirmative, but with this addition, that the public should be allowed to know the difference between qualified and unqualified practitioners; and we assert that at present they do *not* know the difference. It is all very well to state from the magisterial bench that the names of qualified practitioners are to be found in the 'Medical Register;' but how many of the public take in the 'Medical Register,' and how many millions of the public never even heard of its existence? On the other hand, the public take in and read the newspapers, and they find persons advertising themselves as Doctors of Medicine and Licentiates in Medicine and Surgery, or assuming other such titles; and as they find these persons so advertising themselves year after year, the readers very naturally conclude that they are what they profess themselves to be, and they consult them because they believe them to be regular practitioners. All that we, as Medical men, ask, is, that the honest people should at least have as much justice dealt out to them as the dishonest ones; and as the legitimate members of the Profession insert in the 'Register' their real names and addresses, together with the University or other licensing body from which they obtained their diplomas or licences, so ought the pseudo-members of the Medical body to proclaim their real names and titles, so that they may be placed, at any rate, on the same level with ourselves as members of the commonwealth. As matters stand at present, the dishonest people are favoured by the law, which allows them to assume fictitious names, and thus facilitates their escape when any attempt is made to make them answerable for their misdeeds.

As to the suppression of quackery, we are not so Utopian as to expect that any efforts in that direction would have

any chance of success; and we must add, that we have no desire to see any such efforts made. It is the natural tendency of some minds to admire whatever is mystical, and to embrace a doctrine or a practice which appeals to the imagination rather than one which addresses itself to the reason; and we also allow that, in many dangerous and hopeless diseases, the very knavery and falsehood of quackery may perhaps be beneficial to the sufferer's feelings by feeding him with hopes, however fallacious. Far be it from us to discourage any appeal even to quackery by such persons or under such circumstances; and it may be a matter of regret to the honourable practitioner that his stern duty too often forbids him to hold out promises which he knows cannot be fulfilled.

Finally, we do not deny the existence of quackery within as well as without our ranks; and all we have to remark on this branch of the subject is, that, at all events, intra-professional quackery is amenable to the correction of the Medical Council and of professional opinion, and the castigation of the Medical Press, whereas the quackery outside is subject to no correction or control whatever; and, whatever may be its glaring iniquities, the Medical Press is powerless to denounce them, for it is compelled to withhold the merited scourge from the fear of the law of libel.

SUMMARY OF THE WEEK.

VACCINATION AT WHITEHAVEN.

The Medical Profession at Whitehaven are still endeavouring to induce the Board of Guardians of that district to alter their present system of appointing Vaccinators, and to constitute all the Medical men Vaccinators instead of restricting the appointment to the Poor-law Medical Officers. A deputation of Medical men lately had an interview with the Whitehaven Guardians, and strongly urged the alteration of the existing system, and the result was that one of the Guardians has given notice of a motion that all the Medical men be appointed public Vaccinators. It is quite possible to understand the little jealousies which may prevail in a provincial town, and the dislike that many practitioners may feel at having their patients vaccinated by the public Vaccinators, especially when the latter are the Poor-law Medical Officers; and so far we may sympathise with the remonstrances made to the Whitehaven guardians. But, in our opinion, it is essentially necessary that vaccination, to be effectual, should be performed at stated times and by thoroughly competent persons; and without casting any doubt upon the competence of any one, we conceive it to be impossible for a large number of surgeons, acting separately, to keep up a proper supply of lymph, and thus to insure the efficacy of the operation. If vaccination were the same thing as drawing a tooth, there could be no objection to allow every practitioner to perform the operation; but vaccination not only requires the proper performance of the operation itself, but a proper selection of the lymph to be employed, and this selection can only be made when a large number of cases are brought for vaccination at regular and stated intervals. We cannot, therefore, admit the expediency of making Vaccinators of all the Medical men of a district, some of whom might have many cases, and others few cases or none at all, and the latter of whom would be wholly unable to keep up a proper supply of lymph. We must also, again, express our opinion that the control of vaccination ought not to rest with the Poor-law guardians, that the Poor-law Medical Officers ought not to be exclusively appointed as Vaccinators, and that some proper control and supervision ought to be established over the practice of vaccination.

THE UTILISATION OF THE SEWAGE.

Whatever may be thought of the respective merits of the different schemes proposed for the utilisation of the Metropolitan Sewage, it must be gratifying to every person possessing either the elements of science or the principles of common sense, to know that the enormous mass of materials thrown out from the drains of our great city is not to be cast away into the sea as a useless and offensive nuisance. For our own parts, it matters very little whether the sewage is to be employed in reclaiming land from the sea or in fertilising soils already prepared for culture by previous labour and expense, though we incline to believe that the latter plan is probably the best. We read, *cum grano salis*, the energetic advocacy of the different schemes by the partisans of each, and we are not without suspicion that the advocates are more personally interested in the result than they would wish the public to know. As Medical men, we may express a pretty strong opinion that there are no sanitary objections of any weight against the utilisation of the sewage, inasmuch as disagreeable smells are not necessarily the sources of disease. We may mention, in passing, that the epidemic of typhoid fever now undoubtedly prevailing at Woolwich is not attributable to the Main Drainage Works, which are at a considerable distance from the town, but is probably connected with some insalubrious condition of the town itself.

THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.

We willingly direct attention to the circumstance that, on December 7, a Court of Directors of the above Society will be held, when candidates for admission may be proposed. The terms of subscription are very low—namely, two guineas per annum; and by the payment of this small sum, a member of the Society insures a provision for his wife and children in case of his death. The benefits of the Society are confined to the county of Middlesex and the limits of the London postal district.

PERSECUTION OF A MEDICAL MAN.

It will be recollected that, some months since, Dr. Charles Lingen, of Hereford, was called upon to defend himself in a frivolous action brought against him, and although he was successful, he was saddled with heavy law expenses, which were, however, defrayed by the prompt assistance of his Medical and other friends. From the following extract,

it will be seen that Dr. Lingen's troubles are not yet quite over:—

GUILDHALL, HEREFORD.—THURSDAY, NOV. 17.

MORGAN *v.* LINGEN—LINGEN *v.* MORGAN.

There were three summonses to be disposed of—the first, a summons by Miss Morgan against Mr. Lingen for an assault on the 7th inst.; the second, a summons by Mr. Lingen against Miss Morgan for an assault on the same day; and the third, one by Mr. Lingen calling upon Miss Morgan to show cause why she should not be bound over to keep the peace towards himself and family.—Mr. Gwynne James, who represented Mr. Lingen, applied for the three summonses to be taken together.—The summons "Morgan *v.* Lingen" was then proceeded with.—The complainant, having been sworn, said: My name is Margaret Penelope Morgan, and on Monday, the 7th of November, I was in the Cathedral close and passed by the Deanery; I saw Charles Lingen just at the corner; he was coming towards the churchyard, I believe from Harley court; I smiled and said "Insane Lingen."—After relating the particulars of the alleged assault, Miss Morgan called Dr. Gilliland, who said: I was passing near the Deanery gate, when Miss Morgan called me by name and came towards me; she told me that Mr. Lingen had assaulted her with a stick in Harley court, and she drew my attention to a mark on the front of her dress, which she said had been produced by a blow—I think she said with a stick. That is all I know about it.—Complainant: All Dr. Gilliland saw was the dirty mark of the stick, but I think he will say that I afterwards asked him if he could advise me anything for the pain I was suffering in my breast.—Dr. Gilliland: Two days afterwards Miss Morgan met me, and I told her I did not think it would come to anything; I know that I told her I thought there was nothing necessary to be done, and I was much surprised to receive a summons in this case.—Mr. James: You made no personal examination?—No. When Miss Morgan says she consulted me, I should explain that nothing has taken place except the conversation when she passed me in the High town.—And that consultation was not quite in the usual professional style?—Not exactly.—You were formerly manager of the Hereford Lunatic Asylum?—Yes.—Have you had conversations with Miss Morgan?—Yes, I have sometimes had conversations with her.—Has she made any communication to you on the subject of these assaults, which she says have been committed upon her by various persons?—She has, from time to time.—And of the malice which she says a number of respectable people in Hereford have against her?—I don't know that she used the word malice, but she said she was persecuted by a number of ladies and gentlemen; in fact, she complained of what she has herself repeated here to-day.—You have heard the greater part of her evidence to-day?—I have.—And also heard her written statement?—Yes.—And have you any doubt on your own mind that on this subject she is labouring under a delusion?—The Magistrates' Clerk thought such a question could not be put.—Mr. James: It is on cross-examination of Miss Morgan's witness.—The Magistrates' Clerk: A series of facts have been placed before the Court which you have not yet contradicted. You can put any question to Dr. Gilliland upon those facts.—Mr. James: I wish to put no irregular question. If the clerk says this is irregular, and the magistrates decide against me, I must submit; but I shall press the question.—Dr. Gilliland: I should object to any such question. I have never examined Miss Morgan to test her mental capacity, and therefore shall not express any opinion on the subject (partial applause).—The Magistrates' Clerk: That is the safest course to take. Dr. Lingen, in his evidence, denied the assault altogether, and proved that he was the person assaulted; and after he and his witnesses were examined, the magistrates retired for consultation, and were absent about a quarter of an hour. On their return, the Mayor announced the decision as follows: The summons against Mr. Lingen dismissed; the case against Miss Morgan to find sureties proved; to be bound in her own recognisances of 40*l.*, and to find two sureties of 20*l.* each, to keep the peace towards Mr. Lingen and all his family for six months.—Miss Morgan: I can't find sureties. The magistrates had better commit me to prison at once. It will be a great relief to me, as I can't find money to pay for lodgings, and then the Lingens and the Jameses can feast and have their dinners in peace. But as soon as I come out of prison, I shall say "Insane Lingen" again.—The Magistrates' Clerk: The magistrates will give you until Monday to find sureties.—Miss Morgan: It is perfectly useless. I have no sureties. You may just as well commit me now.—The Mayor: Call the next case.

REVIEW OF BOOKS.

The Principles and Practice of Medicine: designed chiefly for Students of Indian Medical Colleges. By John Peet, M.D., F.R.C.P., Principal and Professor of Medicine, Grant Medical College. Pp. 590. London: Churchill and Sons. Bombay: Thacker and Co., 1864.

This work, although embracing the whole field of the practice of Medicine, is more especially intended, as we are informed in the title-page, for Indian medical students, and it will form a useful book of reference for those whose duty leads them to the treatment of the diseases of tropical climates. These latter affections are so different from those met with in temperate latitudes, that many authors have considered that they ought to be treated upon altogether different principles; but Dr. Peet points out that the distinction between them is not so much founded upon an essential dissimilarity, as upon the relative frequency and severity of particular diseases. "For example, an acute abscess of the liver is the same in a tropical as in a temperate climate, and requires to be treated upon the same principles; but for one acute abscess of the liver in a temperate region, a hundred will probably be met with in a tropical country. Further, it not unfrequently happens that the same disease varies greatly in intensity according as it occurs in the temperate or torrid zones. Thus, dysentery in the northern parts of Europe is comparatively a mild affection; in India it is often fatal. It is not of course to be maintained that these differences are due alone to the action of heat upon the animal frame. It is probable, and indeed certain, that in producing or modifying many diseases, the effect of a high temperature is, in the first instance, to give rise to a poison which becomes the real factor in the causation of disease. Of this a better example cannot be adduced than the production and action of malaria. Nevertheless, long-continued exposure to a high temperature renders the system predisposed to attacks of many diseases, and incapable, when they occur, of that healthy reaction which is requisite for their removal" (p. 5).

The effects of great heat, in causing disease, are more particularly observed in persons newly arrived in a tropical country, and in such cases the affection is rapid in its progress, and requires to be controlled by active and vigorous treatment. But it would be erroneous to conclude, because such treatment is necessary in the cases alluded to, that all acute diseases in tropical countries require more energetic depletory measures than is borne by the inhabitants of cooler climates. The fact is, that the long-continued exposure to heat, and to the malaria generally present in the tropics, has a lowering effect upon the system, and thus the patients are little able to bear vigorous antiphlogistic treatment.

From the observations we have quoted, it will be seen that Dr. Peet is not an advocate either of ultra-depletion or of ultra-stimulation in the management of diseases, and that his treatment is rather guided by the type of the malady and the powers of the patient, than by any preconceived or dogmatic notions. Thus, in turning to his remarks on those two diseases, so common in India and so rare in our own climate, acute dysentery and acute hepatitis, we find that he recommends depletory measures to be adopted only so far as they are justified by the circumstances of the individual case. As to the disputed question of the operative treatment in hepatic abscess, Dr. Peet thinks that the practice of opening it is generally unadvisable, for the small abscesses

open of themselves, while in those which do not reach the surface an artificial opening increases the patient's sufferings and hastens his death.

It is only just to remark, that although tropical diseases are specially dwelt upon when they occur in the course of the volume, yet the book altogether gives a very fair and able sketch of the general principles and practice of Medicine.

Transactions of the Pathological Society of London. Vol. XV. London: 1864.

This volume of 'Transactions' is fully equal to any of its predecessors, which is perhaps the highest praise we can award. Our readers are made acquainted periodically with the descriptions of the specimens and the subsequent discussions which take place at the meetings of the Society, and this annual contains a classified arrangement of the descriptions, with short remarks on the history of the cases, occasional reports on specimens of peculiar interest or of doubtful nature, together with five highly finished plates and fifteen woodcuts. Among the rare forms of disease represented in the engravings are delineations of Mycetoma, or the fungus disease, a specimen having been sent from India by Dr. Carter. The left foot is the seat of the disease, and the patient was a native of Bombay. The foot itself is represented in one plate, and the magnified fungus-masses or granules in another.

REVIEW OF THE PERIODICALS.

THE 'LANCET.

Mr. SOLLY opens the number with a "Clinical Lecture on Diseases of the Spine," and after describing the differences existing between lateral and angular curvature, he describes the case of a child who was affected with angular curvature about seven months after birth. The symptoms, at first sight, seemed to indicate disease of one or more of the vertebræ, but further examination convinced Mr. Solly that the case was only one of exaggerated stoop or curved back, without carious disease of the bodies of the vertebræ, but in all probability with a partial absorption of them. It was therefore advised that entire rest should be given to the vertebral column, together with mechanical support to the spine, thus assisting the muscles in preventing the spine from bending unduly forwards. A splint was accordingly invented and adapted to the back and chest, and by its use, together with tonic medicines and sea-bathing, the curvature was removed and the child's figure assumed its natural proportions.——Dr. OCTAVIUS STURGES, of St. George's Hospital, communicates a paper "On Bronzing of the Skin in Connexion with Diseased Supra-Renal Bodies." A striking case of Addison's disease has lately occurred in St. George's, and Dr. Sturges has searched the records of the hospital for other cases of the same kind. The symptoms of this disease are a brown colour of the skin, extreme debility, and a prostrate, half-torpid mental state, often irritability of the stomach, and feeble cardiac action. Making allowance for other diseases in which the skin is discoloured and the patient debilitated, Dr. Sturges considers that with due care a diagnosis of Addison's disease may be made with as much certainty as that of phthisis or valvular disease of the heart. In the cases related, a correct diagnosis was easily made—first, from the character of the bronzing, and especially its occurrence coincidently with the commencement of illness; and, secondly, from such illness being characterised by debility and prostration unaccounted for by any ascertained organic lesion.——Mr. J. N. STEVENS publishes some "Contributions to Surgery," one case being the extirpation of the whole of the genital organs for cancer, the patient being a chimney-sweep, and making a good recovery. Another case is amputation of the foot at the ankle-joint for caries of the tarsal bones; and there are three cases of varicose ulcers successfully treated by Skey's method of applying the Vienna paste.——Mr. H. BERTIN, of St. Mary's Hospital, relates "A Case of Poisoning by Tincture of Arnica." The patient was a middle-aged, pale-looking man, who had swallowed by mistake about an ounce of the tincture, and who was suffering from pain of the epigastrium and symptoms of collapse. Brandy and opium were administered, the patient was put into bed and hot bottles were applied to his feet, and the second morning after the day on which the poison was taken he entirely recovered.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY now enters upon his eighth lecture of his series upon the "Urine and Diseases of the Urinary Organs"—oxalic acid diathesis, oxaluria; its clinical significance and treatment: mulberry calculi being the subjects under consideration. Oxalic acid is almost always a component of the blood, but in very small quantities. In solution it may be recognised by the addition of a soluble salt of lime, occasioning a whitish precipitate of a crystalline character. In the urine it is generally combined with lime, and in such small crystals that it can be recognised only by means of the microscope. The means for detecting its presence are given, accompanied by a woodcut illustrative of the appearance of the oxalate of lime as it presents itself in the urine. This is of four characters: the octohedron, the dumb-bell, the irregular disc, and the well-defined diamond-shaped crystal. The octohedron is, however, the only characteristic shape, inasmuch as other crystals assume the other shapes which we have enumerated. Uric acid and triple phosphate crystals may be confounded with the oxalate of lime, the former appearing to the untutored eye to be octohedral, and the latter seeming to take a diamond shape; caustic potash will, however, decide the presence of the uric acid, and acetic acid that of the phosphate, the oxalate of lime being uninfluenced by either test. The manner of making the "quantitive analysis" is also given. The physiological bearing of the question is next considered. The lecturer considers oxalic acid to be a normal ingredient in the system, but at the same time thinks its presence in the urine as a sediment always diagnostic of a deranged condition of the economy. It may be excreted in an invisible form, and perhaps the shape assumed most frequently is that of the oxalate of urea. Oxalic acid has been detected in the blood. When this substance is taken internally in certain quantities, so that the blood becomes saturated, leeches will, on imbibing some of it, fall off and die. The acid is maufactured in the

human system. Urea is the last product of the retrograde metamorphosis of nitrogenised tissues, and is the form in which the albuminoid foods are excreted; uric acid is one of the intermediate products of the same series of metamorphoses: oxalic acid is one of the intermediate products of the metamorphosis of both the nitrogenised tissues, and of the albuminoid classes of food. Creatin, leucin, tyrosin, guanin, and lactic acid are, under certain conditions, convertible into oxalic acid, as are also the neutral fats when treated for a long time with nitric acid. The conclusion from the above is that oxalic acid is introduced into the system by means of the food we eat—vegetable, fruit, albuminoid, fatty, and saccharine—and that when it exists in diseases it is derived not only from these sources, but likewise from the interrupted retrograde metamorphosis of the various animal substances to which allusion has already been made.——Dr. G. Scott contributes a case of "Multilocular Ovarian Cyst—Ovariotomy—Recovery." The swelling, or dropsy, occurred about six weeks after marriage, so that at first the patient believed herself to be pregnant. She was tapped twice; but as she became weaker after each tapping, ovariotomy was proposed and acceded to. The tumour, weighing 11½ lbs., and having contained two gallons of fluid before they were removed previous to the completion of the operation, was taken away through an opening of about six or seven inches. Recovery from the operation was quite perfect; but in the course of a little time after the convalescence had begun, a collection of matter took place in the left iliac region, and poured itself into the bladder, whence it discharged itself outwardly together with the urine.——Deputy Inspector-General Hare continues his paper "On the Treatment of Malarious Fever." He begins by deprecating the evil of heroic unflinching depletory treatment; at the same time that he admits the value of drawing a little blood at the *commencement* of the cold stage so as to break the fever and thus cut it short by effecting a restoration of the equilibrium of the circulation. Mr. Hare's treatment is quinine in large doses, given every four hours; and that, too, in the very climax of the fever. The advantage in thus administering it is that it will prevent the congestions and complications which end in death. The earlier results, as shown by statistical tables, are most satisfactory, and are confirmed by the experience of later years.

OBITUARY.

PETER CHARLES PRICE, ESQ., F.R.C.S.

Until the time of his late and prolonged illness arrived, the subject of this memoir was as distinguished as any young surgeon for his ardent devotion to surgery, and his presence was familiar at all professional meetings, and at every opportunity where knowledge was to be acquired.

He was the fourth son of a most honourable and well-known member of our Profession, Dr. Price, of Margate, and, having a taste for his father's calling, entered at King's College, London, and threw himself into the pursuit of professional knowledge with characteristic ardour and energy. He very soon attracted the attention of his teacher, Mr. Fergusson, who, at the period in question, about twelve years since, had arrived nearly at the height of his extensive operative practice; and he profited largely and rapidly from his constant intercourse with such a man. A great admirer of the dexterity, decision, and neatness he was continually witnessing in his chief, he gradually began to evince in his own practice and operations the high qualities which distinguish the Professor of Surgery at King's College. Before long Mr. Price became attached to the Blenheim Dispensary, then to the Great Northern Hospital; and from his connexion with these institutions, and the Hospital for Scrofulous Children at Margate, he had very extensive opportunities of performing the most important surgical operations; and it is impossible for anyone to deny that he excelled largely in the qualities of a first-class surgeon. His operations were conducted with a dexterity, coolness, and neatness which commanded attention even from the most critical spectators, too many of whom, unfortunately, are not unwilling to depreciate the mechanical part of surgery, simply because they do not possess by nature and training any of those high and useful qualities which make the really good operating surgeon a blessing to humanity and an honour to his Profession. In the operation of lithotomy, especially, which the writer of this notice has seen him repeatedly perform, Price came as near as possible in excellence to his old teacher and master, whose skilful manœuvres, in this operation at least, are not to be equalled by any living surgeon.

Price's attention was, at a very early period of his career, drawn to the pathology and surgery of diseased joints, and his ardent devotion to the question of excision of the knee was well evinced by his practice and by his writings, which, next to those of Fergusson, and the late Mr. Jones, of Jersey, of whom he was a sincere friend and admirer, have done more than those of any other to establish excision of the knee as a legitimate proceeding in surgery. He performed it a great number of times, and with great success; and so anxious was he to see this operation established in surgery, that during the last two or three years of his active career in London, he devoted a large share of his time and attention to the investigation of the diseases of the knee, and of their treatment by excision. When the Council of the College of Surgeons of London announced as the subject for their Jacksonian Prize for 1861, "A Description of the Diseased Conditions of the Knee-joint which require Amputation of the Limb, and those Conditions which are favourable to Excision of the Joint, with an Explanation of the relative Advantages of both Operations as far as can be ascertained by cases properly authenticated," Price threw himself with his usual energy into the contest, worked night and day for upwards of a year, and sent in an essay which contained an accumulation of facts connected with the subject of excision of the knee such as had never been brought together before—with these also was a large collection of most beautiful drawings and preparations. We believe it was known to several that Price would be a competitor for the prize, and thereby others were prevented from trying for it, feeling that there was no one who could bring forward such a mass of facts and experience on the subject. His, consequently, was the only essay sent in; and it will scarcely be credited that the triumviri of the Committee of the Council—men well known to be either opposed to or nearly ignorant of the subject of excision of the knee—actually refused to award the prize to the author. This cruel conduct, which *some* of the Council tried to explain by an absurd quibble about *all* the conditions of the prize not being to the letter fulfilled, wounded Price sorely and deeply. From the period of this disappointment, his health, which was always weak, and which had been injured by his hard work and midnight study in connexion with the essay, began to show signs of rapid failure; and although his ardent nature and aspirations were further aroused by his appointment, in conjunction with his old and attached friend, Henry Smith, to the Assistant-Surgeoncy of King's College Hospital, in the summer of 1861, the fire only burned up brighter to be further quenched. About a month after he

commenced his new duties, symptoms of tuberculosis in the lungs rapidly showed themselves, and by the advice of those numerous friends who rallied round his sick bed, he took his departure for Mentone, where his health somewhat improved, and where he practised his Profession with considerable success—taking occasional trips to England in the meanwhile. It was evident, however, to all his friends, that disease was gradually advancing, and in the last summer he returned to England to die. In the words of a letter now lying before the writer, penned by one who was present at the last scene : "He passed from his earthly sufferings, as was to be expected from his noble attributes, in the calmest and happiest manner." We have thus briefly glanced at a career full of hope and brilliant prospect prematurely cut short—too many instances of which are furnished by the members of our arduous Profession. Peter Charles Price will be long and affectionately remembered by many friends who appreciated his fine generous qualities, and by many others who, not knowing him well enough, could not fail to be attracted by his remarkably winning manners and happy disposition.

Mr. Price's demise took place at Ventnor, on the 13th inst.—'Lancet.'

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 15th inst. :—Philip Burnard Chenery Ayres, Bedford ; John Astley Bloxam, Russell square ; E. Bryan, Frisby-on-the-Wreake, Leicestershire ; R. H. Bush, York terrace, Regent's park ; Archibald Henry Foley Cameron, Edinburgh ; Albert John Clapp, M.D., Cork ; Alfred Square Cooke, Gloucester ; Thomas Davies, Abergele, N. Wales ; Frederick Pooley Edis, M.B., Huntingdon ; John Elliot, Stratford, Essex ; Thomas Wimpenny Green, M.D., Rawtenstall, Lancashire ; Joseph Groves, Newport, Isle of Wight ; Daniel Hudson, Rocester, Staffordshire ; George Jackson, Plymouth ; William Follitt Montague Laidman, Exeter ; George Edmund Legge Pearse, Regent street, Westminster ; John Lowe Price, Wrexham ; Dudley Howe Ryder, Greenwich ; Charles Edward Saunders, Clapham ; James William Smith, Whitby ; Albert Waymouth, H.M. Dockyard, Deptford ; Sedley Wolferstan, L.R.C.P. Lond., Plymouth ; David Wright, Edinburgh.

The following gentlemen were admitted Members on the 16th inst. :—Robert Farrar Brideoake, Leigh, Lancashire ; Thomas Wilson Corbin, Hornsey ; John Craigie, Hackney ; Henry Dawson, Church road, Islington ; John Cornelius Dwyer, Woolwich ; Albert Octavius Haslewood, Darlington ; Henry Reginald Hatherley, Derby ; Robert Arthur Jones, Carnarvon ; Jordan Roche Lynch, Notting hill ; Samuel Scott M'Millan, Bolton, Lancashire ; John Oliphant, M.D., Edinburgh ; William Pogson, Seacroft, near Leeds ; John Hogan Quin, Dublin ; George William Rigden, Canterbury ; Thomas Rigg, M.D., Carlisle ; Edward Coldridge Roberts, Exeter ; Robert John Scott, C.M., Omagh ; William Vicary Snow, Barnstaple ; John George Frederick Wilford, Brompton, Yorkshire.

The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th inst. :—Jonathan Henry Kimbell, Knowle, Warwickshire—diploma of membership dated Nov. 11, 1842 ; Charles Pooley, Weston-super-Mare —May 2, 1842 ; William Cook Russell, Doncaster—April 12, 1833 ; Edwin John Waring, H.M. Indian Army—March 8, 1842.

The next examination for the Fellowship will take place on the 22nd inst. and two following days.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst. :—Frederick Powell, Westminster Hospital ; Llewellyn Powell, St. Bartholomew's Hospital ; Robert John Scott, St. Thomas's Hospital.

As an assistant :—Adam Dawson Joss, Cannon-stree road.

DR. T. K. CHAMBERS.—Our readers will regret to hear that Dr. Chambers has resigned his office of Physician to St. Mary's Hospital. Yielding to the advice of his medical attendants, he has resolved to retire entirely, for some months, from the active duties of his Profession. We trust that we may, ere long, be enabled to announce that he has again returned to London practice, and to the School at St. Mary's, where he has long laboured so honestly and so zealously. Dr. Chambers is, we are glad to add, in as good health as could be expected, after having undergone so serious an operation. Indeed, that he is so, may be gathered from the fact, that he now performs his duties of Examiner at Oxford. It is his intention, we believe, to pass some months in Italy. Dr. Chambers retains his Lectureship at St. Mary's Hospital Medical School, and has been recommended by the Weekly Board to be appointed Consulting Physician to the hospital.—'British Medical Journal.'

SCOTCH STUDENTS.—Sir David Brewster, in his capacity of Principal of the University of Edinburgh, delivered an address to the students on Tuesday-week. His harangue was of a discursive character, touching upon recent university reforms and endowments, the progress of science, Government neglect of scientific men, and the Edinburgh professors who have recently died, all of them being kindly eulogised. The behaviour of the students was not creditable, for they amused themselves by causing uproar and throwing peas at the professors, and even at Sir David himself, heedless of his great reputation and the snow-haired venerable appearance of more than eighty years.

EPIDEMIC DISEASE AT WOOLWICH.—At the weekly meeting of the Woolwich Local Board of Health, held on Thursday, Mr. Ruegg moved for the appointment of a committee to inquire into the causes of the present great mortality in the district from epidemic disease. He said that the Registrar-General's report proved the mortality at Woolwich now far exceeded that at the period when cholera raged in 1854. The prevailing epidemic, typhus fever, had struck down the wealthy and the cleanly even more than the poor and those who were compelled to reside in crowded habitations. Woolwich was naturally a healthy town, twice as healthy as London, but now the rate of mortality was considerably greater. After consideration, and obtaining all the information he could, he was convinced that this state of things arose from the discharge of metropolitan sewage into the Thames at the outfall works near Barking Creek, or from defective trapping of the local sewers. At all events, a searching investigation was required. Mr. Rixon, registrar for the district, said there was no disguising the fact that mortality was greatly increasing in the town. After considerable discussion, Mr. Ruegg's motion was adopted, and a committee appointed.

NORTH STAFFORDSHIRE MEDICAL SOCIETY. — This society held its twelfth annual meeting on the 17th inst., at the Railway Hotel, Stoke-upon-Trent, when the attendance of members was good. The report of the secretary was read, adopted, and ordered to be printed, after which the rules of the society were revised, and also ordered to be printed. The society has met many times during the year, when most able and practical papers have been read, objects of interest exhibited, and subjects affecting the Medical Profession in general discussed. The finances are in a most satisfactory state. The retiring president (W. H. Folker, Esq.) read an appropriate address, after which the thanks of the society were given to the past officers for their valuable services. The officers elected for the ensuing year are—*President*, Samuel Goddard, Esq. ; *Treasurer*, James Yates, Esq. (re-elected) ; *Honorary Secretary*, Ralph Goodall, Esq. (re-elected) ; *Committee*, Dr. Crean, C. Orton, Esq., John Scott, Esq. (re-elected), Dr. Taylor, and Joseph Walker, Esq. (re-elected).

MR. ERASMUS WILSON, THE 'LANCET,' AND THE 'LONDON JOURNAL.' — Mr. Erasmus Wilson having been requested by a correspondent of the 'Lancet' to explain his association with the 'London Journal' as medical

editor, in which capacity he gave gratuitous advice on diseases of the skin in the columns of that periodical to any person who addressed him, gives the following statement:—"About four or five years ago, my friend Mr. Mark Lemon wrote to me to say that he had become the proprietor of the 'London Journal,' and invited my co-operation to give it popularity by writing some articles 'On the Physiology of the Skin.' I assented, and six or seven such papers were published. One afternoon, while in the editor's room, that gentleman called my attention to a number of letters from correspondents, containing queries on all subjects, and some on Medicine; and, as I knew how incorrectly and imperfectly answers to these questions were generally given, I offered to reply to them. It was my intention to do so anonymously; but, to my mortification, the very next Journal that appeared made the announcement that medical questions would be answered by me. I need hardly say that this unauthorized announcement was not repeated; and it resulted in my declining to continue my self-imposed duty, which I had undertaken only as an experiment, and with the hope of doing good. A few weeks later the Journal passed into other hands, and my interest in and connexion with it ceased. This statement scarcely justifies my being called the "medical editor" of the Journal. And in my mode of answering the queries I endeavoured to keep within such honourable limits as I believed might be permitted to the scholar and the gentleman."

THE METROPOLITAN BOARD OF WORKS AND THE ALLEGED EPIDEMIC AT WOOLWICH.—At the weekly meeting of this Board, held on Friday, at the offices in Spring gardens, Mr. Bazalgette, the chief engineer, referring to the statements which had appeared with regard to the malarious fever at Woolwich, and which had been attributed to the sewage in the Thames, made the following report:—"The sewage from the northern outfall at Barking is cast into the river shortly after the tide has turned, and begins to run towards the sea. At two hours after high water the flow into the river ceases, and the sewage is carried away by the ebb tide, and cannot return to Woolwich. The sewage from the south side of the river at present discharges at low water by gravitation, and consequently necessarily flows upward with the rising tide. It is confidently expected that within two months the Crossness pumping station will be completed, and then the sewage on that side of the river will also be discharged at high water, and, being carried away by the ebb tide, will no longer flow up to Woolwich. But there appear to be no tangible grounds for attributing the epidemic with which the neighbourhood of Woolwich has been visited to the discharge of sewage into the river. The sewage of London always flowed past Woolwich, while the sewage of the town was cast into the river at low water opposite to it, and the state of the river was certainly very much more offensive at Woolwich four or five years since than at present; but neither the town nor London was, however, visited by any particular epidemic. Crossness Point is four miles below Woolwich, and, although the discharge of sewage at low water now complained of took place during the hot summer months, no evil was thereby occasioned." The engineer went on to state that he understood the epidemic was not confined to Woolwich, but extended to Charlton and other places at some distance from the river, and he expressed his belief that careful inquiry would show that the river was not its predisposing cause. He further stated that the Crossness works would be pushed on with, and that in about two months' time the Thames opposite Woolwich would be more entirely freed from sewage than it had been within the last century. The report was supplemented with a letter of Dr. Cogen, stating that the writer did not believe certain illness which had been attributed to the discharge of sewage into the Thames had been so caused.

SALE OF CYANIDE OF POTASSIUM.—Suicides by means of cyanide of potassium have of late been so frequent as to suggest to chemists much more caution in retailing this highly poisonous salt. It is true that photography is a very popular art, and electrolytic gilding is occasionally practised by amateurs; but we may recommend chemists only to retail the salt to those personally known to them. By so doing many suicides will no doubt be prevented, and something will also be done to avoid the forced restriction on the sale of such articles which will inevitably be placed if the use of the cyanide for the purpose of suicide should extend.—'Chemical News.'

OXFORD LOCAL BOARD OF HEALTH.—At a convocation held on the 4th inst., the following gentlemen were elected Commissioners to act on the Board of Health recently adopted at Oxford:—Sir Benjamin B. Brodie, Professor of Chemistry; Dr. Child, Dr. Adams, and Professor Bernard. Amongst the Commissioners elected by the heads of Colleges are Dr. Acland and Dr. Rolleston.

DEATH FROM APOPLEXY, SUPPOSED FROM DRUNKENNESS.—An inquest was held a few days ago at the Metropolitan Free Hospital, on the body of a woman unknown. On last Thursday evening she was found on the steps of a public-house in Bishopsgate street, apparently drunk. She was taken to the police-station and put into a cell. As she remained insensible, the police-surgeon was sent for, who administered some remedy. He appears to have thought she was drunk. Later, still in a state of insensibility, she was removed to the workhouse and subsequently to the hospital, where she died. It was then found that she had been in a fit of apoplexy. The jury returned a verdict to that effect.

THE BRITISH ASSOCIATION.—The first meeting of the Local Committee for the reception of the British Association for the Advancement of Science at Birmingham next year was held in the Town Hall, on Monday last, when 1,500*l.* donations were announced. From the tone of the meeting, there can be little doubt that the Association will have a brilliant reception in the midland metropolis.

LAUDANUM AND TEETOTALISM.—Dr. Alfred Taylor, commissioned by the Privy Council, has sent in a report on the means of committing murder by poison which are allowed to exist in England. He says that poison enough to kill two adults can be purchased anywhere for threepence, and that the careless dispensing of poisonous drugs is the cause of most frightful accidents. As to laudanum, it appears to be sold wholesale, single shops often in the Marshland supplying three or four hundred customers every Saturday night. Retail druggists often dispense 200lbs. in one year, and one man complained that his wife had consumed 100*l.* in opium since he married. It is a mistake to consider the practice confined to the marshy districts. We do not believe there is a town in England where some one chemist does not on Saturday night load his counter with little bottles of laudanum; and we are assured by a wholesale druggist that he could and did sell it in the eastern counties to the extent of some thousands of pounds weight in a year. This gentleman, an old and keen observer, declared that the demand had sprung up shortly after the introduction of teetotalism, and that it would be found to vary everywhere, in accordance with the progress or decline of the system of total abstinence.—'Spectator.'

HONOUR TO THE BRAVE.—Not many weeks ago, a band of twelve physicians, occupying various positions in the army stationed in Canada, left Montreal (under orders from the authorities) for Bermuda,—then and still the scene of fearful ravages from yellow fever. Few who bade them farewell, and who knew the fearful fatality of the epidemic they were about to encounter, ever imagined that all would pass the ordeal unscathed. Too soon has this fear been realised. Hardly had this devoted band landed upon the pestilential shores, and entered upon the discharge of their duties, than one of their number was prostrated by the disease. Poor Milroy, the active, energetic assistant-surgeon of the 30th Regiment, now stationed in this garrison, was the first victim. Not long was he allowed to labour on his noble mission ere he passed away, a victim to the disease he went so far to assist in arresting. At the last accounts the disease was raging with unabated fury, and those who were able were leaving the country. Who can tell upon whom the fell destroyer will pounce as his next victim? for, worn out by watching, dispirited by want of success, they are indeed apt to contract the disease. Who but will remember the fearful epidemic of yellow fever at Norfolk, Virginia, in 1855, when forty physicians

fell in the hopeless contest? God grant this visitation in Bermuda may at its close give no such list. How few think of the dangers which the Profession is exposed in the discharge of its duties. How few, when they heard of the departure of the twelve physicians for Bermuda, even thought of the dangers they would so soon meet; and yet they are as great as those encountered by Assistant-Surgeons Manley and Temple in their brave conduct at the recent engagements in New Zealand, and for which their Queen has decorated them with that badge of distinguished bravery, the Victoria Cross. We cannot but admire the spirit of true heroism which is exhibited by the man who, at the call of duty, walks to almost certain death in aid of his fellow-creatures, suffering from a malignant infectious disease; he, in our opinion, deserves greater merit than he who marches to the cannon's mouth, during moments of intense excitement. One exhibits the cool collected determination, self-sacrificing benevolence of the Christian; the other the plucky spirit and gallantry of a brave man, —both equally to be admired, and equally deserving of recognition. But if no outward decoration is worn on the breast of the army or civilian physician who so often breathes the pestilential air so filled with summonses of death, there is that inward satisfaction which every physician feels when he knows that he is simply doing his duty, and exerting the talents which his Creator may have given him for the benefit of his suffering fellow-creatures. —Since the above was in type, we have been favoured with some information from Dr. Muir, C.B., Inspector-General, concerning the outbreak of the yellow fever in Bermuda, which we condense below. At the time the disease broke out, the commencement of August, there were five military medical officers stationed in Bermuda; all of these were speedily attacked, and one died (Asst.-Surgeon Dodge, 2nd Reg.). Of the medical men dispatched from Canada and Halifax, seven were attacked with the disease, and three have died—viz., Staff-Surgeon Clarke, from Quebec, Asst.-Surgeon Milroy, 30th Reg., from Montreal, and Asst.-Surg. Powell, from Halifax. All the others are convalescing satisfactorily. The naval service sustained a severe loss from the death of Deputy Inspector-General Gallagher, who died from the same disease. Mr. Henderson, of the Purveyor's department, who was transferred from Montreal to Bermuda in May last, also succumbed to the same destroyer. He as well as Surgeon Milroy has left many friends in Montreal. By the last official accounts received (dated October 1st), the disease was rapidly declining, and its total disappearance was speedily looked for. The medical officers, therefore, who could be spared have been recalled.—'Canada Medical Journal.'

MR. AND MRS. STRATTON (GENERAL TOM THUMB) "AT HOME."—Mr. and Mrs. C. S. Stratton have lately given a series of receptions at Cataldi's Hotel, Dover street, Piccadilly, and have been visited by a great number of the *beau monde*, including many members of our own Profession, to whom the General's invitations were liberally extended. Mr. Stratton, who is now twenty-seven years old, appears to be in excellent health and spirits, and received his visitors in a most polite and affable manner. Mrs. Stratton, who is twenty-three years of age, is of about the same height as her husband, and is very handsome and elegantly formed, while her manners are exceedingly polished. The baby which has lately been born to this interesting pair was an object of even greater attraction to the visitors than the parents. It is a female child, about a year old, weighing seven pounds and a half, and has very pleasing and regular features. The family group is completed by Mrs. Stratton's sister, who is said to be eighteen years of age, but is much smaller than her sister, though equally handsome and symmetrically made.

DEVON AND EXETER HOSPITAL.—Mr. J. C. Bowring, of Larkbeare, Exeter, the eldest son of Sir John Bowring, has just handed over the munificent donation of 4,000*l.* to augment the funds of the above charity, and, in furtherance of the wishes of his deceased wife, directing that the income arising from this sum is to be expended in keeping up a ward for infants under seven years of age.

THE LAVIES TESTIMONIAL DINNER.—We would remind the Profession, and especially the members of the Medical Registration Association, that this dinner is advertised for this day, at Freemasons' Hall. We hear a large muster is expected.

FACILITIES FOR POISONING.—The following sensible remarks appear in a weekly non-medical Journal:—"How very easy it is to procure laudanum," said the presiding magistrate at one of our police-courts, a few days since. The remark was elicited *apropos* of the conduct of an unhappy woman who was brought before the magistrate charged with having attempted to commit suicide. Labouring under some vexation of mind, she had gone successively to the shops of three different chemists, and purchased at each one pennyworth of laudanum. Having thus procured what she believed to be a destructive dose, she swallowed it. The poison did not take the deadly effect the woman probably expected, but her groans attracted a neighbouring room-keeper, to whom she confessed what she had done, and how she had obtained the laudanum. Her self-attempted death was averted, but whether owing to the weakness of the dose, or the inferior quality of the drug, or any peculiarity of constitution, we know not. With the benevolent, the first feeling awakened upon hearing this case will be satisfaction that a fellow-creature has been saved from the commission of a terrible crime; and the next sentiment, we are inclined to believe, will be that expressed by the magistrate, when he said, "How very easy it is to procure laudanum." And so it is; and it is very easy to procure other poisons likewise, and will continue to be so until the Legislature interferes, and places stringent restrictions on the sale of these life-destroying articles. Everything that facilitates the accomplishment of crime serves as a temptation to its commission. If, for a few pence, poison sufficient to destroy a human life can be bought, it is evident that the means of suicide are placed within the easy reach of persons who possibly would not have tried another mode, and that facilities are also offered to the most treacherous of murderers—the poisoner. It has been remarked that women who attempt self-destruction generally do so by poison, and this has been attributed to a latent timidity that makes them shrink from the shedding of blood. There may possibly be some truth in the theory. A woman who would not have the courage to raise a pistol or a knife against her own life swallows without hesitation, under violent excitement, a draught which, though fatal in its consequences, may not be more nauseous than ordinary medicine. But—and this is the point on which we wish to lay especial stress—if the obtaining these deadly draughts were made difficult, suicides by poison would become more rare. A weak-minded creature who in the first emotion of grief remembers that in the adjoining street she can procure, unquestioned, for threepence, the means of ending her earthly woes, will hardly hesitate to make the purchase. But if, in order to obtain the drug, she were obliged to go through certain forms, she would be forced to reflect, and the very effort of thought necessary to consider how these obstacles could be evaded might turn her mind into a new channel. Besides, there is the evident protection that would be afforded by compelling the vendors of poisons, under a penalty, to use proper precautions and make certain inquiries before selling poison, in no matter how small quantities or for whatever alleged purpose. Another weighty consideration, in regulating the sale of poisons, ought to be the tendency to weaken the estimate of the real enormity of crime that facilities to its perpetration are calculated to produce. If the purchase of poisons were fenced round with impediments; if, in two or three instances, severe punishment were imposed on chemists who sold even a pennyworth of laudanum, without using all the precautions which the law ought to prescribe, we feel convinced that many a reckless act of self-destruction would be prevented, and many a would-be poisoner defeated in his designs.

EARLY MATERNITY.—In his last report to the Registrar-General, the registrar for Park district, Sheffield, says:—"I registered the birth of a child in my district this quarter, the age of the mother being only thirteen years and ten

months. She was employed in a cotton mill in the neighbourhood of Manchester."

HOMŒOPATHS AND THEIR QUALIFICATIONS.—A correspondent of the 'Chemist and Druggist' makes the following curious remarks:—"I have carefully looked over the ample correspondence that has appeared relative to proposed legislation affecting the drug trade, but have not found one word said about the homœopathic chemists. Now, I really think that if we are to get a new Pharmacy Act, or an Act of Incorporation, they should come within the sphere of its operation, for I well know that some of them dispense poisons in ordinary doses. They may do it on the principle of *similia similibus curantur*. Yet no one wants to be killed by the incompetency of the chemist, even though he proposes to adopt that principle. I maintain, therefore, that a knowledge of drugs should be indispensable to the qualification of the homœopath. I find they use the alkaloids freely, especially some of the most powerful, such as aconitine, atropine, and veratria, and I see no reason why they should be exempted. I know some of them are members of the Pharmaceutical Society, and I think some are members of the United Society. There are some who I know are really chemists, but there are many who merely add homœopathic medicines to their stock of books and stationery, and gradually transform their shops into "homœopathic pharmacies." It is against this class that there should be some provision.

DEATHS.

BOWLER.—On the 16th inst., Dr. J. W. Bowler, Surgeon-Superintendent of Portsmouth Convict Prison, Deputy Inspector-General of Hospitals and Fleets, on the retired list.

FLETCHER.—On the 12th inst., J. Fletcher, M.R.C.S.E., of Oldham, aged 52.

JOHNSTON.—On the 8th inst., A. Johnston, L.F.P.&S. Glas., of Buccleugh House, Glasgow.

KANE.—On the 2nd inst., at Canterbury place, Lambeth, of pneumonia, Mr. John Kane, late Student of Charing-cross Hospital, aged 20.

MARSLAND.—On the 8th inst., R. Marsland, M.R.C.S.E., of Manchester, aged 38.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 23.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, NOV. 24.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, NOV. 25.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 26.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, NOV. 28.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 29.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Photographs (coloured from Life) of the Diseases of the Skin. Class 4: Parasitic Animals; Scabies. By A. B. Squire, Esq., M.B. Lond. London: John Churchill and Sons, New Burlington street.

Handbook of Dental Anatomy and Surgery, for the Use of Students and Practitioners. By John Smith, M.D., F.R.C.S., &c. London: John Churchill and Sons.

The Canada Medical Journal, No. 5. November, 1864.

The Canada Lancet, No. 20. Oct. 15, 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. C.—The newspaper has been received.

OBSERVER.—We are not aware of the cause of the attacks made by the Journal in question, which seems rather fickle in its friendships.

WE have received a copy of the 'Cork Examiner,' giving an account of an inquest held on the body of a gentleman who died in a Turkish bath, but the evidence as to the causes of death was not very clear, and the jury brought in a verdict of "Death from natural causes."

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Dr. J. Blomfield, Camberwell	0	5	0
E. T. A., Richmond, York	0	5	0
Medical Officers of Bideford, per J. L. Pridham, Esq.	1	10	0
Dr. Highmore, Sherborne	0	5	0
S. Chesterman, Esq., Banbury	0	10	6
E. Y. Steel, Esq., Abergavenny, per J. G. Morris, Esq.	0	10	6
Dr. Bull, Hereford, ditto	0	10	6
C. Lingen, Esq., ditto	0	10	6
G. B. Hanbury, Esq., ditto	0	10	6
J. C. Lane, Esq., ditto	0	10	6
R. Thomason, Esq., ditto	0	10	6
J. G. Morris, Esq., ditto	0	10	6
Amount previously announced	95	12	6
Received at the 'Lancet' Office	6	14	0

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Nov. 16, 1864.

MICROSCOPIST.—The appearances presented by cancer under the microscope are not so well defined as is generally supposed, and it is rather by a combination of characters than by one essential feature that cancer-cells are distinguished from other growths.

A. B., *Glasgow.*—There is no royal road to the study of Botany, but a good manual and a lens and a few excursions into the country will give you an insight into the science.

MR. T. D.—The communication has been received.

JUVENIS.—An apprenticeship is not absolutely necessary; and if your hospital teachers are assiduous in their duties, you will require little other help than that which they afford you. You should, however, form some idea in your own mind as to the line of practice you afterwards intend to adopt.

Drug Trade.—An old and valuable WHOLESALE BUSINESS is for disposal in whole or part, and may be entered on at Christmas. Capital required from 3,000*l.* to 5,000*l.*—Address, Phœnix, Office of the 'Chemist and Druggist,' 24 Bow lane, London, E.C.

Partnership.—Wanted, in a Wholesale FIRM in the City, doing an old and profitable business, a Working Partner, with a capital of from 3,000*l.* to 5,000*l.*—Address, Alpha, Office of the 'Grocer,' Bow lane, London, E.C.

£5,000 to £10,000.—An old-established Wholesale Business in London to be disposed of on advantageous terms. Requires a Capital of 5,000*l.*, but a larger sum may be well employed. Profits give a very handsome return for capital invested.—Apply to W. J. W., Office of 'Chemist and Druggist,' 24, Bow lane, London, E.C.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 324.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Rupture of the Os Uteri.—Rupture of a Thrombus of the Cervix.—Although a slight rupture of the os uteri during delivery is not at all uncommon, flooding to any extent rarely follows the injury. The most extensive laceration of the os I have yet seen occurred in a lady, a relative of one of the surgeons of this town, in her first confinement. The tear was about two inches in length, but no flooding or any other bad result followed. When the loss is excessive in such cases, it generally takes place as a long-continued draining, lasting, if left without treatment, more or less to the end of the puerperal month.

Thrombus of the cervix consists of an extravasation of blood into the lower part of the cervix. It most frequently forms in the anterior lip, in consequence of the circulation of the blood at that part being liable to be obstructed by the pressure of the head upon the symphysis. A thrombus of the cervix is fortunately not of common occurrence, for the bursting of it may be followed by profuse, and even fatal flooding. We may meet pretty frequently with that condition of the anterior lip, which generally precedes the formation of a thrombus. It is swollen, tense, and jammed between the head and symphysis, while the posterior lip is often fully dilated. In the majority of instances, it does not interfere with the safety of the mother, except by considerably hindering the progress of the labour. In rare cases, the pressure on the obstructed blood-vessels is such, that one or more of them burst, and their contents extravasate into the structure of the cervix. The pressure being continued, the thrombus at length ruptures, and the blood escapes externally; or it may burst by softening and ulceration of the thin tissue overlying the effused blood.

Diagnosis.—We shall be greatly assisted in the diagnosis if, previous to delivery, we had noticed that a rupture of the os, or of a thrombus of the cervix, had taken place. These accidents occur for the most part in cases in which the membranes have ruptured before the os has been fully dilated. Sometimes, during a strong contraction, we may feel the os give way at a certain point, and, on withdrawing the finger, there will be more or less blood upon it. We may also know that a thrombus of the cervix has burst, by the sudden disappearance of the swollen anterior lip, followed by a free escape of blood. If the case should not have been seen until after delivery, the obstinacy of the hæmorrhage, together with a firmly contracted state of the uterus, would lead us to make a careful vaginal examination, and then, unless the lesion of the os were slight, the cause of the flooding would be detected.

Treatment.—The injection of a stream of iced water, kept up continuously against the os for some time, should be first tried. If that did not succeed, a saturated solution of perchloride of iron should be injected against the bleeding surface, and, if that also failed, plugging the vagina must be had recourse to. When the hæmorrhage does not begin until three or four days after delivery, the plug may be applied from the very commencement.

Illustrative Cases.

The two following interesting instances of hæmorrhage from a ruptured thrombus of the cervix are quoted from Dr. M'Clintock's 'Memoirs on Diseases of Women.'

CASE I.—It occurred in the practice of Dr. George Johnston. The patient, a strong, healthy woman, was delivered of her seventh child, after being in labour a few hours. The infant, a female, presented with the breech, and from its appearance had evidently been dead some time. The placenta came away in ten minutes, and the patient went on for the first three days without flooding, or any other bad symptom. "On the fourth day, at half-past one o'clock," writes Dr. Johnston, "the nurse called me in a great hurry, stating that the patient had been suddenly attacked with violent hæmorrhage. On inquiry, I found that she had not been out of bed, nor had she been using any exertion. On reaching the bedside (which was in less than a minute after hearing the report, and certainly not more than three from the first gush of blood), I found her lying on her back, countenance perfectly blanched and expressive of great anxiety, which, with the neck, hands, and arms, was bathed in cold, clammy perspiration. No pulse could be felt at the wrist, and the bed was inundated with blood, which was still flowing from the vagina. Prompt and judicious means were used to control the hæmorrhage and recruit her strength. For a time it seemed as though these measures would be successful. The pulse returned to the wrist, and the discharge of blood from the vagina greatly diminished. This improvement was but of short duration, however; the flooding recurred, she again became pulseless, fainted, and rapidly sank, just one hour and a half after the first attack of hæmorrhage. At the necropsy, the uterus was found well contracted down in the pelvis. On the left side of the cervix, about one inch from the os uteri, was observed a ragged, sloughy-looking opening, the edges of which were very irregular, and of a black ash-grey colour. This opening, which was large enough to admit two fingers easily, communicated with a cavity the size of a small orange; it seemed to be formed in the substance of the cervix. On laying open this cavity, and washing away some loose clots (but carefully observing that there was no laminated coagula), the lining membrane was found rugous, of a firm consistence, and resembling very much the mucous membrane of the vagina. Opening into this sac were seen the mouths of five or six blood-vessels, large enough to admit a small bougie."

CASE II.—Dr. Montgomery, who gives the history of the case, says, "A lady affected with varicose veins, which extended all up the lower extremity, and could be traced into the vagina, was delivered, after a natural and favourable labour, at midnight; but shortly afterwards a fearful rush of blood took place, very unexpectedly, for the *uterus was well and firmly contracted.* So great was the hæmorrhage that complete prostration was immediately produced, and, when I saw her, she was cold and pulseless, nor had she any return of pulsation in the radial artery for six hours and a half from the time of the sudden hæmorrhage, and during a part of that time the action of the heart could neither be felt nor heard. All this time, the uterus remained perfectly contracted; but in the situation of the anterior lip its substance felt as if broken up into a soft pulp, the consequence, as I believe, of the formation and rupture of a bloody tumour. To our great joy, she ultimately rallied under the treatment adopted, and completely recovered.

Sloughing of the Vagina.—The sloughing may lay open a vaginal artery and set up dangerous flooding. Hæmorrhage from such a cause would not come on until several days after delivery, and it is one of extreme rarity.

Diagnosis.—The history of the case—the flooding not commencing until several days after labour, with the uterus perfectly contracted, and in a patient suffering from sloughing of the vagina—would probably suffice to point out the source of the hæmorrhage.

Treatment.—Cold or iced water, or *water saturated with alum,* should be injected freely into the vagina for some considerable time. If the hæmorrhage should keep up to a dangerous extent after a fair trial has been given to styptic injections, the plug will have to be used. In a case of this kind we should only use the plug as a *dernier resort;* for if the sloughing were extensive, the procedure would be, to say the least of it, attended with great pain. An uninflated india-rubber bag passed gently into the vagina until it lay

over the bleeding surface, and then slowly inflated, would probably cause less suffering, and could be kept in for a longer period with safety than any other form of plug.

Illustrative Case.—The following example of hæmorrhage resulting from sloughing of the vagina is quoted from Dr. M'Clintock's work:—"A woman, æt. thirty, was confined of her first child, after a protracted labour, characterised by great atony of the uterus. Three doses of ergot of rye were given in the second stage, and, under their influence, the child was expelled; and, most probably, hæmorrhage prevented. She was an unhealthy, broken-down-looking woman, and deep sloughing of the genital passages set in soon after delivery. Notwithstanding this, however, she seemed progressing favourably. Towards the end of the third week, when the sloughs were still coming away, and the patient of course very weak, hæmorrhage from the vagina suddenly came on. Every mode of treatment, the plug alone excepted, was tried, but without effect; the bleeding persisted, and within a brief period the woman sank. The blood was remarked to have an unusually florid colour." At the *post-mortem* examination, "the womb was found well contracted, of the natural size at this period, and without any trace of blood in the interior. A large coagulum was found in the vagina. The sloughing process had extended quite through the walls of this canal at the left side, corresponding in situation to the descending ramus of the pubis; and it was supposed that the coats of the pubic artery or of some branch directly passing from it had been destroyed, whereby the hæmorrhage was produced."

Rupture of the Perinæum.—Severe hæmorrhage from this common accident is extremely rare. I am sorry to have to confess that, in the early part of my midwifery experience, I met frequently with cases of ruptured perinæum, but I never saw an instance of undue loss of blood from it. It is well to know, however, that it may occur. In looking, some time ago, over some old 'Lancets,' I came across one example of it. As I did not note down the date of the volume in which it was recorded, I regret that I am not able to refer to the history of the case at the present moment.

Diagnosis.—It would not be difficult, in all probability. The fact of the perinæum being ruptured, which lesion ought never to take place to any extent without the attendant being aware of it, and the loss occurring with a firmly contracted uterus, would necessitate a more minute examination, both with the finger and the eye; and on separating the torn edges, the blood would be seen oozing generally from the surface or in a single arterial jet. If there should be any doubt as to whether the blood really came from the torn surfaces of the perinæum, or merely passed through them from above, a piece of sponge passed into the vagina above the rupture will obstruct the flow of blood from the uterus for a time, and enable us to see exactly the amount of loss from the perinæum.

Treatment.—The local application of cold would most likely soon stop the hæmorrhage, but if it did not, I should say the best thing to do would be to bring the torn edges together by three horse-hair sutures.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

We have recently seen Mr. Fergusson operate in the following instances:—

Case I.—*Removal of Fatty Tumour.*—The patient was a woman of about the middle age, of good health and condition, but in an extremely nervous and distressed state, owing to the presence of the abnormal masses which existed: one, the larger, at that part of the arm corresponding to the insertion of the deltoid muscle; the other, smaller in size, was placed upon the forearm, and from the patient's idiosyncrasy occasioned great uneasiness of mind.

They were removed by making an incision through the integuments and the capsules, and by then compressing the integuments between the thumb and fingers, so as to force them out of the capsules, and consequently out of their beds.

The wound in the upper arm was brought together by means of the thread sutures; dry lint, strips of adhesive plaster, and the turns of a roller-bandage completing the dressing. In the union of the smaller, no sutures were used; it was treated as an ordinary cut, and drawn together by strips of adhesive plaster, lint and a bandage being placed over it. Chloroform was administered.

Case II.—*Epulis.*—This patient also was a female, but was much younger than the last. The tumour was excised by a circular incision made around its base, and without the removal of any of the teeth.

Mr. Fergusson lays great stress upon this latter point—namely, that the teeth must not be drawn if it can at all be helped—since such a step is a complication of an operation otherwise simple in the extreme, and likewise a measure not by any means calculated to improve either the appearance of the patient so treated, his powers of speech, or his capacity of mastication.

The growth was situated between the front and lateral incisor teeth, and from this place it projected forwards; its removal was effected at a period in its growth too early to permit of any of the bulk being loosened, or of its size attaining any considerable dimensions.

Such tumours as these, Mr. Fergusson laid down in his observations, should be taken away early, lest any degenerative action might be induced, and so a simple would be converted into a malignant excrescence. No chloroform was administered.

Case III.—*Salivary Fistula.*—This occurred in a young girl. Some time since the patient had suffered from a severe attack of scarlatina; after it had passed away the cheek became affected with morbid action and a slough supervened; the dead tissues subsequently were separated from the living, and, after the separation, a salivary fistula resulted, through which the saliva constantly trickled, and prevented altogether the closure of the unnatural opening. The operation now performed consisted in the removal of the circle of tissue immediately surrounding the fistula, and in the union of the resulting wound by means of the hare-lip pin and the twisted suture.

Case IV.—*Hare-lip.*—The patient was a boy who had a cleft in the left side of the upper lip, a corresponding defect in the hard palate, and a similar deficiency in the soft, even as far back as the uvula, that portion of the velum being itself likewise involved.

In this instance, before any other step of the operation was adopted, it was necessary to draw the incisor tooth, which, rendered prominent by the deformity, had considerably increased the unsightliness. Mr. Fergusson remarked that the tooth was a very good one, and that such was not usually the case in instances like the present. It was, however, notwithstanding its perfection of formation, altogether useless, inasmuch as it was placed almost horizontally as regarded the gum. From the appearances presented by the gap, it seemed not improbable that an attempt at cure by operation had been previously made. The necessity for the operation now executed showed that the attempt had proved a failure. After the tooth had been extracted, the other steps of the operation were the same as we have before described in the pages of our Journal.

(Under the care of Mr. Henry Smith.)

Case of Conical Stump.—J. C., æt. seven years, a native of Philadelphia; has always been a healthy child.

About three years ago, while in Philadelphia, a butcher's block fell on his right arm, crushing the lower part of the humerus. He was taken to hospital, and the arm was at once amputated by Mr. Gross at about its upper third. He made a quick recovery. About seven months ago he came to England; and since his arrival the end of the stump has been in an ulcerating condition. Three weeks ago the end of the bone protruded, and on May 4th he was brought to see Mr. Smith. May 12th he was admitted into the Albert Ward under the care of Mr. Smith.

May 14.—Operation: Having been moved to the operating theatre, and placed under the influence of chloroform,

Mr. Smith dissected the integument from around the end of the stump, and with the cutting forceps removed about an inch of bone. The wound was dressed with wetted lint, having been first brought together and closed with strapping and sutures.

May 16.—The wound is discharging freely, and the patient is in a comfortable condition.

May 17.—The sutures were taken out to-day. The wound looks healthy, and is rapidly healing.

May 19.—He is allowed to get up to-day.

May 24.—Discharged relieved, and advised to continue attendance as an out-patient.

Case of Varicose Veins.—C. S., æt. twenty-eight, was on May 14 admitted under care of Mr. Smith, complaining of the above-named affection.

History:—She has always been a nursery-maid since she was the age of eleven, and lately was with a family in whose service she had a great deal of heavy work in carrying children, and walking about with them constantly. When seventeen years of age she had an attack of inflammation of the lungs, and was ill for twelve months. At the expiration of that time she found that her right leg was very weak, that the knee was bent and contracted, and that the leg used to swell very much. The contraction lasted for about three weeks. A year subsequent to this date she observed that the veins of the right leg appeared prominent. An ulcer formed over the right malleolus, caused by the pressure and rubbing of her boot. This healed; but about a week ago it again broke out, and she applied to Mr. Smith, under whose care she was admitted.

May 14.—Operation: Being removed to the operating theatre, Mr. Smith, by means of needles, took up the saphena vein in six places below the knee.

May 20.—The needles were taken out to-day; and the ulcer is improving.

May 24.—She is to-day discharged, cured.

PARISIAN MEDICAL NEWS.

TREATMENT OF POST-PARTUM HÆMORRHAGE.

The 'Gazette Médicale de l'Algérie' relates an interesting case in which pressure over the uterus was resorted to with perfect success, for the purpose of arresting post-partum hæmorrhage, by Mdlle. Puéjac, Professor of Obstetrics at Algiers.

This experienced midwife was summoned in March last to the assistance of M. D., a lady aged thirty-two, who was on the point of giving birth to her third child. Labour progressed naturally, the uterus contracted, and delivery was effected without difficulty. Mdlle. Puéjac, after having placed a band around the abdomen, attended to the child. In the course of a few minutes, she addressed a remark to M. D., and receiving no reply, approached her bed, and found her deadly pale, with an almost imperceptible pulse. The remainder of the case we relate in the authoress's own words:—

"On examination," says Mademoiselle Puéjac, "I found out a very small amount of flooding; I could feel the womb through the abdominal walls, and found it soft and slightly distended; a few coagula were removed from the vagina, and consciousness was restored by vinegar-and-water lotions over the forehead and hypogastric region, and by the admission of a strong draught of fresh air through the open doors and windows. Uterine action set in, the discharge decreased, the pulse returned, and the symptoms of syncope were entirely dispelled.

"As a measure of precaution, I sent for some ergot and lemons, but neither could be obtained from the only apothecary residing in the village.

"After an interval of half an hour, the same symptoms recurred, but with much greater severity. The countenance was livid, the respiration short, feeble, and interrupted, and the pulse was utterly imperceptible. I resorted to the same measures, but without avail, and as the weakness was rapidly increasing, it occurred to me to attempt, as a last resource, compression of the aorta. The uterus was all but inert, and contracted feebly, when the hand was introduced into its cavity. I took advantage of one of the contractions to seek for the aorta, but the abdominal walls being so depressible as to permit me to grasp almost the whole of the uterine structure, I gave up my original intention, and merely exercised powerful pressure on the womb. After a quarter of an hour of uninterrupted and fatiguing efforts, I was replaced in this office by M. D.'s husband, and after thirty-five or forty minutes' pressure of the uterus, the patient recovered her consciousness; a few spoonfuls of wine-and-water had meanwhile been exhibited.

"In the course of a week M. D. was convalescent, and returned to her usual avocations."

Mdlle. Puéjac remarks that the abdominal walls will not always be so depressible as in the present instance, but that in women who have borne several children, and whose abdomen has been much distended during gestation, it will always be practicable to resort to a method which in M. D.'s case proved so rapidly successful.

PERFORATING ULCER OF THE SOLE OF THE FOOT.

In the last edition of his father's work on Surgery (1847), M. Ph. Boyer described this disease with much care, but did not assign any name to the affection. In 1852, M. Nélaton depicted it under the denomination of "a singular disease of the bones of the foot," and a month later M. Vésignié, of Abbeville, recorded several remarkable cases of "corroding ulcer of the sole of the foot." MM. Leplat, Gorju, Dieulafoy, Morel-Lavallée, Péan, Follin, and others, subsequently invited attention to the same subject, but differed in opinion as to the nature of the ulcer. Some pathologists conceived it to consist in an inflammatory condition of the bursæ mucosæ, others in a form of psoriasis: the latter viewed it as a special disease possessed of pathognomonic characters, and running through a definite course; the former as a local injury consequent on pressure, in subjects of debilitated constitution. These different opinions, together with the arguments adduced by each author, are summarised in a recent monograph by Dr. A. Delsol, formerly an interne of the hospitals of Paris.

The author agrees with MM. Vésignié, Leplat, Nélaton, and Follin, that the perforating ulcer consists in an ancient callosity, at the centre of which is situated a hollow ulcer, with a thick, hard, cleanly-cut margin, reposing on the derm, or penetrating into the subcutaneous cellular layer as far as the bones or joints. M. Delsol opines with M. Péan that the disease is closely connected with calcareous degeneration and obstruction of the arteries, and is of the same nature as senile gangrene. The derm of the sole of the foot imperfectly nourished is liable to suffer severely from a corn or callosity, which, under other circumstances, would scarcely have caused inconvenience. Ulceration follows, and subsequently perforation, materials of repair are not supplied, and the ulcer gradually becomes deeper. The result is a kind of molecular gangrene, kept up by bad management, and by the epidermic secretion which prevents the parts from healing. It is almost impossible to effect a cure of the ulcer without previously destroying the callosity.

The abrasion of this induration is, in the author's opinion, injudicious, because after such removal it grows, like the hoof of solipeds, with increased energy. Not only must the callosity be removed, but also a portion of the derm, a painful operation which it is needless to resort to. Absolute rest of the foot relieves the part from the pressure of the shoe; extreme attention to cleanliness is also indispensable, and the common linseed poultice is the best of all local appliances. The epidermis swells, and, in the course of a few days, can be widely detached. The skin then acquires a roseate hue, and the surface of the ulcer a more healthy character. The cicatrisation of the sore may further be promoted by stimulant applications, especially by tincture of iodine diluted with water, which M. Morel-Lavallée strongly recommends in the shape of lotions or injections. M. Delsol adduces several cases in illustration of the effi-

cacy of this agent, even when the bones are affected. The only internal remedies likely to prove serviceable are those calculated to invigorate the system; and we may perhaps thus account for the beneficial effects of Fowler's solution, a powerful stimulant of the digestive organs, which M. Vésignié has prescribed with advantage.

Such are the general principles on which should repose the treatment of perforating ulcer of the foot. Although a cure may be effected in a certain number of cases, it is difficult to prevent a return of the disease; and of this fact both the surgeon and the patient should be aware. Under the influence of the same local causes, and of habitual intemperance, the persons who have once been thus affected, and who generally belong to the working-class, soon experience a relapse; but this may be in most instances obviated by attention to cleanliness, frequent foot-baths, and especially by the use of well-made shoes.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

OLD COURT.

(Before Mr. Baron BRAMWELL.)

CONVICTION OF THE PSEUDO "DR. HENERY."

John Osterfield Ray, or Wray, and William Anderson, respectably-dressed men, were arraigned on an indictment charging them with having feloniously sent a letter to Montague Augustus Clarke, demanding 150*l.* from him, with menaces.

Mr. Metcalfe and Mr. Hume Williams were counsel for the prosecution; Mr. Serjeant Ballantine, Mr. Ribton, and Mr. F. H. Lewis defended the prisoner Ray; and Mr. Kemp defended Anderson.

The prosecutor and the principal witness was Montague Augustus Clark. He said, in reply to Mr. Metcalfe: I am a captain in the 50th Regiment, the dépôt of which is quartered at Parkhurst, the regiment itself being now on service in New Zealand. In consequence of seeing some advertisements, I came from Parkhurst to London to consult Dr. Henery, in Dorset street. I went there and saw the prisoner Ray, who said he was Dr. Henery. That was about the 17th of August last year. I consulted him about a disease from which I was suffering, and he gave me a little advice. It was very little indeed. He said he would forward me some medicine. I asked what his charge was, and he replied "1*l.* 1s. for advice, and 10*l.* 10s. for the medicine." I requested him to send the medicine to the hotel at which I was staying. He said it would be much better to forward it to my permanent residence, upon which I gave him my address. The medicine was afterwards sent there, and I paid 11*l.* 10s. for it. I took the medicine and sent for more six or seven times, sending up a check in payment for it each time. I paid 84*l.* or 86*l.* altogether, including 20*l.* on one occasion. The checks produced are those I gave. They are all drawn in favour of A. F. Henery, except one, which was made payable to bearer, and I received a written acknowledgment for them signed with that name. I eventually consulted another Medical man, and ceased to give further orders to Dr. Henery. That was about January or February. In July last the letter produced was put into my hand. [It was read as follows by the Clerk of Arraigns]:—

"Medical Institution, 53 Dorset street, Portman square, London, July, 1864.

"No. 3 Private Room, Bugle Hotel, Newport.

"SIR,—Experience has proved that in cases similar to what you are suffering from a personal interview invariably leads to the advantage of a patient, and therefore have requested the bearer, a gentleman of great experience and skill, to see you, as he happens to be in your neighbourhood on a professional visit.

"Yours truly,

"A. F. HENERY, M.D.

"W. ANDERSON.

"Captain Clarke, Parkhurst."

I did not reply to that letter. About two months after that the prisoner Anderson called on me at the barracks and said he came from Dr. Henery. I told him I did not wish to have anything further to do with Dr. Henery. He said I would be aware that Dr. Henery had a very heavy claim against me. I replied that I was not. He said Dr. Henry had sent him down about a claim of 150*l.* he had against me. I remarked that it was impossible he could have such a claim. He said he had come down in a great hurry in consequence of instructions given him by Dr. Henery on the previous evening, and of my not having answered any of the many letters the doctor had written me. I replied I had not received any letters from him. After some further conversation he asked me to give him a check for 150*l.* I declined to do that, upon which he reduced his demand to 100 guineas, saying that I had better settle the matter. I declined that also, adding that I did not even know who he was. He said it did not matter who he was, and he declined to give me his name. Just before he left he said he had come down in a great hurry, and he asked me for a sovereign to pay his expenses. I said Dr. Henery had sent him down, and he was the man to pay his expenses. He led me to believe that he could not get out of the island if I did not give him a sovereign. I said if I gave him a sovereign I should demand a receipt for it. He consented to that, and he wrote a receipt in my presence, which he signed "H. Wilson." He then left. A few days afterwards—namely, on the 19th of September—I wrote a letter to Dr. Henery stating that a gentleman, describing himself as his agent, had made a claim on me for 150*l.*; that I was quite unaware of owing him such a sum, and that I should be obliged by his sending me the particulars, in order that I might send them to my legal adviser, addressing me to the care of Messrs. Cox. I received a letter from him in answer. [It was read as follows]:—

"Medical Institution, 52 Dorset street, Portman square, Sept. 26.

"SIR,—I regret exceedingly to have to inform you that your letter did not reach me until Saturday night; otherwise it would have received my immediate attention. Nevertheless, I have to remind you that you promised the gentlemen who waited upon you at Parkhurst that you would call at Dorset street; therefore I do not understand your giving us so much trouble in the matter. I have to inform you that my claim for 150*l.* is for medical advice and medicine for spermatorrhœa, brought on by self-pollution. If you will satisfy my claim without further trouble I will give you a receipt in full of all demands, or sign any paper that you may choose to draw up, so that you shall not be troubled again by

"Your obedient servant

"A. F. HENERY.

"P.S. I called at Cox and Co.'s this morning and found you were there on Saturday, so therefore I hope this will reach you there."

I also handed that to my legal adviser. On the 5th of October I received another letter, signed "H. Wilson," and which, I think, is in the handwriting of the prisoner Anderson:—

"Warburton's Hotel, Newport, Oct. 5, 1864; Private Sitting room No. 4.

"SIR,—I am here expressly from London to see you with a view to effect a settlement, if possible, of Dr. Henery's claim; and anticipating your refusal to see me at your quarters is the reason I have penned this, and would recommend you to do so at once, for, rely upon it, I don't intend journeying here again for nothing. Your letter from your solicitor has been received, and I have that and some from yourself with me. Now, supposing I were to inform you application will be made at the War-Office, with explanation of your case; and if we were to do so you know what the consequence would be; or supposing I were to inform you I expect to be in your neighbourhood in Scotland next week, and that I don't intend leaving here in the event of your still persisting in your refusal to pay without making it known in the neighbourhood for what purpose I am here. I am in no hurry, and will allow you

time to reflect whether it will be better to pay Dr. Henery's legal and just claim or submit to exposure of your filthy case. I would inform you I have waited upon one of the head solicitors in Plymouth since I saw you in reference to a claim we had upon his son, and on our explaining what we would do in the event of his not paying us he soon saw the force of what we stated and paid us at once. Now, the reason I did not tell you what we intended doing in the event of your not paying when I was here before, was because you promised to call in Dorset street, and relying upon your word as a gentleman was the only reason I did not do so. "Yours obediently, "H. WILSON.

"P.S.—It is useless for you to pretend you are not in quarters, for I know you to be there (and was there last night when I called) before I left London."

In that letter there is an allusion to Scotland. My father resides there, and some other of my friends. I had written from Scotland to Dr. Henery once while I was receiving medicine from him, so that he knew my address there. I placed that letter in the hands of my legal adviser.

By Mr. Ribton, in cross-examination: When I consulted him I was suffering from a malady, and I described my symptoms to him. The interview lasted about five minutes. The box he first sent me contained twelve bottles of medicine. I did not take it all. He gave me certain written directions as to regimen, exercise, bathing, and the like, but only such as I had followed all my life. I acknowledged to Anderson owing Dr. Henery 10*l.* 10s. for a box of medicine, which I said I was prepared to pay, but I would not pay him any more. I believed I was suffering then from the disease called spermatorrhœa.

Re-examined by Mr. Metcalfe: I was in the Crimea, and was badly wounded in the head. I should think my constitution was injured there.

Alexander Thompson, clerk in the London and Westminster Bank, deposed that the prisoner Wray kept an account at the bank, and that the endorsement on the cheques of Captain Clarke was in the handwriting of Wray.

Mr. Edward Charles Ryley, residing at Leatherhead, deposed that on the 17th of October he was in the office of Mr. Fry, of No. 6 Danes inn, Strand, solicitor; that the prisoner Anderson came into the office, and Mr. Fry asked him what he came there for, and he said he called in the matter of Captain Clarke to know why Dr. Henery's claim had not been paid. Mr. Fry said, "I am surprised you should make such a claim after sending a threatening letter," upon which the prisoner Anderson said, "Oh, I wrote that letter and signed it in the name of Wilson, because I thought if I had signed it in my own name Captain Clarke would have denied himself and not have seen me." Upon that Mr. Fry said, "The claim will not be paid, and I may as well tell you further proceedings will be taken." Anderson said, "Very well," or something to that effect, and then left.

Sergeant White, of the N division, deposed that on the 22nd of October the case against the defendant Anderson was heard at the Marlborough street Police-court. Anderson appeared, but Henery did not. A warrant was issued for his apprehension, and witness went to his house in Dorset street, Portman square, and found him in bed. He said he was too ill to get up. Witness replied, "Nonsense; I saw you out yesterday, and you must go." He answered, "My name is not Henery; if the summons had been made out in the name of Wray I should have appeared." Witness pulled off the bed-clothes, and found him partly dressed. While finishing his dress he said, "Why does he not pay the money? He knows he owes it, and I have his handwriting to prove it;" and the prisoner went to his coat-pocket and pulled out a bundle of papers in an envelope, on which was endorsed "Captain Clarke's letters." He laid the letters on the table and said, "I have a complete answer to the charge." Witness took up some of the papers, when the prisoner Wray (or Henery) desired him to put them down and not to interfere with his private papers. Wray was then taken into custody, Captain Clarke being present, and while walking to the police-station Wray took a letter from the bundle, and, turning to Captain Clarke, said, "You are Captain Clarke, I believe." Captain Clarke made no reply. He then said, "If you choose to go on with this matter you will be very sorry for it, for I have a letter here to prove that you acknowledged the debt, and you must put up with the exposure, for I have a complete answer to your charge." He afterwards said he would not forego his claim whatever course Captain Clarke might take. Witness then said he knew the handwriting of Wray or Henery, and he believed that the document he then held in his hand was written by Wray.

Mr. Metcalfe proposed that the document should be read.

Mr. Ribton objected, but, after a long argument, the paper was put in.

Sergeant White explained that he had received it that morning from the clerk of Mr. Herring, who was formerly Wray's solicitor at the police-court. (Mr. Herring afterwards explained that the paper in question had been given up by his clerk in opposition to his express instructions to the contrary.) The paper was then read. It purported to be a draft copy of the letters of the 19th of September, 1864, of the 26th of September, 1864, and of October, 5, 1864.

This was the case for the prosecution.

Mr. Baron Bramwell said the first count was for publishing a malicious libel against the prosecutor, contained in the letter of the 26th of September, 1864, and asked Mr. Metcalfe to point out in what portion of that letter the libel consisted.

Mr. Metcalfe submitted that that part of it which imputed spermatorrhœa as having been brought on by base habits was a gross libel on the character of the prosecutor.

After some discussion,

Mr. Baron Bramwell held that there was no evidence to sustain the first count.

Mr. Ribton then addressed himself to the second count, which charged the prisoners with threatening to publish a libel upon the prosecutor with the intent of extorting money from him. This charge, he observed, was founded upon the letter of the 5th of October, 1864, which was written at Warburton's Hotel, Newport, in the Isle of Wight, by Anderson, who on that occasion used the name of Wilson. He contended that the Court had no jurisdiction, the letter having been written in Hampshire. The venue, therefore, ought to have been laid in that county. He then submitted that there was no evidence to connect Wray with the writing of that letter. It might be true that Wray sent Anderson to collect the money for him, but certainly Wray was not responsible for everything that was done by Anderson, unless the principal was supposed to be responsible for all the acts of his agent.

Mr. Baron Bramwell, having conferred with Mr. Justice Byles on the question of venue, said that it was unnecessary for him to express an opinion as to whether or not the offence alleged was a menace within the statute, because he was of opinion that the prisoners had committed no offence within the jurisdiction of that Court, the offence, if any, being the sending and uttering in the county of Hampshire.

The jury then, under the direction of the learned Judge, returned a verdict of "Not guilty."

The prisoners were then arraigned on a charge of conspiracy by divers false pretences and subtle means and devices to obtain large sums of money from the prosecutor, and also of threatening to publish a libel concerning him with a view to extort money.

Mr. Metcalfe explained that it was not his intention to adduce evidence in support of the charge of libel, but that he would confine himself to that of conspiracy.

It was arranged that, instead of re-examining the witnesses, the Judge's notes of the evidence taken in the former case should be read over to the witnesses, and that was done accordingly.

Mr. Ribton then addressed the jury on behalf of the prisoner Wray. He submitted that there was not a tittle of evidence to show that Wray was responsible for anything that had been done by Anderson in the country. He admitted that the letter written by Anderson from Warburton's Hotel was a threatening letter, and that its purpose

was to get money from Captain Clarke by menace, but he utterly denied that there was any evidence that Wray was cognisant of that letter being about to be written, or that he ever gave any instructions to Anderson to write it. They could not, on principle or in law, hold the principal responsible for all the acts of his agents, but only for those acts which he had directed to be done. No doubt Captain Clarke at that time was labouring under some disease. If he were not, then, indeed, there would be a false pretence; but he could not understand how a false pretence could be alleged when the origin of the demand was admitted by the prosecutor himself to be true. It was well known that certain members of the Medical Profession devoted themselves to a particular description of disease, and that they advertised in the papers, and he was not aware that there was any disgrace in their doing so. Captain Clarke, seeing Wray's or Henery's advertisement, went to him and received medicine and advice. It was idle, therefore, to say that there was any false pretence. It had not been shown what were the ingredients of which the medicine was composed. In all probability it was a strong tonic, and intended to do Captain Clarke good, and charging for it more than he ought was not an offence on the part of Wray. Nay, it had been mentioned that within the last three years a member of his own profession refused to come into that court unless they gave him 1,000 guineas (a laugh), and he understood that the gentleman who did come on that occasion received a very large sum. Then in what way could Wray be affected by the letters which had been read? The letter of the 26th September, 1864, had formed the ground of the charge for libel; but that had been abandoned, and now it was brought forward to prove a case of conspiracy: but all that that letter did was to say, "You owe 150*l*., and I request you to pay me." The jury could not shut their eyes to the fact that this was an attempt to convict these men merely by sheer force of prejudice. The jury were asked to say that Wray was a bad fellow, and was trading with inexperienced people, and inducing them to pay him large sums of money. With regard to the charge of threatening to publish a libel, the only letter which could be said to contain any such threat was that which formed the subject of the first indictment, and which had gone off upon the point of venue. Justice, however, would not be defeated by that decision, because the parties were still liable to be tried in Hampshire.

Mr. Kemp then addressed the jury on behalf of Anderson, and submitted that there were many circumstances to rebut the idea of a conspiracy. The only way in which he appeared in these proceedings was as a person who was sent down to Captain Clarke's quarters to obtain money, and if in writing a letter to that gentleman he couched it in terms that amounted to a threat to extort money, it must be held to be his own individual act, and could not therefore be made the ground of a charge of conspiracy.

Mr. Baron Bramwell summed up the evidence, and called the attention of the jury to the letter written by Anderson to Captain Clarke on the 5th of October from Warburton's Hotel, Newport, and which he described to be clearly an attempt to extort money by threats of exposure. Now, the question was in what way did the prosecution connect the other prisoner Wray or Henery with this threat made by Anderson, so as to constitute the offence of conspiracy? There was the letter of the 26th of September from Henery to Captain Clarke, in which he referred to Anderson's having called upon the prosecutor and demanded 150*l*. as being due to him (Henery), and then in the same letter he informed the prosecutor that his claim on him was for 150*l*. Then came the letter of the 30th of September, addressed to Henery by the solictor of Captain Clarke, and the receipt of which was acknowledged—not by Henery, but by Anderson, in his letter of the 5th of October, thus showing that there must have been some communication between the two on the subject of the demand made upon Captain Clarke. If the jury were satisfied that there was an intent to extort money by means of threats, and that that intent existed not only in the mind of one of the prisoners, but in the minds of both, and that they were engaged and leagued together in that common intent, that would amount to a conspiracy, and the prosecutor had made out his case. If they were not so satisfied they would acquit them; but it would certainly be a very singular thing if two people could be found acting in the way in which the prisoners had been acting without some common purpose.

The jury, after a few minutes' deliberation, returned a verdict of "Guilty" as against both prisoners.

Mr. Baron Bramwell, in passing sentence, said the offence of which they had been convicted was one of the most abominable that could be conceived, because in a case of this description it was not one robbery that was practised upon the individual who was the subject of it, but that was followed up by a succession of demands until his life was made positively hateful to him. The offence of which they had been found guilty being one of misdemeanour he could not sentence them to more than two years' imprisonment, and he sentenced each of them to be imprisoned for that term accordingly, with hard labour.

COURT OF CHANCERY, LINCOLN'S INN, NOV. 23.

(Before the LORD CHANCELLOR.)

THE MAYOR, ETC., OF LONDON, GOVERNORS OF ST. THOMAS'S HOSPITAL *v.* THE MAYOR, ETC., OF LONDON AND OTHERS.

This appeal from a decision of Vice-Chancellor Wood was argued a fortnight back, and fully reported at the time. It will be recollected that the question for decision was whether the right to select a site for the new Hospital of St. Thomas lay with the corporation, who had been created by charter Governors of St. Thomas's Hospital, or the donation governors—a body to whom the corporation governors by agreement and Act of Parliament in 1782 ceded all their rights for the purpose of administering the affairs of the hospital. The Lord Chancellor held, affirming the decision of the Vice-Chancellor, that the right was vested in the donation governors; but as by the technical form in which the appeal came before this Court an appeal could not be carried to the House of Lords, his Lordship directed the matter to stand over, with the view of giving the parties an opportunity of coming to some arrangement by which such an order might be made as could, if necessary, be the subject of an appeal.

Sir H. CAIRNS, on behalf of the corporation governors, now said that that body, conceiving the question of a site for the new hospital was one of great importance, had thought it their duty to intervene when the case was before the Vice-Chancellor, for the purpose of obtaining a judicial decision on the Acts of Parliament which related to the respective rights of the corporation governors and the donation governors. But as the opinion of the Vice-Chancellor and his Lordship coincided in the view that such right was vested in the donation governors, the corporation governors were not desirous to interfere any further in the matter, but would leave the responsibility of destroying St. Thomas's Hospital and selecting a new site with those who had been held to have the right of so deciding. He, however, wished to protest against a statement which had been made that the corporation of London had encroached on the powers of the Governors of St. Thomas's Hospital, the fact being that previous to the year 1782 it had been quite the other way, and since that time they had been perfectly quiescent.

The LORD CHANCELLOR said every one would do justice to the corporation for the motives by which it had been actuated in the matter. He had always given the corporation credit for being moved by a sense of duty, there being no doubt great responsibility involved in the selection of a new site, which required to be exercised with the greatest prudence. It therefore became necessary to ascertain in whom such right was vested, and it had been decided in favour of the donation governors. As to the supineness of the corporation governors previous to the year 1782, they had committed the administration of the hospital at that time to the donation governors, and therefore any question of their former conduct was long since past; and it was admitted that the present governors were everything that could be desired. When he suggested an alteration in the form of the writ, he contemplated the probability of difficulties arising in

regard to the purchase of the site, and dealing with the money which had been paid for the former site, and he had been desirous of smoothing that difficulty by a declaration of the rights of the governors under the statutes and the duty of the corporation in reference to the conveyance. As he understood that the conveyance had been in conformity with his opinion, all that remained was to dismiss the appeal and the bill with costs.

GENERAL CORRESPONDENCE.

THE GOSS FUND.

To the Editor of the Medical Circular.

SIR,—I beg to enclose the first list of subscribers to the "Goss Fund," which I shall feel greatly obliged by your publishing in this week's MEDICAL CIRCULAR:—

	£	s.	d.
Henry Bateson	0	10	6
H. Bass	0	10	6
C. C. Blades	0	10	6
Thomas Brown	0	10	6
J. W. Carpenter	0	10	6
W. S. Cortis	0	5	0
H. Dobell	0	10	6
W. D. Ditchett (Louth)	0	10	6
A. Ebsworth	0	10	6
E. F. Fussell (Brighton)	0	10	0
Edward Head	0	10	6
W. T. Iliff, jun.	0	10	6
J. W. Jones	0	10	0
H. Jeaffreson	0	10	6
T. M. Kendall (King's Lynn)	0	10	0
J. T. Mitchell	0	10	6
Edward Morse	0	10	6
C. W. Otway	0	10	6
James Palfrey	0	10	6
G. P. Rugg	0	10	6
F. Smith	0	10	6
A. T. Smith	0	10	6
W. H. Smith	0	10	6
N. Stowers	0	10	6
D. Taylor	0	10	6
J. R. Tunmer	0	10	6
S. Wilks	0	10	6
E. Wright	0	10	6

30 Newington place, S., Nov. 23, 1864.

I am, &c.,
NOWELL STOWERS.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your finding space for the following reply of the Poor-law Board to the letter you did me the favour to insert in your Journal of the 12th inst. You will perceive the Board are not desirous to afford us any assistance. My Medical friends must therefore individually see their own members, and endeavour to obtain from them a promise to support a Bill founded on justice. In the course of a short time, I will lay a copy of the proposed Bill before the Profession, and elicit from them their opinions on it.

I am, &c.,
12 Royal terrace, Weymouth, Nov. 21st, 1864.
RICHARD GRIFFIN.

Poor-law Board, Whitehall, Nov. 19, 1864.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 8th inst., enclosing an extract from a newspaper report of the proceedings at a meeting of the Guardians of the Southampton Incorporation, relative to the providing of medicines for the poor.

The Board direct me to express their thanks for your communication. As regards the last paragraph, however, they desire to state that they will not trouble you to send them a copy of the proposed Bill to which you refer. They will be prepared to consider any Bill upon the subject of Poor-law Medical Relief which may be introduced into Parliament by any member of the Legislature, and to give it due attention.

I am, Sir,
Your obedient servant,
Richard Griffin, Esq. C. GILPIN, Secretary.

HEREFORD INFIRMARY.—RESIGNATION OF THE SENIOR SURGEON.—We very much regret to hear that Mr. Lingen has resigned the honorary appointment of surgeon to our noble institution, the Infirmary, and we are sure that that regret will be shared, not only by his professional brethren connected with the institution, but by the inhabitants of the city and county generally, to whom his kindness of disposition and great professional skill are so well known. Mr. Lingen was appointed on the 6th of December, 1838, on the death of the late Mr. Cam (uncle to the present Mayor of Hereford), and became senior surgeon in the following May, on the retirement of Mr. John Griffiths. His services have thus been given to the institution for almost twenty-six years, and he has now, we understand, been induced to resign only because the increase in his private practice leaves too little time at his disposal for the discharge, satisfactorily to himself, of the duties of this honorary, and very honourable, appointment.—'Hereford Times.'

SCOTTISH REGISTRAR-GENERAL'S QUARTERLY REPORT.—The Registrar-General for Scotland in his report just issued for the third quarter of 1864, which is the tenth year of civil registration, has to record the highest birth-rate he has ever registered in this quarter—namely, 347 (per annum) in every 10,000 of the estimated population—377 in the town districts and 313 in the rural; also the highest marriage-rate, 64 in every 10,000—85 in the town districts and 39 in the rural; and a death-rate of 206, which is higher than in this quarter of any of the previous years, except 1863—251 in the towns and 156 in the rural districts. The health of the population was below the average during the quarter. The increase of sickness and death seems to have been most marked in the towns. It has been noticeable in every month of the present year, and cannot be traced to any particular epidemic; there is a general increase of deaths from all diseases. The mortality has been on the increase for two or three years, and the Registrar-General considers that its probable causes merit a searching inquiry. The weather in the third quarter of the year 1864 was in many respects anomalous, and presented a striking contrast to that which has prevailed over Scotland for some years back. During the first ten days of July cold east winds prevailed, and exhibited the striking fact that they commenced daily shortly after the sun rose, increased in strength till about three o'clock, died away to a perfect calm in the evening, and continued calm during the night. From the 11th till the close of July the days were delightfully warm, the thermometer rising frequently above 80 deg. during the greatest warmth of the day between the 17th and 23rd. During August the weather was delightful, and unlike many Augusts which preceded it, was a dry, warm month. In almost all the southern half of Scotland not a drop of rain fell till the last two days of the month. The temperature, however, never attained the same height as in July, thus presenting the anomaly, in Scotland, of July being the warmest month. A day or two before the rain commenced, however, a very severe sharp frost occurred, which injured all the leaves of the potatoes, delicate annuals, and even the leaves of many of the forest trees, so that the leaves were quite yellow when the month closed. September, on the other hand, was characterised by the deluges of rain which fell, accompanied by not only high winds, but absolute storms from the south-west and west during the first half of the month; while the latter half was attended by a parching drought, sharp frosts during the night and towards morning, and a good deal of east wind. The returns from 55 stations of the Meteorological Society of Scotland show a mean depth of rainfall in the quarter amounting to 8·64 inches, being 1·27 inch below the average of the preceding eight years.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 30, 1864.

THE TRIAL OF WRAY AND ANDERSON FOR CONSPIRACY.

The recent trial and conviction of the two men, Wray and Anderson, for conspiracy with intent to extort money, confirm, in a most striking manner, the remarks we have offered from time to time on the subject of the obscene quacks and their relations to the Medical Profession and the public. These men, it will be seen, were not tried and convicted by virtue of any statute or law made in respect to the Medical Profession, but merely in conformity with the ordinary law of the country.

Although it is notorious that the man Wray, under the name of Dr. Henery, or of other names for aught we know, had no qualification to practise Medicine or Surgery, and although he has advertised himself as a Medical man, and has assumed different fictitious names for very obvious purposes, yet no machinery in connexion with the laws relating to Medicine was efficient in arresting his career or even in pointing out to the public that he had no qualification for the calling he pretended to exercise. His filthy advertisements, inserted in many ot the newspapers or posted up in the public thoroughfares, and his disgusting books, circulated by himself throughout the community, carried on their face the pretension that they emanated from a member of the Medical Profession, the authorities of which did not even dare to expose the mendacious assumption, from the fear of the consequences of the existing law of libel. "It is well known," said the prisoner's counsel at the trial, "that certain members of the Medical Profession devoted themselves to a particular description of disease, and that they advertised in the papers, and he was not aware that there was any disgrace in their doing so." This exactly represents the opinion entertained on the subject by many of the public, who comprise, under the name of the "Medical Profession," every scoundrel who chooses to put Dr. before his name, or to advertise his filthy trade on the walls or in the cheap newspapers.

If any attempt had been made to prosecute Wray under the Medical Act or the Apothecaries' Act, although it appears to us that he has been amenable to the provisions of both, the trickery of the law or the dogmas of magisterial wisdom would have found for him some ready means of escape, and, as has been shown in some recent cases, he would have passed not only unharmed, but triumphantly, through the ordeal. It would have been pleaded, if he had been summoned in the name of Wray, that his real name was Henery, or *vice versâ;* and if he were caught at last, the simple defence would be that he was not registered under the Act of 1858, and therefore had a right to give himself out as a Doctor and practise with impunity. If it was sought to prove that he falsely pretended to be a Medical man, and so announced himself in his advertisement, it would then be found that no one knew from whom the advertisement emanated. If the editor of a paper was summoned to throw light upon the subject, he would answer (and truly) that the matter was not in his department; if the proprietor who received the money for the advertisement was interrogated on the same subject, he would profess his ignorance of the matter; and if the advertising agent were questioned, he would profess the same profound ignorance of everything except the receipt of the money.

But in the present instance, the culprit has made himself liable to the ordinary law of the land; and although it is decided to be no offence for a quack to pretend to be what he is not, or to assume fictitious names for the purpose of fraud, or to swindle the unwary out of their money under false pretences, yet it is a misdemeanour for two or more persons to conspire together to extort money, and to this charge Wray and his confederate most undoubtedly laid themselves open; and they carried on their proceedings with a recklessness only to be accounted for on the supposition of their many previous successes in similar transactions, and their full dependence on their power of evading the law.

We have printed a report of the trial *in extenso*, in consequence of its great importance to the public, who are far more interested in the matter than the Profession; and the fullness of the report relieves us from the necessity of commenting at large upon the details. The story, too, however startling the particulars may be to general readers, is only a vulgar and an ordinary one, and may be paralleled by cases which occur repeatedly, but are not often found out. We deem it, however, only an act of justice to thank Captain Clarke for his manly and honourable conduct throughout the transaction, and to express our regret that, owing to the too ready facilities afforded by the medium of advertisements, he should have fallen into such hands as he did, when labouring under a temporary indisposition. We think it necessary to declare what we have before stated, that the victims of these quacks are not, as is supposed, merely the debauched and the dissolute, but too often the modest and the unwary, to which latter class Captain Clarke appears to have belonged; and he was no doubt made to believe by the quack advertisements that a physiological phenomenon of no importance was an indication of serious disease. The story is, in fact, as old as the "thimble-rig," or the manœuvres of the skittle-sharpers. A disease which certainly does sometimes occur, but which, in ninety-nine cases out of a hundred, exists only in the imagination, is seized upon by the quack doctor, and is then magnified into the most gigantic proportions and pictured in the most hideous forms; and when a victim is entrapped, he is first made to believe himself the subject of the malady, and is then fleeced of his money, under the pretext that he is being cured. By a common but artful device, the quack, while concealing his own name, obtains the name, together with the address, of his victim, and if he finds, what is very probably the case, that the latter is a young nobleman, or a clergyman, or an officer in the Army or Navy, or otherwise respectably connected, he is relieved of all his ready

cash, and, as soon as the supply is exhausted, or the dupe refuses to pay any more, then threats of exposure are made by which the desired end is attained.

The only feature in the recent case which distinguishes it from others of a similar nature is the astounding folly of Wray in carrying on the game after he found what sort of man Captain Clarke was, and in identifying himself with the proceedings of the confederate Anderson. As we have just remarked, we can only account for his infatuation by his retrospect of former transactions, and his confidence in the efficacy of threats as a means of extortion. Thanks to Captain Clarke's firmness, this confidence has been unavailing, and the whole conspiracy has been exposed and punished.

We have only two more subjects to allude to in connexion with this trial. In the first place, although unwilling, even in a Medical Journal, to discuss the subject of spermatorrhœa, yet as it has been introduced in all the newspapers, including the 'Times,' in the course of the evidence, we feel it necessary to express our opinions, briefly but decidedly, on the matter. We do not hesitate to declare that this disease very seldom exists at all, and that the numerous advertisements from persons pretending to cure it are mere traps to catch the timid and the unwary. We also repeat that the victims of the quacks are not so much the sensualists and the debauchees, as the virtuous and modest of our young men, who, if they would shun the quack advertisements, would save themselves much needless alarm and often great pecuniary loss.

In the second place, we remark that Wray and his confederate, Anderson, are merely the types of an extensive class, and that these two men are by no means among the large traders in filth and robbery, who, on the principle that the law, like a net, catches the small fish but allows the large ones to break through, are still carrying on their nefarious trade under the very eye of the law. These fellows pursue, only upon a large scale, the very same arts, and practise the same means of extortion, as those which Wray and Anderson are now expiating on the treadmill; and the law, in too many instances, is powerless to stop their career. Their victims, terrified, in the first place, by the phantoms of imaginary disease, are fleeced of their available cash, and then, under threats of exposure, are induced to give promissory notes, or even to mortgage whole estates, in order to satisfy the rapacity of the quack harpies. This horrible trade has been pursued for years; but as there is no wrong without a remedy, it is to be hoped that many others besides Captain Clarke will now come forward to unmask the villains, and render them amenable to the punishments of the law. We also repeat that too many of the newspapers (the 'Times' and a few others being honourable exceptions) have lent themselves to the purpose of these vampires by inserting their filthy advertisements, thus instilling the seeds of moral poison into the minds of the innocent, or inspiring the timid with the fear of a disease which hardly ever exists, or suggesting, while pretending to deprecate, the indulgence of vice.

SUMMARY OF THE WEEK.

THE CONTAGIOUS DISEASES PREVENTION BILL.

The Horse Guards and Admiralty authorities having obtained their Bill for the prevention of Venereal Diseases in the Army and Navy, the question now seems to be—"What will they do with it?" The determination of the existence of disease in a woman is left at present to the diagnostic powers of the police-constables, but we have not yet heard of any cases in which the new Act has been put into operation. For our own part, we believe that the diagnosis of this affection in the female is often a point of very considerable difficulty, and we do not know whether the police force are to receive special instruction and education on the subject. We hear, however, that a commission has been appointed to inquire into the nature and treatment of venereal disease, and that this commission consists of Mr. Skey, as chairman, Mr. Quain, Mr. Cock, Dr. Balfour, Dr. Donnet, Dr. Kirkes, and Dr. Wilks, and Mr. Spencer Smith, as secretary. It is probable that the real object of this commission is to ascertain in what way the powers of the Act recently passed may be made available for its ostensible object—namely, the prevention of venereal disease in tha Army and Navy, by controlling the avocations of prostitutes and bringing them under a system of sanitary supervision. In the meantime, we would draw attention to the miserable condition of those unfortunate women who, under the name of "camp followers," infest garrison towns and the neighbourhood of camps; and if any one wishes to ascertain the truth in such matters, let him visit the camps at Aldershot, Shorncliffe, or Colchester. But bad as the lot of these unfortunate women is in England, in Ireland we learn it is much worse. There they are literally treated as the lepers of olden time, with the exception that there are no leper-houses to receive them. A graphic account of the sufferings of these most miserable beings is given in the current week's number of 'All the Year Round.' For instance, not only have they no homes to go to, but if they put up some temporary shelter for themselves, the military authorities, the police, or the priests destroy them. Shopkeepers refuse to serve them, because they fear being denounced from the altars; priests have been known personally to flog these poor wretches; and so, driven from pillar to post, they are compelled to live, even in the winter months, on the bare heath, or under such shelter as may be found under hedges or banks. The writer of the article in question thus describes what he personally saw:—"On the Curragh, for instance, the only protection they have from the pelting rain, the driving sleet, or the falling snow, is a furze bush, and this they are not allowed to erect or prop up by any means into a kind of covering. The moment they attempt to make a roof of it, it is pulled down by the police or under-rangers. I never believed it possible that such misery as I have seen could be in existence even among savages. Often have I seen these women, as I went to exercise after a severe night's rain, lying by threes or fours huddled together in a ditch,

or by the lee side of a bush. I remember one morning, when I was on pass, making my way across the Curragh. Going down from the Grand Stand towards the camp line I passed a rising piece of ground on my left, under the brow of which the sheep and lambs were cowering together for shelter from the sharp north wind which was then blowing bitterly. I did not observe four women lying in a bit of a hole they had scooped out until one called after me and asked me to give her a shilling for God's sake, as they were starving. The sight of them, wet, cold, and perishing from want and exposure, caused me to turn back and give the shilling, and I own that my remonstrance was very feeble even when she to whom I had given it jumped up, saying 'Long life to you. This will get us a drop of whisky,' and ran off to get it. The mere prospect of the drink seemed to impart new life to two of them; but the other evidently cared nothing about that which gave her companions so much pleasure. Her eye was languid, her skin hot and dry, her head ached. She was suffering from an attack of fever. I left her, and, walking back to the station, met a policeman, whom I informed of her state, and he promised to get her into the workhouse if he could. I discovered afterwards, that this, after two days, was done, and she died a few hours after her admission."

A BATCH OF JUDGMENTS.

At the last session of the Central Criminal Court, Mr. Henry Wilkins, surgeon, of Ealing, appeared upon his recognisances to receive judgment for illegally receiving in his house a person of unsound mind, of which offence he was convicted at the previous sessions. As the Commissioners of Lunacy professed their desire to deal leniently with the case, Mr. Wilkins was *only* fined 50*l.*, his offence being one of a mere technical nature, and probably committed in ignorance of the law. We think that a mere nominal fine would have fully satisfied the justice of the case, as no harm had been done to anyone, and no imputation whatever was cast upon Mr. Wilkins's character. Mrs. Sophia Leander was called up for judgment on what is called a similar charge, namely, illegally keeping lunatics, but her view of the matter was that since her conviction she had eliminated all the persons who were of unsound mind, and retained only some epileptic and paralytic cases. As she maintained that she had conformed to the law, no sentence was passed upon her. At the Thames Police-court, George Fentiman, a chemist and druggist, was brought up for judgment for wilfully and falsely taking the name and title of surgeon, in defiance of the provisions of the Medical Act, and was fined *one shilling* and *two shillings* costs. Mr. John Wills, a regularly qualified and registered Medical practitioner, who had prosecuted in the case, applied for some of the costs to be allowed him; but they were refused by the magistrate. The expenses of the prosecution are thus most unfairly made to fall upon Mr. Wills.

SAMARITAN HOSPITAL.—Drs. Jenner and Greenhalgh have been appointed Consulting Physicians to this charity.

REVIEW OF BOOKS.

Practical and Pathological Researches on the Various Forms of Paralysis. By Edward Meryon, M.D., F.R.C.P.L. Pp. 215. London: Churchill and Sons. 1864.

In the strict meaning of the term, paralysis is only a symptom, and it may attend upon pathological conditions of the most various or even opposite character; and yet the visible phenomena of paralysis are so remarkable, that in the present age of subdividing diseases and symptoms, and making almost out of each the subject of a separate essay, it is pardonable for an author to choose paralysis for his theme, especially when one so well qualified as Dr. Meryon undertakes the task.

In his introductory remarks, Dr. Meryon pays a due tribute of respect to the two distinguished British physiologists but recently taken away from us—namely, Sir Charles Bell and Dr. Marshall Hall—whose discoveries and researches in connexion with the nervous system have cleared away much of the obscurity which formerly enveloped the study of nervous diseases, and have thrown a flood of light upon the treatment of these mysterious affections. To the former is due the merit of distinguishing between the functions of the anterior and posterior roots of the spinal nerves, and to the latter that of developing the extraordinary laws of reflex action, which is an attribute of the spinal cord. By these remarkable researches, diseases hitherto obscure have been satisfactorily explained, and symptoms hitherto inexplicable have been referred to their true source; and although many points in cerebral and spinal pathology still baffle inquiry, yet so much has already been revealed, that it may be hoped the future has still a rich harvest in store for some gifted and industrious explorers in this rich and interesting field of inquiry.

Dr. Meryon commences his book with a description of the minute structure of the nervous centres, considering very justly that, in order to form correct views of the nature and treatment of nervous diseases, it is necessary to understand thoroughly the anatomical characters of the tissues the functions of which are deranged; and although it cannot be said that visible organic lesion and impairment of function are by any means necessarily associated in all nervous diseases, yet enough has already been demonstrated in this department to stimulate further inquiry. The debateable question of the nature of nerve-force is briefly considered, together with its relation to electricity; and the views of Matteucci, Du Bois-Reymond, and Pflüger are successively considered, together with those of Professor Bernard and others, on the sympathetic nerves of the blood-vessels, or, as they are called, the vaso-motor nerves.

The subject of paralysis is then discussed in sections, as it arises from affections of the spinal cord, from affections of the brain, from blood-poisoning, and from reflex action; and the last chapter describes the progressive forms of paralysis, as the Progressive Paralysis of the Insane, the Progressive Ataxia (the *ataxie locomotrice progressive* lately described by Dr. Duchenne of Boulogne), and Paralysis from Granular Degeneration of the Voluntary Muscles.

From this sketch of the subjects treated by Dr. Meryon, it will be perceived that he travels over a wide field of investigation, and includes diseases connected with serious and fatal lesions of the nervous centres as well as others which are dependent upon transient and removable causes; many being associated with central disease of the nervous substance, others being caused only by irritation of parts situated a distance from the nervous centres.

Our limits forbid us to do more than to speak in terms of general commendation of Dr. Meryon's work, which reflects the greatest credit upon him both as a sound physiologist and a practical and thoughtful physician.

Lectures on Public Health. By E. D. Mapother, M.D. Dublin: Fannin and Co. London: R. Hardwicke, 192 Piccadilly.

If we mistake not, the appointments of "Professor of Hygiene" and "Medical Officer of Health" have been only recently created, and the author of the 'Lectures' (now

published in a book-form), Edward Dillon Mapother, is the first Professor of Hygiene and also the first "Medical Officer of Health of the City of Dublin." Dr. Mapother is likewise one of the Surgeons to St. Vincent's Hospital, and holds the post of teacher and demonstrator at the Royal College of Surgeons, Dublin. We are familiar with the author's name from the fact that this is not the first occasion of his appearing before us as a writer, since we have previously had the pleasure of reading his 'Manual of Physiology,' a work meant by him for the instruction of his college pupils especially, and as a kind of class book, by which they would be enabled to follow him in his private lectures and instruction. The book which we are reviewing is well and handsomely illustrated by woodcuts, illustrative of the various topics embraced in the 'Lectures; and commends itself to us by the clear manner in which it is written, as well as by the interest of the subject that it embraces, namely, "The Public Health."

These lectures were delivered before the President and Council of the College of Surgeons, Ireland. We regret that we cannot review them so minutely as we would desire; but suffice it to say, the subject is discussed in the manner we should expect it to be by Dr. Mapother; and we trust that his energy and perseverance will be crowned with the success he has merited, and that he will soon have the pleasure of seeing the beautiful capital of Ireland freed, as far as it is possible to be done, from impurities in the air, in water, and in food, by the carrying out the hygienic measures which he proposes in his lectures. We are glad to see that model lodging-houses have been established in Dublin, and only regret that they are not more general in that city. Dr. Mapother does not rest satisfied with exposing public evils, but, entering with us into our homes — where he is no unwelcome visitor —he shows us how our meals had best be eaten, and sets before us the dishes which would be most nutritious, and therefore most conducive to health. Chapter VIII. embraces the subjects of "Mental and Physical Exercise," and "Occupations." In it we find stated that "so unfavourable to longevity is mental or physical idleness, that it may be asserted no great idler ever attains old age." The physical exercise recommended is not routinism, but exercise "amid new and interesting scenes," by which the mind is refreshed; the thoughts must not, however, be fastened upon the exercise itself, for then little advantage is gained. The exercise of the mind in order to be beneficial must be receptive; but it must also be of a creative character. Chess is recommended as a means of relaxation to those who are actively engaged, but whose employment is not of an intellectual nature, being clerk-like and merely routine; billiards, where much head-work is the usual form of labour; poetry, history, philosophy, relieve the mind wearied from dry statistics or legal arguments; gambling is deprecated as being most pernicious. "The half-time system of education" advocated by Mr. Chadwick is also advised by Dr. Mapother. The author scouts the idea that civilization tends to shorten life, and shows that in the savage state existence is not prolonged. The clear hours of morning are the best for study, since, at that time, the acquiring and reflective powers are most capable of performing their functions. The evils of disuse are pointed out, but the evils of over-use are also set forward in clear and precise language.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number commences with a Clinical Conference by Dr. GRAILY HEWITT, the subject being "Arrest of the Fœtal Head in the Pelvis," with the diagnosis of such cases and their treatment, and especially in relation to the use of the forceps. Dr. Hewitt describes the different causes which may lead to the arrest of the fœtal head, as the disproportion between the head and the pelvis, abnormal positions of the fœtal head, inefficient action of the uterus, &c.; and after passing in review some of the ordinary measures for expediting the labour, he proceeds to describe the employment of the forceps, an instrument which he evidently thinks is too little used in the cases to which he refers. By its early application he thinks that many serious consequences may often be averted, while the dangers attending the use of the instrument have been very much exaggerated. The injunction of some authorities to feel for the child's ear before applying the instrument he thinks ought to be disregarded, nor does he believe it necessary to withhold the use of the instrument because the os uteri has not passed entirely upwards over the head. ——Dr. THUDICHUM describes "A New Mode of Treating Diseases of the Cavity of the Nose," as, for instance, ozæna, ulceration, cancer, &c. The method consists in the injection of various medicated fluids by means of an apparatus which causes the fluids to pass in by one nostril and out by the other, so as to wash out the nasal cavities, and thus remove morbid secretions or obstructions, or exercise a curative influence upon the diseased Schneiderian membrane.——Dr. OCTAVIUS STURGES continues his observations "On Bronzing of the Skin in connexion with Diseased Supra-Renal Bodies," and he now examines the question as to the necessary connexion between the two phenomena. He comes to the conclusion, that although many persons with diseased supra-renal bodies have died without any appearance of bronzing, yet that Addison's disease has a real existence; and that in cases of capsular disease without bronzing, it may be assumed that the characteristic symptoms, including the coloration, had not time to manifest themselves before the patients were cut off by some other affection.——Dr. FRANCIS ANSTIE makes some remarks "On the Action of Opium as an 'Astringent' in Diabetes," his object being to show that the ordinary notion of opium being essentially a kidney-astringent is erroneous, and that it only becomes so when it is given in *poisonous* doses. In diabetes a larger quantity than usual of opium is required to produce a narcotic, that is, paralytic effect, on the nervous system, and hence the astringent property of the opium is only manifested when considerable doses are given, as, for instance, six grains a day, as in a case which lately occurred.——Mr. J. W. TROTTER relates a "Case of Laryngitis, in which Tracheotomy was performed with a Successful Result." The patient was a soldier who had suffered from syphilis in the primary form, but had not been affected with secondary symptoms. The operation was performed in consequence of threatened death from apnœa, and was followed by immediate relief, and subsequently by complete recovery.

THE 'DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE,' NOVEMBER.

Dr. WALLACE opens the number with a paper entitled "Contributions to the Volumetric Analysis of Urine." The method employed is first detailed; the analysis is conducted on the method advised by Neubauer and Vogel, French weights and measures being used as the means of calcula

tion. The tests used by the author for ascertaining the presence of sulphuric acid and of phosphoric acid are next given, before the second part of the paper is introduced, which contains the objects to be kept in view. These are, first, the daily variations in the constituents of the urine in health during a considerable period; secondly, the alterations in their quantity arising from taking various medicinal substances into the system; thirdly, the alterations in their quantity arising from the presence of disease. The third part of the paper is occupied with the results. Bicarbonate and chlorate of potash occasion, after the first dose, a diuresis, which, however, is not kept up by the repetition of the medicines: the excretion of urea is, likewise, increased after the first dose; but on the continuance of the drugs it falls to the mean or average quantity; and, again, when the medicines are pushed, there is an increase in the amount of urea formed. The excretion of sulphuric acid is also increased. The last part of the paper is taken up with the effect of disease on the urinary constituents.——Mr. SYMES records "An Unusual Form of Dislocation of the Hip-joint." The right leg was considerably shortened — to the extent of two inches; the foot was everted to an extreme degree; the buttock was flattened; the projection of the trochanter was not so marked as on the sound side; it could be felt in a situation above and behind its usual position; there was a remarkable prominence of the soft parts on the anterior and inner aspect of the thigh; although there was no protuberance to mark its presence, the head of the femur could be felt revolving beneath the hand when the limb was moved; it was situated about two and a half inches below the anterior superior spinous process; it was not immediately beneath, but lay on a plane very slightly posterior to it. An ocular inspection would lead to the supposition that the thigh was fractured, but a closer examination showed that a dislocation of the hip existed. The condition of parts and the symptoms that presented themselves are explained by the supposition that the capsular ligament had been torn by the accident, had allowed the head of the femur to slip through it, and had afterwards grasped the neck of the bone so effectually as to hinder the return of the head into its accustomed place in the interior of the capsule.——Dr. SMYLY contributes the second of his "Notes on Medicine and Surgery," the subject being the good effected by means of the inhalation of pulverised fluids.——Dr. BELCHER has a paper entitled "Remarks on the Hebrew Catalogue of Skin Diseases.' The author is at issue with Mr. Erasmus Wilson as to the connexion of leprosy—the true Eastern malady—with elephantiasis; also as to the connexion of the vitiligo of Celsus with the affection termed "lupus non exedens."——Dr. HENRY KING gives "Notes of a Visit to the Medical Institutions of New York." In this paper are contained an account of the different schools of Medicine, the system of education pursued in each, their respective merits, and the number of pupils they educate; mention is also made of the hospitals and other Medical institutions of the city. A review is next made of the sanitary conditions and regulations; and "the street system of New York" is declared to be "perfect both for sanitary purposes and for general convenience."——Dr. FLEMING contributes an article "On Granular Swelling, or Benign Fungus of the Testicle in Infants." Diseases of testicle, cord, or scrotum are alleged to be by no means so infrequent in the infant and child as they are asserted to be. It is exceptional for acute orchitis to terminate in even a disposition to the "granular swelling," or even in suppuration; and when the former does happen to supervene, it denotes great local neglect. Those passing seizures of acute orchitis which attack infants and children of more advanced years, and are connected with urinary irritation, are, in the opinion of the author, dependent upon derangement in the condition of the urine; red or white sand or calculous concretions passing along the ureter, or urethra, or being present in the bladder, being the occasion of the affection.——Dr. FINNY reports "A Case of Ileus accompanied by Fæcal Vomiting successfully Treated by Galvanism directly applied to the Mucous Surface of the Intestine." The ileus resulted after a dose of Epsom salts had been taken; purgatives, purgative enemata, and all the usual ordinary and extraordinary adjuncts of treatment having been tried with a want of success, one pole of the battery was put up the rectum, and the other applied to the integument of the abdomen. The galvanism threw the whole of the abdominal muscles into violent action, which was immediately succeeded by a gush of fluid fæces. The patient was relieved, and eventually recovered.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 2ND, 1864.

DR. GREENHALGH, VICE-PRESIDENT, IN THE CHAIR.

The following gentlemen were elected fellows:—Dr. Wm. Aitken, Madras; Mr. Benson Baker, Islington; Dr. Robert Jackson, Notting-hill square; Mr. Llewellyn Powell, Christchurch, New Zealand; Mr. Wm. Quarrell, Sidbury, Worcester; and Dr. M. W. Turnbull, Melbourne, Australia.

Dr. GERVIS exhibited the

BLADDER, KIDNEYS, AND URETERS

removed from a child who died at the age of five weeks. The bladder was thickened, the ureters dilated to the size of the finger, the pelvis of the left kidney greatly distended, and the structure of the kidney itself very thin. After birth there was no apparent difficulty in micturition.

Mr. FRED. F. JAY, of Pulham-Mary, Harleston, Norfolk, showed a specimen of

DOUBLE MONSTROSITY.

The children, both females, were joined together by the sides of the thorax and abdomen. They were in other respects perfectly formed. The labour was not attended with any great difficulty. They were born alive, but died in a few minutes. There was but one cord.

Dr. ADOLPH RASCH exhibited a

VAGINAL DOUCHE.

It consists of six feet of strong india-rubber tube, made heavy on one end by a hollow piece of lead, and having at the other an elastic bougie with several holes in the bulbous end, for introduction into the vagina. The instrument acts as a siphon; and the only but important point for which Dr. Rasch claims some credit is the very simple way of establishing the flow through the tube. This is done by immersing about two feet of the tube, along with the leaden end, in a vessel containing water, whereby this part of the tube becomes filled with water. It is then lifted over the brim, and the vessel being placed on some elevated article of furniture, the fluid at once escapes on the well-known siphon principle. Having no complicated structure, it cannot get out of order. The force of the stream is, of course, regulated by the height from which the fluid is made to flow. The instrument was made by Mr. Evan Lewis, of the City road.

Dr. J. BRAXTON HICKS showed an

ENCEPHALOUS MONSTROSITY.

The monstrosity was one of twins. Its delivery could not be effected until the cord was divided, owing to the shortness of the latter. The cord was cut through above the brim of the pelvis.

Dr. GREENHALGH and Dr. BRAXTON HICKS presented a report on the specimen removed by Mr. Baker Brown by the operation of ovariotomy. After giving a complete account of the general and microscopical appearance of the tumour, they conclude by stating that it was a specimen of that form of disease recently designated adenoma of the ovary.

Dr. HENRY EASTLAKE read a paper

ON THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

This paper consisted of an historical, analytical, and critical dissertation on the subject. Having briefly described the opinions which existed amongst the accoucheurs of times gone by, the author proceeded to give an account of the modern views and principles which govern the placental

stage of labour. Dr. Eastlake laid great stress upon the hand being placed firmly on the fundus uteri at the moment the child is being expelled, the uterus being thus followed down, and the contraction maintained by gentle pressure. He stated that external manipulation, judiciously applied, was, in the majority of instances, quite sufficient *per se* to effect the expulsion of the afterbirth, without any traction whatever on the funis. He believed that the great secret was to exert the pressure during a contraction ; in short, to act in unison with Nature as we did in the application of forceps, where we applied our chief force at the moment of a pain. Dr. Eastlake said he had no doubt that many would imagine that after all this was no modern idea ; but he demonstrated that this teaching was not definitely described and insisted on in our manuals of obstetrics. Dr. Credé, the Professor of Midwifery at Leipsic, appeared to be the only one who had advocated this doctrine and brought it prominently before the Profession. The author next considered the subject of retained placenta, and alluded to the various causes which arrest Nature's process of extruding the afterbirth. The three steps in the natural expulsion—namely, (1) the detachment from the wall of the uterus, (2) its extrusion from the uterine cavity, and (3) its expulsion from the vagina—were duly recognised and dwelt upon. Regarding the subject of morbid adhesion of the placenta, Dr. Eastlake threw out a suggestion as to the possibility of being able to diagnose this condition by means of auscultation. He reasoned by analogy in stating that for a long time he had been fully persuaded that by means of auscultation we often possessed not only a negative but a positive sign of fœtal death. He described a peculiar modification of the uterine *souffle* which to his ear was very characteristic when fœtal life had been extinct for any time. The alteration in tone suggested the idea of a muffled sawing noise, very different to the gentle blowing murmur heard in normal cases, where a living child existed in utero. How soon the modification took place the author was unable to state, from want of a sufficient field for observation. He considered that no ergot of rye should be given in cases of retained placenta, unless we were quite sure that no abnormal adhesion or irregular contractions existed. In cases of spasm of the os uteri, where the placenta became encysted, the administration of chloroform was recommended. Another point of interest alluded to by Dr. Eastlake, bearing upon the subject of his paper, was the occasional existence of a supplemental afterbirth, which was spoken of by Dr. Barnes, Dr. M'Clintock, and other authors under the name of *placenta succenturiata* or *placenta spuria*. He (Dr. Eastlake) had seen a specimen of such an afterbirth in the museum of the Lying-in Hospital in Dublin, obtained from an ovum of five months. When such a mass remained in the uterus after the true placenta had been expelled, it often gave rise to secondary hæmorrhage, and an impression arose that due caution had not been exercised in the extraction of the afterbirth. He agreed with Dr. M'Clintock that, remembering the possibility of such an occurrence, we should be slow to utter any opinion which would damage the character of a professional brother. In conclusion, the author alluded to the several conditions which generally authorise us to have recourse to a speedy removal of the placenta, such as post-partum hæmorrhage, convulsions, rupture of the uterus, and possibly, under certain circumstances, where the uterus was inverted, with the afterbirth still adherent.

Dr. PALFREY had understood the author to state in his paper that in his opinion the length of time that ought to be allowed to elapse before any active measures were adopted in cases of retained placenta was one hour. Dr. Palfrey distinctly differed with the author. It appeared to him that an hour was considerably too long a time to wait, for by so long delay the evil largely increased. Take, as an example, a case of adhesion of the placenta to the uterus, the result of previous inflammation. Is not the treatment in such a case attended with much greater risk and anxiety after waiting an hour than a delay of half that time? Again, Dr. Palfrey would inquire of the author, would he advise so long a time as an hour to elapse in a case of irregular contraction of the cervix uteri, where probably a portion of the placenta may be felt protruding through the os, and the remainder firmly detained in the cavity of the uterus? Dr. Palfrey's opinion was, that in all cases of retained placenta, from whatever cause such retention might arise, *thirty minutes* was the full extent to which, with safety to our patient, we dare wait. To him it did appear that it mattered not what might be the occasion of this accident of parturition, the earlier it was detected and the more promptly it was rectified the less the danger to our patient, the greater the subsequent satisfaction to ourselves.

Dr. GREENHALGH felt much indebted to Dr. Eastlake for calling the attention of the Society to the management of the third stage of labour, the proper treatment of which he had reason to fear was much neglected. He quite agreed with the author, that although most practitioners chiefly engaged in the practice of midwifery are fully aware of the importance of preventing the too rapid birth of the child, and of making pressure over the uterus during and for some time after its expulsion, yet it was a rule not alluded to in books, and comparatively rarely acted upon in practice, the neglect of which led to many of those difficulties met with in the removal of the placenta. He was of the author's opinion, that adherent placenta was of very rare occurrence ; but that its retention from the so-called hour-glass, irregular, or spasdomic contraction happened every now and then. He (Dr. Greenhalgh) did not approve of letting blood out of the funis, on the ground that the uterus did not contract so efficiently upon a lax as on a firm substance, and that, in event of artificial detachment being required, the ill-defined boundaries of the placenta would greatly complicate the case. He had never experienced any material difficulty in removing a detached placenta from the cavity of the uterus or vagina where early had recourse to. He confirmed the experience of the author, that the same uterine contraction which caused the expulsion of the child frequently detached the placenta. As a rule, he should not feel inclined to delay the extraction of the placenta beyond the half-hour, unless the labour had been very lingering, the uterus in a state of inertia, or the patient much prostrated, when he might be induced to wait an hour. In hæmorrhage, convulsions, inversion, &c., it might be necessary to proceed to the immediate removal of the placenta. Dr. Greenhalgh then drew attention to a case of placenta prævia, in which so great had been the loss of blood that the introduction of the hand in performing version, and subsequently for the extraction of the placenta, occasioned the most severe convulsions, in one of which the patient died. He strongly deprecated powerful traction on the funis, which might lead to irregular action or inversion of the uterus, laceration of the funis or placenta, &c. A considerable experience had convinced him that chloroform had not the slightest influence in delaying the expulsion of the placenta ; on the contrary, its anæsthetic effects greatly aided the practitioner in making firm pressure over the uterus, and thus facilitating its extraction. He had never met with a case of supplemental placenta. In conclusion, he thanked the author for directing his attention to the difference in the uterine souffle before and after the death of the fœtus in utero, of which, he stated, he had no experience.

Dr EASTLAKE, in reply, said that he had listened with great interest to the remarks made by Dr. Greenhalgh. In answer to Dr. Palfrey, he said that gentleman had misunderstood that portion of the paper which referred to the time that should be allowed to elapse before extracting the afterbirth. An hour was the maximum period that he (Dr. Eastlake) would wait in any case of retention, and then only where a doubt existed as to the cause ; but in the majority of instances the placenta might be removed within a quarter of an hour. He had had the pleasure of meeting Dr. Graily Hewitt at a case two nights ago, and he felt sure that that gentleman could testify to the ease with which he (Dr. Eastlake) had pressed off the placenta on that occasion.

Dr. GRAILY HEWITT could corroborate Dr. Eastlake's statement as to the effect of the pressure over the fundus uteri, unaided by traction on the cord, in expelling the placenta, having very recently witnessed it in the case to

which he was called by Dr. Eastlake. He had himself been in the habit of depending chiefly on pressure on the uterus for expulsion of the placenta, although he also held the cord just tightly enough to ascertain where the placenta was and how it was moving. He believed Dr. Eastlake's paper would have good effect in more widely inculcating a practice which he believed to be good. With reference to the effect of direct pressure on the uterus in procuring expulsion of the placenta, he had observed an interesting fact: in one case where pressure had been used for nearly an hour unavailingly, the uterus suddenly and forcibly expelled the placenta when the organ was grasped, one hand at each side, just at the junction of the Fallopian tubes with the body of the uterus. It appeared in this case, at all events, that this part of the uterus was more susceptible than others. Possibly this fact might have an application in other cases.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 15.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

A report, by Dr. HARLEY and Dr. BROADBENT, was read on

DR. BROADBENT'S SPECIMEN FROM A CASE OF OBSTRUCTION TO THE FLOW OF THE URINE.

It was found that there were valvular flaps in the ureters which prevented the escape of fluids into the bladder except when the ureters were much distended. As the urethra was not obtained with the bladder, the cause of the retention of urine in the bladder could not be explained.

Dr. MORELL MACKENZIE exhibited a specimen of

NECROSIS OF THE CRICOID CARTILAGE,

which he said illustrated the pathological changes that precede death of the cartilage. The disease was not far advanced, but the perichondrium had separated entirely from the posterior half of the cartilage on the right side, and was only attached here and there on the left side. When the larynx was opened the cartilage was found to be bathed in pus, and it was to be observed that at several places the cartilage had undergone ossification. The specimen was taken from a young man, who died of phthisis.

Dr. MORELL MACKENZIE also exhibited

THE LARYNX OF A CHILD WHO HAD BEEN UNDER HIS CARE FOR APHONIA.

The child, aged between three and four years, could not be examined with the laryngoscope, principally on account of the shape and position of the epiglottis. The case was a very interesting one, as the aphonia had been congenital, or had occurred immediately after birth. The mother had never known the child to utter a sound. When it cried, tears came into its eyes, but it could not produce a sound. On introducing the finger into the larynx during life, Dr. Mackenzie felt beneath the epiglottis a hard round tumour. It seemed of cartilaginous or bony character, and was believed to be a growth connected with the thyroid cartilage. There seemed to be no doubt as to the nature of the case, and Dr. Mackenzie had exhibited it at another Society, where several Hospital physicians and surgeons carefully examined the larynx, and agreed with him as to the nature of the disease. The child died in an epileptic fit. Instead of a cartilaginous tumour, warty growths were discovered in the larynx. Some small warts, the largest of which was about the size of a tare, were found in the left vocal cord, and beneath the vocal cords on each side the mucous membrane was of a warty or granular character. It becomes interesting to ascertain how the mistake in diagnosis had arisen. This, Dr. Mackenzie said, had no doubt been caused by the hyoid bone being pressed down (when the finger was introduced into the mouth), and felt through the epiglottis. Dr. Mackenzie said that, though such cases were rare, and though the mistake could only happen before the cornu of the hyoid bone were developed, he thought the case instructive in a practical point of view, more especially as attention had never been called to this source of fallacy.

Dr. ROBINSON showed

THE LIVER, SPLEEN, AND KIDNEYS OF A PATIENT WHO DIED JAUNDICED AND IN COMA.

The patient was admitted into Hospital for soft chancre, and at the time was jaundiced. He somewhat suddenly became comatose and died. At the autopsy the liver, spleen, and kidneys were found diseased.

Dr. MURCHISON suggested that a microscopical examination should be made of the liver, as the symptoms were not unlike those of acute atrophy.

Dr. HARLEY said that at first glance it might have been thought that the coma was due to some drug, as, for instance, to the iodide of potassium taken in an overdose. This drug, he said, produced congestion of the brain, and killed by coma.

Mr. ROBINSON said that no iodide of potassium had been given.

Dr. HARLEY thought the general symptoms, as detailed by Dr. Robinson, confirmed Dr. Murchison's view as to the disease being acute atrophy.

In reply to Dr. Quain, Dr. ROBINSON said the urine had not been examined.

Dr. Harley and Dr. Murchison were appointed to report on the specimen.

Mr. HOLMES then showed a large

TUMOUR REMOVED FROM THE NECK OF AN INFANT.

When seen the child was two years old, and the tumour had been growing a year; it was not congenital. It was situated on the left side, and reached from within an inch of the mastoid process to a finger's breadth of the clavicle. It did not implicate the subclavian vessels; it was also free from the carotid vessels, but pressed up the sterno-mastoid. It reached backwards under the trapezius towards the spine. It was growing rapidly, and in parts was soft, and had been tapped, on the idea that it might contain fluid, but none was obtained. It was removed twelve days before; the trapezius was divided in the operation, and the whole of the mass was got away. It consisted of fibrous and fatty tissue, and thus in its composition it resembled a tumour removed from the sole of a child's foot by Mr. Gay; yet it differed from Mr. Gay's specimen in that the fibrous tissue was not reticulated.

Mr. GAY exhibited a a case of

TRAUMATIC VENTRAL HERNIA, FROM EXTENSIVE RUPTURE OF THE RECTUS ABDOMINIS MUSCLE.

W. A., aged fifty, a remarkably strong-built man, was admitted into the Great Northern Hospital on October 18. He was an engine-driver on the Great Northern, and whilst standing on the rail an unperceived engine approached, by the buffer of which he was struck in the front of the abdomen, and thrown off the line. A tumour of the size of a large cocoa-nut immedlately made its appearance around and involving the umbilicus. He suffered intense agony, vomited almost constantly, soon became collapsed, and died after the expiration of twenty hours. On removing the integuments several coils of intestine protruded. These had passed through a ragged transverse aperture, through the sheath of the recti, the entire muscles themselves, and the peritoneum. The rent on either side extended beyond the lineæ semilunares into the adjoining muscular layers. The left epigastric artery was torn across. Blood was effused extensively between the internal oblique and transversalis, and there was a large quantity in the abdominal cavity. The muscular structures on microscopic examination were found to be healthy. Mr. Gay had not found so severe a case on record. Instances had occurred in which, from direct blows, sudden contractile effort, and tetanic spasm, portions of the recti had been ruptured, but no one in which a blow, in all probability with violent and sudden contractile efforts, had produced so extensive a laceration as in this case. The skin was uninjured.

Dr. FENWICK showed

THE LOWER JAW OF AN ANTELOPE.

The bone presented the characters generally observed in rickets in the human subject. It was enlarged, but lighter than natural; was easily bent, and could be cut with a

knife. This disease is very common in the deer tribe when kept in confinement, so much so that one articulator of skeletons calculates that two-thirds of the number he has prepared have exibited traces of it. It is evidently a general, and not a local disease, for the animal from which the preparation was taken met with its death from fracture of its ribs caused by striking itself against its den. In another case, the deer charged violently against the side of its den, uttered a scream, and fell back dead. On examination, the third vertebra was found fractured. One of the chief advantages to be expected from the study of comparative pathology is the elucidation of the causes of disease. In the human subject there are so many varying conditions that it is difficult to determine which is the cause; but in the case of the lower animals the conditions are more simple and more easily known. The antelope in confinement differs from the wild animal in the want of exercise and in the nature of its diet. The want of exercise can scarcely be supposed to produce the complaint, as the carnivora are not liable to it. The antelope when wild feeds chiefly on the newly-sprouted grass, but in confinement it is fed on oats and hay; but as the latter contains as much or more lime than the natural food, the disease probably arises from a deficiency in the organic acids. Dr. Fenwick suggested that perhaps a further consideration of the subject might prove useful by affording a clue to the causes producing rickets in the human subject.

Dr. JOHN W. OGLE exhibited a specimen of

ULCERATION OF THE INNER SURFACE OF THE CRANIUM IN CONNEXION WITH A CARCINOMATOUS GROWTH OF THE BRAIN FROM A CASE OF MANIA AND HEMIPLEGIA.

The patient, Jane E., was admitted into the Somerset Lunatic Asylum in January, 1852, suffering from hemiplegia of the right side, and mania. Her disposition during her life in the Asylum was irritable, but kindly. Her bodily health was indifferent, and she had suffered from occasional paroxysmal attacks of excitement. In May of the present year (1864) she was removed to the Infirmary, complaining of extreme weakness. In June she had an attack of jaundice and ascites. These symptoms increased, and she died on July 8. On post-mortem examination, the cerebral vessels, especially those on the right side, were very congested, and a portion of the superficial parts of each cerebral hemisphere (to about the size of a hazel-nut) was infiltrated with purulent fluid, and occupied by a soft, reddish brown growth, the surrounding brain-tissues being dark and inflamed. The cerebral membranes were natural. On the inner table of the skull corresponding to the disease of the brain were two excavations produced by ulceration. The one on the left side was very slight; the one on the right side was much deeper, and about equal to a shilling in diameter, its edges being surrounded by new bone formations in the shape of numerous very fine and sharp spicula, and, to a certain degree, by very firm fibrous tissue adherent to the bone. This depression was occupied by soft brownish red material of the same nature as that observed in the brain-tissue; but the bone, where ulcerated, was not at all softened. This cavity occupied the inner surface of the bone where traversed by the groove for the middle meningeal artery, which was in consequence at one part quite obliterated by it. The outer surface of the skull, corresponding to one of the excavations, was porous and slightly ulcerated. About an ounce of clear fluid was found in the spinal canal. Spinal cord healthy. The lower half of one lung was much congested. The heart was natural. The abdominal cavity contained much fluid. The liver weighed 182 oz., and was greatly enlarged, and occupied by carcinomatous tumours, as was also the uterus. *Microscoplica examination* of the brownish deposits in the brain showed numbers of large granular and opaque nerve-cells, along with much granular matter and numbers of round and oval nucleated cells, some being condate, such as are often found in encephaloïd growths. The deposit connected with the ulcers of the cranium presented similar cells, in addition to firm fibrous tissue.

Dr. OGLE also exhibited a specimen of

ATROPHY OF THE LEFT CEREBRAL HEMISPHERE WITH ATROPHY OF THE ARM OF THE OPPOSITE SIDE OF THE BODY—FROM A CONFIRMED EPILEPTIC WHO DIED OF PHTHISIS.

The patient, C. E., a man, aged twenty-nine, was admitted into the Wells Lunatic Asylum in October, 1860. The arm of the right side was much smaller than the left one in diameter, measuring 5½ inches below the insertion of the deltoïd muscle, whilst the left one was only 5¾ inches, and much shorter, measuring 30 inches, whilst the left one only measured 27 inches. The right wrist was firmly contracted, and was only 4¾ inches in circumference, whilst the other was 6 inches. During the year 1861 the patient had had 40 epileptic attacks; during 1862, 25; during 1863, 33; but in 1864 (the present year), up to September, he had only 4 fits. He was rational in the intervals between his attacks, and assisted the attendants in cleaning the corridors of the asylum, but was violent when the fits came on. He died of pulmonary phthisis. On post-mortem examination, the skull was found to be quite natural in formation and shape, measuring 20½ inches in circumference when the scalp was removed, 11 inches in an antero-posterior and 10 inches in a transverse direction without the scalp. The dura mater was natural. On removing the membranes on the left side a quantity of fluid escaped. The brain was found to be very unsymmetrical. The encephalon weighed altogether 40 oz., the brain without the cerebellum weighing 34 oz.; but the left hemisphere was much smaller than the right one. In addition to its being generally smaller in size than its fellow, there was complete absence of some of the superficial convolutions on the upper and posterior surface of the left cerebral hemisphere, owing to which a deep chasm was produced, which when widely opened presented a cavity of the size of a large walnut, lined by apparently thickened arachnoïd membrane, traversed by large blood-vessels. The midle lobe of the brain near the above-mentioned cavity was much softened, but the brain was otherwise healthy in substance. The lungs were occupied by tubercular deposits and vomicæ. For the details of this, as of the former case, Dr. Ogle had to thank Dr. Boyd, Resident Physician at the Lunatic Asylum at Wells, who had also sent him a photograph of a patient now in the Asylum having a similar deformity of the right arm (shortening and contraction), but in whose case the left side of the cranium was flattened. This photograph Dr. Ogle exhibited to the Society. Dr. Ogle alluded to a case which he had brought before the Society on a former occasion of atrophy of one hemisphere of the brain (without any cyst) with atrophy and contraction of the opposite arm, in a boy; also to another of similar atrophy and contraction in the case of a man in whom a large cyst existed at the base of the left ventricle on the opposite side.

Mr. HENRY SMITH showed a

TUMOUR REMOVED FROM THE BACK.

The specimen was interesting in reference to the relation of benign and malignant growths. The patient had had a tumour on his left shoulder of thirty years' duration. It remained of the same size until eighteen months ago, when it began to increase rapidly. Mr. Smith removed it, cutting widely so as to remove the whole of the disease. Under the microscope it showed the appearances of epithelioma. Mr. Smith believed that the growth had been originally simple, and that it had been transformed by irritation. Mr. Fergusson suggested that it might originally have been a nævus.

Dr. WILKS showed a specimen of

CYST IN THE CAVITY OF THE ARACHNOID.

A young man, aged twenty-nine, who died of phthisis, was found to have what was at first thought to be a cyst contained between the layers of the dura mater. On opening it it was found to contain three to four ounces of a white fluid with much cholesterine. By a careful dissection, the dura mater was able to be torn off the upper surface, and then a perfect cyst was left occupying the cavity of the arachnoid, the upper surface adherent to the dura mater, and the lower to the brain. An opinion had existed with some that such a cyst would be formed by the organisation of lymph;

but it was shown very conclusively many years ago by Mr. Prescott Hewett (the President) that their origin was an effusion of blood. In this case there was no history of injury, but the young man had always been imbecile, and been for some years the inmate of a workhouse.

The President said that the specimen was a rare one. As a rule the cysts were not attached to the cerebral arachnoid, but there was no reason why they should not be attached. Dr. Quain had exhibited a specimen in which the cyst was found completely free.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following is a list of Candidates who passed the late Second M.B. Examination, 1864:—PASS EXAMINATION.—*First Division.*—Palemon Best, University College; William Carter, Charing-cross and St. Thomas's; Edward Casey, King's College; Carey Pearce Coombs, St. Mary's Hospital; Edwin Edmund Day, King's College; Thomas Marsden Edwards, Andersonian Institution; Thomas Fairbank, St. Bartholomew's Hospital; Edward Lloyd Harries Fox, University College; Charles Albert Hingston, St. Bartholomew's Hospital; John Harwood Hooper, St. Thomas's Hospital; Henry Law Kempthorne, King's College; Ebenezer Ludlow, St. Bartholomew's Hospital; Richard May Miller (B.A.), University College; John Morton, St. Thomas's Hospital; John Albert Nunneley, Leeds and Guy's Hospital; John Jones Phillips, Guy's Hospital; Walter Rickards, University College; Frederick Simms, King's College; William Frank Smith, Guy's Hospital; John Sebastian Wesley, King's College.—*Second Division.*—Frederick Pooley Edis, Westminster Hospital; James Hinds, Queen's College, Birmingham; George King, London Hospital; Shephard Thomas Taylor and Henry Willey, King's College; Thomas James Woodhouse, St. Thomas's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 17th and 18th inst., viz.:—Charles Thomas Heaven, London, of St. George's Hospital; Francis John Marshall, L.S.A., Moulton, Northamptonshire, of St. Mary's Hospital; Edward Russell Woodford, Ventnor, Isle of Wight, of University College; Henry Willson, Strand, of Charing-cross Hospital; Tudor Hora, Westbourne-terrace, of St. Mary's Hospital; Charles George Leacock, Puckeridge, Herts, of King's College; Herbert Taylor, M.D. Univ. Edin., Rutland street, of University College; James Jones, Kingston-on-Thames, of King's College; Thomas Armetriding Compton, B.A. Cantab., Christchurch, Hants, of St. Bartholomew's Hospital; Henry Thomas Ryder, L.S.A. Devonport, of Middlesex Hospital; Thomas Robinson Glynn, Liverpool, and Walter Anstie Harvey, South Petherton, Somerset, of St. Bartholomew's Hospital; Arthur Newland Anstey, Adelaide, Australia, of St. George's Hospital; Olliver Thomas Duke, Kennington, of Guy's Hospital; William Moon Rogers, Mauritius, of University College; William Ray, West square, Southwark, of Westminster Hospital; Edward Wood Forster, Newcastle; Thomas Dalton, M.D. Univ. Edin., Wigton, Cumberland; Edmund O'Leary, Tipperary; Edward Mackey, Birmingham; Alfred Octavius Grosvenor, M.D. Univ. Edin., Alsager, Cheshire; George Massy, Dublin; John Pringle Snowdon, Newcastle; Lionel Dixon Spencer, M.D. St. Andrews, Newcastle; John Moorhead McFarlan, Muiravonside, Stirlingshire; Richard Beverly Cole, M.D. Jeaffreson College, Philadelphia, San Francisco; John Manley, L.S.A. West Bromwich.

At a meeting of the Court of Examiners on the 18th inst., Mr. Charles Strickland (King's College), of H.M.S. *Supply*, Woolwich, passed his Examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his Diploma bearing date December 8, 1858.

THE SWISS POISONING CASE.—The acquittal of Dr. Hermann Demme, on the charge of poisoning his friend M. Trümpi, has been succeeded by a lamentable family tragedy. The local papers of this city publish the following notice:—"To Friends and Acquaintances.—The startling intelligence has reached us that, in accordance with a farewell letter, Dr. Hermann Demme and his bride Flora, allied in faithful love, have sought and found a common grave in the depths of the Lake of Geneva. May enmity be struck dumb at this news, but friendship offer silent sympathy to our sorrow.—THE DEMME FAMILY."—The following further details have since transpired:—Rumours of the most extraordinary character have been in circulation for the last few days on account of the mysterious disappearance of Dr. Hermann Demme, acquitted a few days ago at the Court of Assizes, and his bride, Mdlle. Flora Trümpi, who after their betrothal had encountered some slight obstacles as to matters of form. The young pair suddenly, and, it is said, without the knowledge or approval of their relatives, undertook a journey to Freiburg, Bulle, Vivis, and Ouchy, up to which last place the most zealous search succeeded in tracing them, and where unfortunately the corpses of these two young people who had sought death together, after leaving a letter announcing their intention, were drawn from the depths of the lake. Very strange rumours are current respecting the cause of the journey. It appears to have been undertaken by Dr. Demme and his bride without any pecuniary means. From Bulle, which they reached in a carriage, they seem to have proceeded on foot, and their boots, especially those of the young lady, are said to have been torn and damaged, the last six hours' distance of the way having been performed over bad roads in rainy weather. It may easily be supposed that such a termination to the terrible drama which has so recently occupied a large share of public attention and interest has plunged the whole town in the greatest consternation and excitement, and that sympathy for the family of the unfortunate sufferers is general and deep.

THE ADVERTISING QUACKS.—A hospital surgeon, writing to the 'Times,' relates the following case, which is only a sample of many others:—"A young officer, scarcely of age, was entrapped into giving bills to the amount of 4,000*l.* to an advertising quack. By my recommendation he went to a lawyer, who succeeded in reducing the sum to 200*l.* A second victim gave in hard cash 1,000*l.* for a single prescription; a third, after paying 900*l.* for the same, determined to suspend the remaining 100*l.* until he had consulted me to ascertain his cure. The most incredible part of the whole is, that there was nothing at all the matter with either of these patients except the mental excitement which these miscreants produced, an excitement which I have known in many instances to end in a lunatic asylum. I have often tried to persuade the sufferers to face the charge, but without success, the dread of publicity being unconquerable."

MARRIAGE.

CRANSWICK—FRASER.—On the 17th inst., at St. Pancras Church, William Noad Cranswick, of South place, Camberwell New road, S., to Emma, second daughter of G. Fraser, Esq., of Camden town.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 30.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Greenwood, "On the Nature and Treatment of Cholera in the Collapsed State."—Mr. Hinton, "On certain Forms of Obstruction of the Eustachian Tube and their Treatment."

THURSDAY, DEC. 1.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Dr. Graily Hewitt, "On the Inflexions of the Uterus and their Treatment."

FRIDAY, DEC. 2.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London.—Mr. E. B. Brodhurst, "On Bony Anchylosis."

SATURDAY, DEC. 3.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College

Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 5.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 6.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Manual of Materia Medica and Therapeutics. By Drs. Royle and Headland. Fourth Edition. London: John Churchill and Sons, New Burlington street.

On Enuresis and Diabetes. By W. Abbotts Smith, M.D., M.R.C.P., &c. Third Edition. London: H. K. Lewis, Gower street North,

On Some Points connected with the Pathology, Diagnosis, and Treatment of Fibrous Tumours of the Womb. By C. H. F. Routh, M.D. Lond. London: T. Richards, Great Queen street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

MR. NOWELL STOWERS.—The list is inserted, and the cause has our best wishes.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
J. F. Moreton, Esq., Great Boughton . .	0	10	6
Dr. T. P. Parker, Sunderland	0	10	6
Wm. Kimbell, Esq., Solihull	0	5	0
Amount previously announced . .	102	1	6
Received at the 'Lancet' Office . . .	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Nov. 23, 1864.

THE OBSTETRICAL SOCIETY.—The report has been received.

MR. THOMAS BEBBINGTON, *Liverpool.*—We believe that there are no better tonic and chalybeate waters in England than those of Tunbridge Wells.

DR. KIDD'S communication "On the Use of Chloroform in Dentistry and Dental Operations" will appear next week.

X. Y.—A person with the qualification alluded to has no right to append M.D. to his name, nor is he legally a physician.

THE HARVEIAN SOCIETY.—The report and notice have been received.

PHARMACEUTIST.—It would appear, from an article in the 'Chemical News,' that the bromide of potassium is sometimes adulterated with iodide of potassium, iodine being cheaper than bromine. Mr. Fewtrell, the writer of the article, states that he procured a sample of what professed to be French bromide of potassium, but on qualitative analysis he ascertained the presence of a considerable proportion of iodine, and quantitative analysis showed that the amount present corresponded to 20 per cent. of iodide of potassium. A solution of the bromide of potassium mixed with a little starch should not exhibit any blue colour on the addition of solution of chlorine.

MR. RICHARD GRIFFIN.—The letter is inserted.

DR. H.—The letter is received with thanks, and we will make use of the information it contains.

TYRO.—Study German by all means; it is quite as necessary as French if you wish to make yourself acquainted with the modern progress of histology and pathology. Flügel's dictionary is one of the best you can consult, but we should advise you to have a few lessons in the language, as the construction is difficult.

A CONSTANT READER.—We are flattered by your commendations, but we feel we have done only our duty in the matter.

DR. KIDD'S letter has been received.

Salmon, Ody, and Co. most respectfully inform the Public that their PATENT SELF-ADJUSTING TRUSSES are found to answer the purpose with more Ease and Security than any other Invention, requiring no under-strap or any galling Bandage. Persons in the country are requested to send the circumference of the body one inch below the hips, and to observe that "Salmon, Ody, and Co." is stamped upon the leather case. A female attends by appointment.
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TESTIMONIALS.



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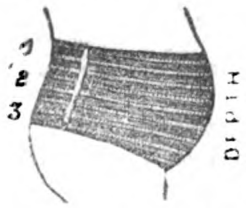
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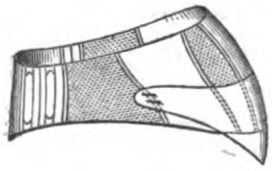
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Third Edition, with Further Remarks by Dr. CORVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D. published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

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ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

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Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

A Case of Rupture of the Amnial Sac at about the Sixth Month of Pregnancy; No Untoward Interruption in the Process of Gestation; Completion of the Full Time; Delivery; Birth of a Living Child.

Mrs. J—— came to consult me about a profuse leucorrhœal discharge from which she was suffering, and which, for a great many months, had occasioned her very much uneasiness and distress, and precluded the possibility of connexion with her husband, both on account of the excoriation and consequent soreness which had resulted to herself from the constant draining away of the discharge, and because her husband suffered from urethritis after each time that he had been with her. On examination, the inside of the thighs were seen to bear traces of irritation and excoriation, no doubt from the contact of the acrid vaginal discharge; the vulva were swollen and red, not alone externally, but also on their inner surfaces, as was evident as soon as they were separated; the labia minora were likewise in the same state, and part of the vagina itself was of a bright red hue, indicative of acute and active inflammation, or, at least, of a condition closely bordering upon it. Besides these lesions, there were rectocele and cystocele; the tumour formed by the prolapsed bowel being of a bright scarlet tint, while that resulting from the slipping down of the bladder was of the colour which obtains when the mucous lining of the vagina and the other tissues composing that canal are in a normal condition.

When I essayed to introduce the finger, in order to ascertain the state of the vagina higher up than those parts of it which I have already described, and also for the purpose of detecting any deviation from health on the part of the womb, I found the finger arrested by the os uteri, at about two inches from the vaginal orifice. The womb was prolapsed, and the patient told me, that sometimes it would come down so low as to appear at the lips of the passage, and prevent her walking, owing to the pain occasioned by every movement of the thighs. Separating the labia well, I got a view of the os and cervix uteri as they lay in their low and misplaced position; the former was much wider than it should be, and was patulous; its lips were thickened and hardened, and were quite granular; the cervix was hard, but was not elongated; the entire womb was very movable, and seemed to be scarcely at all held in its place by the ligaments peculiar to it. From the os could be very distinctly seen to issue the glairy, tenacious leucorrhœal discharge, not altogether of a milky white colour, but at times quite pellucid. This excretion I noticed to be influenced, as to the manner and quantity in which was poured out, by the acts of respiration; on separating the vaginal walls it could be seen trickling from the os, or coming away in a gush as it did sometimes, especially when the patient would bear down or make any straining efforts; thus confirming her own description that, when she strained, the discharge rushed from her.

The history of the case is as follows:—The patient is of a dark complexion and is very pale, the pallor being of that peculiar character indicating its cause—loss of blood; not alone the face, but the entire of the integumental surface being quite bleached; in years she is about thirty-two, and is the mother of eight children, of whom five are living; since the birth of her last child she had a miscarriage, the mishap occurring at about the eighth week of pregnancy. Upon this occasion she lost a great quantity of blood.

I would here observe, that she states "the parts" (meaning the womb &c.) at the time the miscarriage took place were in the condition which now exists. There is no doubt but that this abnormal condition was the very cause of her not going to the full period of pregnancy, since she had met with no accident and knew of no reason for the occurrence.

When pregnant with her last child and about six months and a fortnight advanced, she fell over a broom-handle in which her foot had caught, and, unable to sustain her weight on her hands and arms, she came upon the abdomen, prominent with the child she was carrying; she felt as though her inside had burst and as if all her bowels were gushing away from her; she distinctly heard something crack as she fell against the ground; the sensations I have just mentioned supervened; she fainted, and remained insensible for an hour or even more. On awaking she found that the waters had broken (I use her own language), and had discharged themselves copiously, both upon the floor where she had fallen and into the bed to which she had been removed, and where she was now lying. They continued to drain away till 5 a.m. of the day following the accident. The hour at which she had fallen was about 8½ p.m. . . .

Before this occurrence she was large in the family way; not larger, however, than she had been at the same period in her previous pregnancies; but on the day after the accident and on which the dribbling away of the waters had ceased, she "was so flat, that she had no appearance of being with child."

For three consecutive weeks following the injury she had sustained, she was unable to walk about or even to stand up; and when there was any necessity for her being moved, the attendants were obliged to lift her in their arms, so utterly powerless was she from the waist downwards—so powerless Indeed, that she seemed paralysed; moreover, when she stood upright, she felt a dead weight in the stomach and a very severe pain in the lower part of the abdomen, especially in the vesical region, "as if the child fell down against it" by the force of gravitation. During these three weeks "the waters again collected;" that is, the sac of the amnion was refilled, and at the expiration of that time she was able to get up from her bed and to walk about her room, but could not manage to go up and down stairs—even with assistance—without feeling great difficulty, as the limbs continued to be feeble.

She went to her full time, and, when it was accomplished, was delivered of a rather large female child. She had a very "hard labour;" the process of parturiency was tedious, she having been in pain from Thursday at about 3 p.m. to the same hour on the following Saturday. All Thursday she had severe pains in the back and in the abdomen: on Friday, at 9 a.m., she got true bearing-down pains: at 2½ p.m. on the Saturday, the "waters broke," and about as much as usual was discharged: at 3 p.m. the child was born.

From the time of the accident up to that of parturiency she had constant pain in the back and thighs, as also in the abdomen; there was also present great difficulty in passing water; nor did the partial paralysis of the lower extremities disappear till the birth of the fœtus was accomplished.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

(Operations by Mr. Fergusson.)

We have already, in one of our recent numbers, given some of the cases operated upon on the Saturday on which we were present, and we now continue our enumeration of cases:—

Case V.—*Fibrous or Fibroid Tumour of the Breast occurring in a Young Female.*—The patient was a young and, but for this abnormal growth, healthy woman. The tumour engaged the left mamma and gave it a fulness

other than should have obtained, but not to such an extent as might be anticipated.

The history attached to the case is as follows:—The tumour was only noticed to have commenced about four months since; and no cause of origin could be assigned, no blow or accident having been met with by the patient. Though the growth was noticed only as recently as mentioned, Mr. Fergusson thinks that its origin must date farther back, and that rapid growth had taken place from the time specified by the patient, development having been up to that period going on at a very much slower rate—so slowly, in fact, as not to be noticeable.

The incision necessary for removal was begun on the outer and upper side of the breast, and was then extended from above and outside downwards and inwards across the mamma, but altogether above the nipple, in order not to injure that organ. The integuments of the tumour having been thus cut through, and the tumour itself reached, its dissection from the bed in which it lay was commenced, the fingers being used, at this stage of the operation, for the seizure of the tumour in order that it might be isolated from the adjoining structures and torn from its berth as the dissection proceeded. When the blood began to be poured out, and the tumour, consequently, became slippery, so that it could not be held by the fingers, Mr. Fergusson seized it with a vulsellum forceps—the same as he uses in his operations for the removal of tumours of the superior maxilla, or of the maxilla itself—and, having thus gained a good purchase, he completely excised the mass, partly by means of evulsion with the forceps and partly with the help of the knife, by which the structures were cut through when they did not yield to the evulsive force. In this way, the great bulk of the tumour was removed; when it was so, Mr. Fergusson carefully examined the wound, and in order to make sure that none of the abnormal mass should be allowed to remain, and perhaps give rise to a return of the affection, he cut away several small pieces of tissue which he considered to be either parts of the tumour or allied to it in character. The nipple was untouched, and the mammary gland interfered with as little as could possibly be helped. Upon these last points Mr. Fergusson lays great emphasis, more especially if the patient—as in this instance—be young and unmarried.

When the tumour and all the growths at all similar to it had been excised, the lips of the wound were brought together and kept in apposition by means of silk sutures; over these—that is, upon the wound—were laid pads of lint, which were kept in their place by strips of adhesive plaster, and by the turns of a wide calico roller, passed round the chest and then brought over the shoulders.

Tumours similar to that now removed, it was observed by Mr. Fergusson, were sometimes called mammary sarcoma. The growth is generally isolated; so that it may be termed a tumour in the breast rather than of it; and that, too, irrespective of its size. In this instance it was, however, adherent to all the structures by which it was surrounded, and hence the difficulty, comparatively speaking, attendant upon its removal. When it admits of isolation it can be readily turned out, and in the same manner as Mr. Fergusson adopts for the removal of simple or benign wens. The growth may attain large dimensions and yet the breast be wholly disengaged, so that it can be left intact when the amputation is being effected.

There were no evidences whatever that the tumour was of malignant character; it had not the peculiar stony hardness, being somewhat soft and elastic to the touch; moreover, it was more or less irregular and nodulated, and altogether wanting in that distinctly circumscribed margin which is so pathognomonic of cancerous disease; also, as we have before stated, it was external to the mammary gland; whereas the malignant growth would occupy more or less of that organ. There certainly was not that great mobility which we should look for in the case of benign growths, yet it could not be said that immobility existed; nor were the axillary, the supra-clavian, nor the cervical glands at all enlarged; the pain attendant was of a neuralgic kind and had none of the lancinating which is experienced in the cancer-tumour; the nipple was prominent and perfectly free; the skin was of its natural colour, had no enlarged veins coursing through it, as is the manner when scirrhus exists, was not brawny, smoothened, or leatherlike, and could easily be gathered into folds. No cachexy obtained.

Mr. Fergusson was anxious in the present operation not to interfere with the integrity of the breast, or, at most, only to remove that portion which was adherent to the fibrous mass. It is by no means easy to distinguish the breast-gland from the abnormal growth by the sensation communicated when we are cutting through either structure. The gland is, however, generally softer, the tumour being of a firmer consistence and consequently harder.

Mr. Fergusson called attention to the facts that the tumour was isolated from the mamma by the ordinary cellular tissue of the breast, that a cyst lay imbedded in the tumour, and that this cyst as it grew larger would, no doubt, give rise to a new action in the breast, which would occasion in the growth a complication by no means favourable to the patient.

When a cyst arises, or when a number of cysts exist in the breast, the terms "cystic tumour of the breast," and "cysto-sarcoma" are used to designate the altered condition of parts. Moreover, these developments may be of a simple, that is, of a benign nature; or they may have a malignant action and be cancerous. Sometimes a cystic tumour may be composed of one unilocular cyst; at other times there may be several of these unilocular cysts in the one tumour; or, again, a cystic-sarcomatous condition may exist in which to a growth very closely allied to the chronic mammary tumour these cysts are superadded.

CASE VI.—*Epithelioma of the Lip.*—The patient was an old man. The disease existed on the right side of the lower lip. An operation had been performed upon him before, and all the diseased structures seemed at the time to have been removed; but he had been warned that the affection might return in the cicatrix, and that he should present himself again at the hospital as soon as there was any, even the slightest, trace of the morbid action having been renewed. As had been anticipated, the disease did take on renewed action; the man returned to the hospital and the removal of the diseased part was effected.

CASE VII.—*Mother's Mark of the entire of the Left Side of the Face causing an Undue Fullness of the Left Side of the Upper Lip, whereby the Lip was made very Pendulous and the Mouth rendered very Unsightly.*—The mucous membrane of the lip was in this case very lax on the side affected, and hung down below the level of the sound side to such an extent as to form a vascular tumour.

When the probability of hæmorrhage from the coronary arteries was prevented by compression, a somewhat wedge-shaped piece of the mucous membrane of the lip and of the vascular growth was excised; the resulting wound was then brought together by means of silk sutures. There was no hæmorrhage; and Mr. Fergusson took occasion to comment upon this, and to point out the error of the generally-received notion that to cut into such vascular growths was to run the risk of having frightful bleeding, and such as for its control might require the ligation of the main vessel which supplied the blood; or, being uncontrollable, would only cease with the life of the individual. Mr. Fergusson also drew attention to the amount of blood lost in the case of epithelioma upon which he had operated, and in the instance which we are now considering, being in the former profuse when compared with the latter.

The entire side of the face was occupied with the nævus, and was fuller and larger than the unaffected side; the lip was so much swollen that it might be considered to be dilated into a tumour, the result of an aneurism by anastomosis. The size of the lip was very much diminished when the wedge-shaped piece was taken out.

We would here observe, that the peculiarity of this operation was, that the incisions were made into the nævus, instead of external to it; that such a mode of treatment is a peculiarity on the part of Mr. Fergusson, and is opposed to the views of all writers upon the subject of the affection to which this patient was obnoxious; and to none more so than to those of Bell.

Mr. Fergusson stated that he had, fifteen years ago, demonstrated that there was less bleeding from these structures when cut into than from ordinary tissues.

CASE VIII.—*Complete Fistula in Ano accompanied by Stricture of the Sphincter Ani.*—The patient was a young woman, of dark complexion. The present affection was the result of inflammation and abscess in the perinæum, to which supervened sinuses, which latter could not heal up, partly on account of the low state of health into which the woman fell and partly because of the abnormal condition of the sphincter, which was tightly contracted.

On her admission into the hospital the health was in a very weakly, delicate condition, so that no operation could be put into practice ; it had, however, been very greatly improved and raised to its present standard by the rest she had obtained, as well as by the good food regularly supplied in quantities sufficient to the wants of the constitution.

A probe was first passed into the sinuous openings, in order to ascertain their communication with the bowel and the manner of that communication. When these particulars were fully made out, a straight bistoury was employed for the purpose of opening the sinuses or fistulæ ; and, as the integument of the buttock was a good deal undermined, it was freely laid open, so as to allow of the cavities beneath healing by granulation rapidly and completely.

The constriction in the bowel was situated at about an inch and a half from the anus. As it was very tight and non-malignant, the forefinger of the left hand was passed through, and with the bistoury before employed the constringed part of the bowel was freely notched until it was entirely liberated. The finger was then pushed through it several times in order to still further dilate it, which it did most effectually.

The sinuses when incised had passed into them pledgets of lint to keep the lips of the wound apart, and the same plan of treatment was adopted with respect to the wound resulting from the division of the skin of the buttock which had been undermined. Dry lint was then placed between the buttocks, and all the dressing was kept in its place by means of a perinæal bandage.

LEGAL INTELLIGENCE.

COURT OF EXCHEQUER.—THURSDAY, DEC. 1ST.

(Sittings at Nisi Prius, at Westminster, before Mr. Baron MARTIN *and a Special Jury.*

WRIGHT (AN INFANT) *v.* DAVIES.

Mr. Day and Mr. T. E. Holland were counsel for the plaintiff ; and Mr. Serjeant Ballantine and Mr. Henry James appeared for the defendant.

The action was brought by an infant seven months old, by his next friend, his father, against the defendant, a surgeon, practising in Surrey, for unskilfully treating him for a disease of the left eye (a disease known as purulent ophthalmia), by which the child lost the sight of it.

After Mr. Day had opened the case for the plaintiff,

Bessie Wright was called, and said : I am the mother of the plaintiff, and live at Blackwater. I was confined in May last of a boy ; five days afterwards I noticed that his eyes looked very red, and I thought he had taken cold. The nurse bathed them with milk-and-water. I afterwards sent my servant down to the defendant, who had attended me in my confinement, and she brought back a lotion of a pale pink colour. I applied it as directed on the label. The bottle was afterwards taken away by the defendant. It was the first time he called to see the child's eyes. It was the 16th or 17th of the month. He looked at the baby, and said the eyes looked very red, and asked if we had had anything for them. I said I had sent to the surgery and had a lotion, which he asked to see, and the nurse gave it him. He said, "This is wrong. I will send you drops, which you must put into the eye with a quill," and he then put the bottle of lotion into his pocket, and took it away with him. Only the left eye was then affected. He missed a day, and when he came again he found them much worse, and ordered the drops to be used twice a day, instead of once. About this time the other eye was taken bad. He called for the third time on the 19th of the month. The same treatment was continued. On the 26th the defendant altered the treatment, or rather it was his assistant. He brought with him a box of ointment. No one ever used it except the defendant and his assistant. They put small pieces of ointment into the eye with an instrument they brought with them. I asked how the child was, when the defendant said that one eye was gone. I asked him if he meant to say the child was blind. He said, "Not entirely so : Nature would do a good deal for it : art," or he, I forget which, "could do no more." He said it was a very common case. I said, "What, common for children to be blind ?" He said he had lost several patients' eyes, and in one case a child had lost both eyes. About an hour afterwards a Medical man named Maybury called on business. I asked him if he would come upstairs and see the child. He wished to go away without saying anything, but I begged of him in charity and mercy to tell me if the defendant was doing right. He said if Mr. Davies was in the room he should say what he said now, that the child had been shamefully used, and what the child wanted was a lotion. I sent over the next day to Mr. Maybury and obtained the lotion. I used it all day and night of the following day. The defendant's assistant called on the day I had the lotion, and used the ointment again. On the following day the defendant came, but I would not allow him to use the ointment. I said, "If it be used again I will use it myself." He opened the left eye, which I thought had burst, and said, "This will be better than I thought it ; the child will be able to see with the lower part of it." On the right eye he said there was a film which the ointment would assist in removing. I asked if there was any danger to the right eye, and he said "None whatever." The next day was Tuesday, and I sent the child to Mr. Alexander in London. He prescribed a lotion to be used with a syringe. I afterwards called in Dr. Diver. Mr. Alexander said I must take the child every day to save the right eye, but the distance was too great and I took him to Dr. Diver. The right eye is perfectly cured.

Cross-examined by Mr. Serjeant Ballantine : Mr. Maybury lives at Frimley. He came to see my husband on business. Frimley is two miles from us. The defendant attended me in both my confinements. I was in a perfect state of health until I was confined. I don't know that I had been suffering from leucorrhœa. The defendant did not say that it was ophthalmia, but he said it arose from the mother suffering from leucorrhœa during pregnancy, and that it was a very common thing. The eyes were very red, and I thought the child had a cold. I sent a message for the defendant to see the child as soon as he could. Upon the first occasion he came to see me. I don't mean to represent anything. I only mean to say that the defendant put the bottle in his pocket and took it away. I mean to adhere to that statement. I mentioned it to my nurse and my husband. The defendant sent no other lotions, but drops. He did not say the eye must be kept clean, nor washed constantly. He said nothing beyond he would send drops. He did not say that oil ought to be put to the eyelids to prevent them from gluing together. Neither oil nor washing were ever mentioned. He never said that the way the nurse was keeping the child was abominable ; if he had, I would have put the nurse out of the house. On the second time he called, the child could not open his eyes. The defendant did not come until five days after I sent for him. The eyes were very bad when he came, and there was a great discharge from them. The nurse kept them perfectly clean on the outside. I never opened them. The child could not open them, and I would not let them be opened. There was a deal of matter in the eye. I knew that, but the defendant never said they were to be opened. I made no complaint to the defendant of his treatment, until Mr. Maybury had said that the child had been most scandalously treated. Mr. Maybury did not say that many of his patients had lost their eyes from the same cause. I did not consider Mr. Maybury was in attendance, but treated his attendance as a favour to me. I never

opened the eyes until Mr. Maybury told me to do so. I only upon prior occasions had bathed the outside. I opened the eyes to drop the drops in. The defendant had shown us how to do it, but from the time of using the drops until the drops were used again they were not opened. A great quantity of matter came out when the eyes were opened.

Re-examined by Mr. Day: The nurse applied the first bottle. When we put in the drops the nurse opened the eyes and my husband used the drops. I went into the office and saw Mr. Maybury, who wanted to see my husband. Mr. Maybury said I looked ill, and I said I was worse than that, for I feared that I had a child upstairs going blind, and then begged of him to go upstairs and see it, and he did so. No one advised me to go to Mr. Alexander. When the baby shrieked at the ointment being used, the defendant's assistant said the box contained twenty grains of mercury.

The nurse was next called, and stated that the child's eyes were red and discharging five days after its birth, and she applied the lotion sent by the defendant by washing the eye with a bit of lint damped with the lotion. The left eye was then getting very bad. The right one was all right. When the defendant came he asked where the bottle was, and, having found it, put it into his pocket. The drops sent seemed to do but little good, as the eye still remained very bad. The defendant's assistant applied the ointment. She took the child to Mr. Alexander, and followed out the instructions he had given to her. She had done all she could to carry out the instructions of the doctors. The child's sufferings were intense. Upon cross-examination she said she had seen the disease before, but never so virulent as the attack the baby suffered from. She had not washed the eyes internally because she had received no instructions to do so.

The plaintiff's father was next examined, and said that he had delivered a bottle and a box to the managing clerk of his attorneys. He had put the drops in his infant's eye according to the directions given.

Mr. Alexander, the oculist, of London, said he recollected a child being brought to him with bad eyes; one eye he thought had gone, and the other was in a very precarious state. He was acquainted with a disease known as infantile ophthalmia. It was necessary to keep the eyes clean, and to use some mild astringent, and syringe the eye every three or four hours—of course all would be regulated by the nature of the case. Syringing would be often if there was much discharge. He generally used alum and sulphate of zinc; sulphate of copper sometimes. These were to be used as a lotion in a diluted form.

Cross-examined: The prescription put before him was his own, and was for sulphate of zinc and alum. Sometimes he used them together, and sometimes separately. The disease oftener than not arose from the mother having leucorrhœa, during her confinement. It may occur without any leucorrhœa. According to the poison with which the child was inffected the disease varied. It was a very common thing for children to have an inflammation of the eye not traceable to any cause, and which yielded to a slight treatment. It would be difficult to say whether the inflammation arose from cold or poison, but the remedy would be the same in both cases; ten grains of tincture of zinc, one drachm of opium, and three ounces of water, he should say, was a very good astringent, and one adapted to the case. In a more advanced case four grains of sulphate of copper to two drachms of water would be rather potent. A man actually seeing the case would be the best judge as to the potency of the remedy to be used. He knew Guthrie's ointment. Guthrie always recommended it in cases like the present. It was composed of nitrate of silver and spermaceti. Cleanliness was absolutely necessary. Pus secreting within the lids would be detrimental to the eye. It should be constantly cleansed with warm water The eye should be thoroughly cleansed externally as well as internally.

Upon re-examination, the witness said that in his opinion Guthrie's ointment was not so much used as formerly. The first prescription ought to be applied every three or four hours if the discharge was great. The second prescription would probably be used by dropping it into the eye with a camel's hair brush two or three times in twenty-four hours.

Dr. Diver, of Yately, was next called, and said that he saw the child upon two occasions, and examined the left eye, which was very bad, and the right eye was in an ulcerated condition, and remained so for nearly a fortnight. He used a lotion, composed of extract of belladonna and water, to be applied with an equal quantity of water, the lids to be held open and the liquid squeezed into the eyes. He quite agreed with the mode of treatment prescribed by Mr. Alexander. The disease produced the ulcerated condition of the eye. The disease was a common one among infants, and generally yielded to treatment.

In cross-examination, he said the disease often arose from the state of the mother, and the intensity of the disease depended upon the nature of the poison with which the child was infected. Leucorrhœa varied much in its character. Cleanliness was the most essential thing in such a disease as that the infant suffered from.

Mr. Maybury, of Frimley, stated he first saw the child on the 28th of May, and he did so at the earnest solicitation of Mrs. Wright. The eyes were extremely swollen, and a discharge was issuing from them. He did not see the inside of the eyes, as opening them would have tortured the child. He refused to interfere, but at the mother's request he sent two scruples of sulphate of alumina and potash in six ounces of distilled water, and directed it to be injected into the eyes, syringing out the matter every half-hour until the eyes were thoroughly cleansed of the matter. Loss of an eye did not frequently occur if prompt and continued treatment were adopted. At the Ophthalmic Hospital he never knew of a loss of vision follow an attack of the disease unless the child was brought there with the vision already impaired.

When cross-examined, the witness said that he had often used the lotion every ten minutes. The treatment he found fault with was in leaving the eye with matter within it, which would in a short time be destructive to its vision. He did say that the treatment was scandalous, but he did not mean by that that the defendant was a scandalous man.

Dr. Jones, of London, was next examined, and said he had met with the disease, but had not lost a patient's eye from it. It was necessary to keep the eye clean, and use very mild astringent lotions with a syringe. He thought the second prescription of the defendant stronger than he would have given to an infant of the plaintiff's age.

This was the plaintiff's case.

Baron Martin inquired of Mr. Day what the case was.

Mr. Day said that the cross-examination of the learned Serjeant had extracted from the various witnesses that cleaning out of the eye and cleanliness were absolutely necessary to prevent the injury which had been brought about, and it was proved by Mrs. Wright and the nurse that the defendant had given no instructions to have the eye cleansed, and there was a *primâ facie* case of negligence against the defendant to go to the jury.

Baron Martin: Well, perhaps I ought not to say there is no evidence of negligence. We had better hear my brother Ballantine.

Mr. Serjeant Ballantine: Perhaps, under all the circumstances of the case, it would be advisable to adjourn till to-morrow. (It now wanted a few minutes to five o'clock.)

The jury manifested some impatience and wished the case to go on.

Baron Martin said: If it be your wish that the case should go on, be it so.

Mr. Serjeant Ballantine: I have many witnesses of high Medical standing to call, and the defendant's case will necessarily last some time.

Baron Martin: The jury have expressed a wish to hear you.

Mr. Serjeant Ballantine: May it please your Lordship, gentlemen of the jury,—the defendant, Mr. Davies, feels that his professional reputation is at stake——

Baron Martin: If you put the case upon so high a ground

it is only fair to him that we should begin again to-morrow morning and hear the case fully out.

The jury: We are pretty well agreed.

After the lapse of a few minutes, one of the jury inquired whether it would be possible for any person to cleanse the eye without a syringe.

Mr. Maybury: I will answer that question. (Laughter.)

Mr. Serjeant Ballantine: Pray don't trouble yourself. Anybody but you. I am content that any other Medical witness called by the other side should be appealed to.

Mr. Alexander and Dr. Diver were then called, but both those gentlemen were gone. Dr. Jones then had the question put to him, and he answered that in his opinion the pus or matter could only have been removed by a syringe.

Mr. Serjeant Ballantine then read a passage from a Medical work to the effect that syringing the eye with an astringent lotion was calculated to produce inflammation, and that the safer course was to cleanse the eye with a sponge and warm water.

Dr. Jones was tken asked by the learned serjeant if he agreed with that.

The doctor answered affirmatively; and the jury, after a short deliberation, found a verdict for the defendant.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 22ND, 1864.

RICHARD PARTRIDGE, F.R.S., PRESIDENT.

Dr. NUNNELEY read a paper

ON VASCULAR PROTRUSION OF THE EYEBALL: BEING A SECOND SERIES OF THREE CASES AND TWO POST-MORTEM EXAMINATIONS OF SO-CALLED ANEURISM BY ANASTOMOSIS OF THE ORBIT; WITH SOME OBSERVATIONS ON THE AFFECTION.

The author began by referring to the first series of four cases of this uncommon affection published in the forty-second volume of the Society's 'Transactions'; and suggested that, as these cases (like the three which form the subject of the present communication, and especially the results of the post-mortem examinations of the two patients who died long subsequent to deligation of the carotid artery, the particulars of which he was about to relate) proved the opinion so long entertained of the nature of the affection—aneurism by anastomosis of the orbit—to be incorrect, the name of it should be altered; and he suggested that of "vascular protrusion of the eyeball," as more in accordance with its true character. The first of this second series of cases was of traumatic origin; it occurred in a man who was thrown from his horse. There were very decided symptoms of fracture of the base of the skull. In a few days after the accident the left eyeball began to protrude, and to exhibit all the symptoms characteristic of the disease. Five weeks after the accident, as the patient was getting worse, and there was fear of the eyeball sloughing, the common carotid artery of the same side was tied. The patient speedily and completely recovered, and now (eighteen months after the operation) remains well. The second case was of spontaneous origin, in a woman aged forty-seven. It occurred suddenly soon after she got out of bed. It had existed ten months. Beyond rest and cold lotions, very little treatment had been submitted to. It occasioned considerable distress, and incapacitated her from much work, as all exertion increased the suffering. It was probable that before long she would have to submit to more active means. The third case was also spontaneous in its origin. For a long time the true cause of it was very obscure. The protrusion of the globe was excessive. Although ligature of the carotid (which was resorted to) was successful in arresting the protrusion of the eye, owing to other tumours which the patient suffered from, his health continued to decline, and he died exhausted eighteen months after the operation. The eyeball had collapsed, and had given no further trouble. For some time before the patient's death the disease was known to be malignant. A post-mortem examination revealed a tumour enveloped in the cavernous sinus, pressing upon the ophthalmic vein, and passing into the orbit and the zygomatic fossa. Another tumour, which also during life had been pulsating, passed through an opening in the right parietal bone on to the brain. A large tumour projected externally from the sternum, and also into the cavity of the chest. The thyroid was a large mass of malignant degeneration. The second post-mortem examination was of the body of Mrs. J——, whose case was reported in the first series of cases. She died upwards of five years after the operation had been performed, since which, until a few days before her death, she had generally been in good health. The fatal disorder was thought to be acute bronchitis: she suddenly became comatose, and died soon afterwards. The entire brain was found to be small; and the anterior lobe of the cerebrum on the side in which the carotid had been tied was considerably smaller than that of the other side. This condition, however, the author thought could hardly be attributed to the ligature of the vessel, for which he gave his reasons. On the side of the sella turcica, just as the ophthalmic artery was given off from the carotid, was found a circumscribed aneurism, filled with a solid coagulum, which pressed upon the ophthalmic vein, and thus occasioned the protrusion of the eyeball. The author thought these seven cases and the three post-mortem examinations satisfactorily showed the true cause of the ocular protrusion to be pressure upon the post-ocular veins, which interfered with the free return of blood from the eye and orbit. He contended that usually there was no disease whatever in the orbit itself, the condition of the parts in it being merely passive, as a swollen limb is below a large popliteal or axillary aneurism; and that though a circumscribed aneurism, as in most sudden cases of spontaneous origin, or a diffused aneurism from rupture of a blood-vessel in traumatic cases, was the most common cause of the development of the affection, this was by no means a necessary condition for the existence of it. He believed that it might be induced by anything which causes pressure upon the ophthalmic veins or difficulty in the return of blood from them. Though in the most acute form the disease had been rarely seen, and its nature had been misunderstood, the author was inclined to think that in more chronic and much subdued degrees it was not so very uncommon. He considered that in many cases of protruded eyeballs in weak and delicate persons, in those with bronchocele or cervical tumours, and where there is impeded circulation from disease of the heart (particularly of the right cavities) or of the lungs, the disease is essentially of the same character as the more acute affection, though at first sight they may appear to be very different, and certainly do require such different management.

Mr. CURLING said that it was remarkable that Mr. Nunneley should have met with so many cases of an affection so rare as aneurism in the orbit, and thought that much credit was due to him for the pains he had taken in investigating these cases and in endeavouring to establish their true character. Mr. Nunneley, however, had committed a slight error in stating that no light had been thrown on the affection for forty years after the publication of Mr. Travers's case, as Mr. Busk's paper was published in the 'Transactions' of this Society twenty-five years ago. Mr. Busk tied the carotid artery for an aneurism in the orbit; and in some able remarks on the case, showed that it was not the nature of aneurism by anastomosis. The case of traumatic aneurism of the ophthalmic artery, in which Mr. Curling also tied the carotid artery with success, and a similar case which occurred to the late Mr. John Scott, both published in the 'Transactions' some years later, confirmed the views of Mr. Busk. Mr. Curling thought that Mr. Nunneley had not been happy in abandoning the designation "aneurism of the orbit," used in his first paper, and substituting "vascular protrusion of the eyeball." To class affections of very different character under one common head taken from a prominent symptom was not calculated to advance surgical pathology and practice. He had always thought that the late Mr. Stanley had committed a mistake of this nature in describing tumours of bone of different kinds under the head of "pulsating tumours." What would be thought of

classing popliteal aneurism, other tumours in the popliteal space, and diseases of the lower end of the femur obstructing the circulation, under the head of vascular protrusion of the lower extremity? Yet this would not be more unreasonable than grouping aneurism in the orbit, malignant disease in this part, and certain cases of exophthalmos under the head of vascular protrusion of the eyeball. This mode of classification gives no help to treatment. If accuracy and nicety of diagnosis are to be valued, we must call diseases after their real nature. In cases of aneurism, pulsation of the orbit was not the chief symptom. The heavy beat felt on placing the finger on the globe, the constant pulsation in the head so distressing to the patient, and the early destruction of vision from pressure on the optic nerve were more important symptoms; and the only treatment which could save the sight was tying the carotid artery at an early period. The importance of an accurate diagnosis was shown by Mr. Nunneley's third case, in which he had tied the carotid artery for a malignant tumour in the orbit; and without intending any reflection on the proceeding in the case in question, Mr. Curling did not suppose that Mr. Nunneley would recommend the practice in similar cases. Mr. Curling considered it better to adhere to the term which designated the disease aneurism in the orbit, whether spontaneous or traumatic.

Mr. HULKE asked if Mr. Nunneley had tried digital pressure, as cures had been recorded to have followed that simple measure.

Dr. C. J. B. WILLIAMS thought Mr. Nunneley's observations did throw a light on an affection of the eyeball which was far from uncommon. A condition of symptoms, with enlarged thyroid and throbbing of the arteries of the neck, had attracted the attention of physicians for the last thirty years. It has been described by Graves, Corrigan, and by several German physicians, and recently Dr. Beckie had written a good paper on the subject. He (Dr. Williams) had seen ten or twelve such cases. The eye symptoms were similar to those in Mr. Nunneley's cases, except that both eyes were affected. He (Dr. Williams) had taken great interest in these cases. The symptoms presented, at first glance, the appearance of organic disease, but the sequel proved that they were not, as they might be removed by treatment. In some of these cases the eyes were so protruded that vision was oblique, and the eyes could not be closed. There was also much palpitation, and great nervousness and exhaustion. Yet under treatment, especially with the sesquichloride of iron, the patients, in three or four completed observations, got quite well. He (Dr. Williams) thought the cause of the symptoms was a loss of tonicity in the arteries, but post-mortem examinations in support of this opinion were wanting. He mentioned these cases in connexion with Mr. Nunneley's as the results of treatment were most important. It shows that this class of cases would recover by simple means, without having recourse to an operation so severe as that of ligature of the carotid.

Mr. NUNNELEY said that in one case pressure had been tried for a long time with no benefit. He thought the carotid one of the most unlikely arteries for compression. Mr. Nunneley thought that Mr. Curling must have spoken from memory, and that he was not quite accurate as to dates. Then he differed entirely from Mr. Curling as to the name for the disease. He did not think the term he had brought forward was an error in nomenclature. In such cases there might be an aneurism in the head, and not in the orbit. The protrusion, again, might be the result of compression of the vessels by a tumour; indeed, it might be the result of any tumour which occasioned pressure. In reply to the remarks of Dr. C. J. B. Williams, Mr. Nunneley said that he recognised the group of cases he mentioned and their appropriate treatment by tonics. In the class of cases he (Mr. Nunneley) had described he should not think of adopting so severe a method as ligature of the carotid, unless there were urgent symptoms requiring it.

Mr. CURLING again said that Mr. Travers's case was recorded in 1811, and Mr. Busk's in 1839

Mr. MOORE rose to support Mr. Curling's recollection. Mr. Busk's paper was devoted to showing that such cases were not cases of aneurism by anastomosis, but true aneurisms.

Dr. SANKEY said that some years ago he had had under his care a case of symptoms in a case of fever. It was due to phlebitis of the cavernous sinus, and the orbit collapsed when the patient died. Dr. Sankey remarked that prominence of the globes was a symptom of the paralysis of the insane, and was due to paresis of the muscles of the orbit. In those cases, however, it was equal on the two sides.

Mr. NUNNELEY said that he believed Mr. Travers's case occurred in 1804. He Mr. Nunneley never ventured to claim the credit of first explaining the true nature of those cases. Mr. Guthrie had not seen his patient during life, and had merely made the post-mortem examination. He Mr. Nunneley remarked that as the protrusion depended on causes so various, he thought a general term was safe and more applicable.

Mr. CURLING said he wished it to be understood that in endeavouring to point out what he believed to be a slight error in detail, he did not wish in any way to detract from the great merit of the paper.

Mr. HULKE maintained that pressure on the carotid could be borne; it had been carried out for long periods in a case under the care of Mr. Bowman, sometimes for twelve hours together. But the best proof was, that cases like Mr. Nunneley's had been cured by this method.

HARVEIAN SOCIETY.

NOVEMBER 17, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

LESIONS CAUSED BY EXCESSIVE TOBACCO-SMOKING.

Dr. CHARLES DRYSDALE observed that, in a recent visit to Paris in August, he had been asked by Dr. Alphonse Fournier, at present engaged in writing an article on the effects of tobacco-smoking, in the 'New Dictionary of Medicine,' what lesions were attributed to excessive smoking by London physicians of note. He had replied that opinions varied greatly in this country, one physician of note as a pharmacologist asserting that no pathological states were caused by it, whilst another physician of great eminence stated that three well-marked diseases were frequently produced by profuse smoking—namely, palpitation of the heart, prolapse of the rectum, and impotence. Dr. Drysdale thought that profuse tobacco-smoking tended, if not counteracted by other hygienic habits and by a tough constitution, to produce several very disagreeable symptoms—*e. g.*, he had recently remarked cases of jaundice in healthy young men evidently produced by great smoking, such as three-quarters to an ounce of tobacco a day. He had also at present under his care a young man with most distressing palpitation of the heart, who had dated the commencement of his symptoms to his habit of smoking about half an ounce a day. Profuse smoking, he believed, tended to lower all the appetites, whether for exercise, food, or sex; in other words, to lower vitality, and also frequently to produce great dyspepsia, conjoined with either diarrhœa or constipation.

Mr. CURGENVEN observed that dyspepsia and palpitation of the heart were among the most common consequences of excessive smoking. A gentleman from Havannah, a patient of his, an excessive smoker, who never had a cigar out of his lips, had one day had an attack of syncope and unconsciousness, which Mr. Curgenven had traced to his having smoked many cigars on an empty stomach. He had advised him to take an early luncheon and after dinner to drink coffee. Another gentleman, a Medical friend of his, had suffered greatly from extreme nervousness and dyspepsia as long as he was in the habit of using large quantities of tobacco; on leaving this off he completely lost the symptoms.

Mr. WEEDEN COOKE observed that tobacco affected different persons very differently; some persons cannot smoke, others can. Smoking has its beneficial as well as its dele-

terious properties. It certainly had the effect of subduing strong animal passions; and parents, he thought, need not find too much fault with their sons for smoking, as it often kept their desires more easily under control. He thought, however, that a woman was quite right in insisting that her future partner should not smoke, as, besides the disagreeable effect on his breath, it lessened his powers of connexion. Many gentlemen from thirty to thirty-five years of age came to him complaining of impotence; and he had generally found that these were profuse smokers. Literary men were sometimes benefited by smoking, since the brain irritation prevented their eating; and tobacco was a sedative. He supposed tobacco, like opium, was a useful drug in some cases; but, like opium, apt to do great damage when taken in excess.

The PRESIDENT thought that excessive smoking caused nervous diseases, conjoined with dyspepsia and derangements of the functions of the liver. One cigar would prove useful often as an exciter of peristaltic action, but great smoking would derange the action of the intestines. He had seen cases of dilated pupil, and also amaurosis, which had been produced by smoking; and in a case he had lately sent to a celebrated oculist, the ophthalmoscope had enabled that gentleman to attribute the appearance of the retina to the habit of profuse smoking.

Dr. ROYSTON mentioned the case of a ship-chandler in Liverpool, an excessive smoker, who had had acute inflammation of the liver after an extraordinary bout of smoking; also the case of a clerk on the Great Western Railway, who never had the pipe out of his mouth, and who had fallen into a fit of intense prostration and died, Dr. Royston believed, in consequence of his profuse indulgence in tobacco-smoking. No post-mortem lesions were found.

Mr. JAKIN related the case of a gentleman, a great smoker, who was in good health until he left it off suddenly. He then became seriously ill; his pulse fell to 40; and on recommencing the habit of great smoking, he recovered his health.

Mr. TIMES related that a patient of his, a gentleman from the Cape, had found himself unable to smoke so much in England as at the Cape. Excessive smoking had bad effects on the brain. A young gentleman, a great smoker, had been rejected three times at an examination which his brothers had easily passed. He had frequently seen similar cases of impairment of intellect produced by excessive smoking.

(To be continued.)

CAMBRIDGE.

CAMBRIDGE PHILOSOPHICAL SOCIETY.

At a meeting of the Cambridge Philosophical Society, on Monday evening, Nov. 28, Professor Thompson in the chair, Dr. HUMPHRY made a communication on the question "Is the Vertebral Theory of the Skull to be abandoned?" This communication was intended, partly, as a reply to the opinion expressed by Professor Huxley, in his lectures on comparative anatomy, that the vertebral hypothesis of the skull has been abolished by the recent discoveries in development. Dr. Humphry commenced by calling attention to the laws of uniformity of plan, and variety in detail, which prevail throughout the animal kingdom, and, indeed, throughout the material system, and which the recent discoveries by the microscope have shown to rule over the ultimate structure and formation of all the tissues of the body. The discovery of the illustration of these laws in the plan of cell-formation of the tissues, and in the development of all animal and vegetable structure from the simple cell-form, he regarded as the grandest discovery in physical science that has taken place in our time. Of late years, the attention of anatomists has been much directed to the exemplification of these laws in the vertebrate classes, to tracing the uniformity of plan, especially in the skeleton, through the variety in detail which the members of these classes exhibit. This constitutes the branch of anatomy called "Homology." The general features of the plan upon which vertebrate animals are constructed are clear enough in all of them. Osseous segments, or vertebræ, with neural and visceral processes, enclosing respectively the neural and visceral centres, constitute the trunk, including neck, chest, loins, &c. Probability is in favour of the view propounded by Goethe and Oken, and worked out by Oken and Owen, that the skull falls in with the law of uniformity, and corresponds with the rest of the frame in having a vertebral composition. It is by all anatomists admitted to be segmentally constructed. Most anatomists are agreed as to the number of segments. Ought not, therefore, these segments to be described by the same name as those of which they form a continuation, especially as they bear the same relations to the neural and visceral centres, and the same or nearly similar relations to the nerves and blood-vessels? In their mode of development, too, the segments of the skull show a marked general correspondence with those of the trunk. The *chorda dorsalis*, around which the vertebral centres are formed, extends, at any rate, halfway along the base of the skull; and the bodies and arches of the cranial segments are evolved from a continuation of the same embryonic structure—"the vertebral plates"—as the trunk segments. The chief difference being that in the trunk segmentation takes place at an earlier period than in the head. In the trunk, it is observed in the vertebral plates; and these primitive segments are called "protovertebræ." They appear not to exist in the head. The segmentation, however, takes place in the cranium, as soon as ossification begins, even if it does not do so before; and the significance of the protovertebræ as distinctive features between the skull and the trunk is diminished; first, by their being related to the formation of the nerves as much or more than to that of the vertebræ; and, secondly, by their not really corresponding with the vertebræ, each permanent vertebra being formed by a half of two protovertebræ. Dr. Humphry expatiated on this and other points in the development of the skull, and expressed his decided opinion that the differences between the development of it and of the trunk vertebræ were by no means sufficient to controvert the view—which coincides with the law of uniformity, and which is confirmed by the segmental construction of the skull, by the relation of its components to surrounding parts, and by so many fundamental resemblances in development—that the same name may be applied to the segments of the skull and of the trunk, and that the one, as well as the other, consists of vertebræ modified to meet the requirements of the parts in which they are found. He concluded by stating that the greater number of those anatomists to whose observations we are indebted for most of our knowledge of the development of the skull and of the trunk are agreed that the differences between the mode of formation of the segments in the two form no real argument against the vertebral character of either; and he thought stronger reasons must be adduced than had yet been shown before the anatomists could be called upon to abandon the vertebral theory of the skull.

THE LAST SCENE IN THE HEREFORD SCANDAL — MORGAN *v.* LINGEN.—The Magistrate's Clerk asked Miss Morgan if she was ready with her sureties.—Miss Morgan: I have no sureties unless the magistrates give me protection from the ——, ——, &c. My life is in continual danger, and also from Gwynne James. I applied for my summons on Monday, and unless they are bound over I will rather go to prison. I was told on Saturday I could have sureties from two gentlemen.—The Mayor said they had no other alternative than to send her to prison.—Miss Morgan: I can have witnesses to prove my life is in danger. I will go to prison unless they are bound over.—Miss Morgan, who had been much excited during the whole time, now grew much worse, and repeated several strong expressions. The superintendent therefore accompanied her out. As she was leaving the witness-box she said she supposed she could fetch some things she wanted, and exclaimed, "May the bitterest curse of God descend on you and them!" and as she was passing through the door she made use of an expression which is inadmissible.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 7, 1864.

ANOTHER CASE OF PERSECUTION OF A MEDICAL MAN.

It is again our painful duty to draw attention to one of those actions against Medical men which have lately been so common, and which are consequently spreading dismay throughout the Profession. No one knows whose turn may come next, for one of these actions may fall upon anyone like a thief in the night; and whether successful or unsuccessful, the defence is attended with ruinous consequences in the shape of legal expenses, not to mention the anguish and anxiety of mind which such proceedings are always calculated to excite.

It is mortifying to reflect, that while the utmost difficulty exists in inducing persons to prosecute those pests of society, the advertising quacks, and others pretending to exercise an art of which they know nothing, the legitimate practitioner of Medicine is an easy mark for malicious or frivolous actions at law. The very nature of the practice of Medicine and Surgery, involving as it does a number of very difficult and perplexing problems, and the variety of human diseases and constitutions, and the consequent uncertainty of remedial applications, all render the professors of our art continually liable to be called upon to answer for events which they could neither anticipate nor prevent, and to argue before a jury the question of the propriety or impropriety of the treatment they may have adopted.

In all probability, the Medical man who is thus called upon to answer for his conduct is ignorant of the case intended to be made out against him; all he knows is, that he is called upon to answer something in a court of justice, and he enters blindfold into the judicial arena, not knowing what defence he is to make or what evidence he is called upon to rebut. In the case of civil actions he is, in some respects, worse off than in criminal ones, for in the latter he can only be sent to trial after a preliminary examination before a magistrate or a coroner, and he is permitted to know what the charge is that is made against him; and, moreover, such is the very proper stringency of the criminal law, that unless the specific charge made by the prosecution is fully substantiated, he must necessarily be acquitted. Such, however, is not the case with the civil law, which allows the utmost latitude to persons disposed to bring frivolous or malicious actions, and inflicts no punishment upon those who institute them, even when their real nature and object have been exposed.

The remarks we have just made have been more immediately called forth by the report of a trial which took place last week in the Court of Exchequer, and of which we have printed an account in another part of our Journal. It was an action brought by an infant, aged seven months (!) (the father of the child being the actual plaintiff), against Mr. Davies, of York Town, Surrey, for alleged unskilful treatment, whereby the sight of the child's left eye was lost. It appears that the mother of the infant was labouring under leucorrhœa at the time of its birth, and that five days afterwards the child's eyes became affected (as is very often the case under such circumstances) with purulent ophthalmia. For this complaint it would appear that Mr. Davies very properly ordered a lotion containing ten grains of sulphate of zinc, one drachm of vinum opii, and three ounces of water; but from the imperfect evidence offered, it is not very clear whether the nurse applied it to the outside of the lids or to the conjunctival surface of the eye. From the evidence of the child's mother, it would seem that it was applied only to the outside of the lids, for she said she never allowed them to be opened. Afterwards, an ointment was employed by Mr. Davies for the eyes, and was probably the mild nitrate of silver ointment of the Pharmacopœia. From some natural reason or other, the inflammation of the left eye proceeded to such a height that the sight was lost, but the disease in the other eye was arrested and the sight was restored. Such are all the Medical facts of this very ordinary case, so far as we have been able to gather them from the evidence on the part of the plaintiff, for the case was stopped before the defendant's case was begun.

Our principal remark on this proceeding is one of astonishment why the action was ever brought at all, and why it is that our present legal system allows such suits to be commenced. If a Medical man is knocked down in the streets and robbed of his money by violence he has the same redress as any other member of the community, but if he is unjustly robbed of his money in defending himself against a frivolous and groundless action at law he has no redress whatever. Now, of the two kinds of robbery, we almost think that robbery with open violence is preferable, for a man has then at least the power of grappling with his assailant, and, perhaps, of overcoming him, while in the other case he is robbed quite as surely, or more surely than by the hands of the highway thief. Whichever way the case goes he is sure to be the sufferer, and a verdict in his favour is often more expensive in its results than one against him.

Now, in the case just concluded, there was, in our opinion, no case at all on the part of the plaintiff; and we are compelled to conclude either that some evidence which was expected was not forthcoming at the trial, or that the whole affair was a mere vexatious and frivolous proceeding. If, indeed, the facts had been that the defendant pretended to the possession of qualifications he had never obtained, and that under those false pretences he had ignorantly applied improper remedies, we can understand why an action should be brought, although we are fully aware that both judge and jury would then have warmly taken the part of the defendant. But here is a case where a provincial Medical man, fully qualified (who probably attended the patient from motives of charity), is subjected to an expensive lawsuit in London for ordering a lotion of sulphate of zinc for a child labouring under purulent ophthalmia! and is arraigned on the charge of negligence because the nurse did not apply the

lotion in a proper manner, and because the child's mother would not allow the infant's eyelids to be unclosed!

From the fact that the occurrences which formed the subject of the action took place in a country village, it is possible that the whole of the circumstances are not yet known, and that influences may have been at work the nature of which cannot even be conjectured. A considerable number of Medical witnesses were called for the plaintiff, but it cannot be said that their evidence was of any importance, and most of them were probably brought into court against their will. It would be satisfactory, however, to know more clearly than is at present ascertained, how far Mr. Maybury, who, it appears, lives near the plaintiff, was concerned at the origin of the action. This gentleman admits having told the child's mother that her infant had been "scandalously treated," and his testimony at the trial was so strong against Mr. Davies that the counsel for the latter took occasion to give him a pretty sharp rebuke.

After the delivery of the verdict, a discussion arose among the counsel as to what would have been the destination of the damages, if there had been any; and it was stated that the child's father could not have received them. For what purpose, then, we again ask, was the action brought? The child, being only seven months old, could not receive any money, and the father was not entitled to it, and the only persons, therefore, who would receive remuneration, would be, as usual, the lawyers. Thus, whether to gratify some private malice, or to extort money, or to make costs for lawyers, such actions as those to which we have too frequently alluded, are brought against the members of our Profession; and in the present instance, we find a most respectable young surgeon, who has been only a few years in practice, initiated thus early into the hardships and wrongs endured by too many of his brethren, by being made the subject of one of the most groundless and contemptible actions at law which it has ever been our painful duty to comment upon or to record.

THE ADVERTISING QUACKS.

Without wishing in any way to triumph over the fallen misdemeanants who are now commencing their term of punishment at the treadmill, it would be a very great pity if the present wholesome agitation against the infamous system pursued by the advertising quacks were allowed to rest. If, indeed, the conviction and sentence of Wray and Anderson had in any way put a stop to the practices followed by the class to which those persons belonged, it would become our duty to be silent, and to rest satisfied that the cause of public justice had been sufficiently vindicated. But such is not the case; and although two rather insignificant traders in filth and obscenity have been consigned to imprisonment and hard labour, the system flourishes as vigorously as ever. It is now abundantly proved that these fellows and others like them would never have been able to carry on with success their nefarious arts, if they had not been assisted by the ready publicity given to their advertisements by a certain portion, we are sorry to say a very large portion, of the public press. Even if we admit that these advertisements may have been hitherto inserted in ignorance of their real object, there can be now no possible doubt upon the subject of their tendency, or upon the incalculable evils which their publication is daily and hourly inflicting on society. Not only has the Medical press denounced (although far too feebly) the motives of the scoundrels by whom these advertisements are paid for and published, but some of the general press, especially the 'Times' and 'Punch,' have pointed out the evil in glowing and indignant language, and have even called upon their brethren of the non-Medical press to refuse the insertion of the quack advertisements. The 'Times' has, indeed, taken up the subject only very recently, but, it must be admitted, comes with clean hands to the attack, as it has never admitted indecent advertisements, however much some of its other advertisements and its general tone towards the Medical Profession may be fairly called into question. But 'Punch' has never published any quackish advertisements at all, and its bearing towards our Profession has always evinced a laudable spirit of candour and fairness.

But what shall we say of many of the other newspapers, and of the course they are pursuing, now that the whole system of the "Manly Vigour" crew has been exposed? It will be remembered that we quoted a few weeks since an extract from a most indignant leading article in the 'Daily Telegraph,' which loaded this class of scoundrels with a series of epithets, not too strong probably for the occasion, but still somewhat in excess even of the vehement language generally employed by sensation writers. It might naturally be imagined that the proprietors of a newspaper which showed so large an amount of virtuous indignation, would not soil their hands by accepting money from the villains and robbers (such were the 'Telegraph's' own epithets) whom they were denouncing. But *O! tempora, O! mores!* we take up a daily paper as we are writing, and we find it as full as ever of the abominable announcements, which are leading hundreds of fresh victims to be immolated at the shrine of obscene quackery. Here, in the very same page with such innocent advertisements as those of 'Three Hundred Bible Stories,' 'The Young Ladies' Journal, containing Fashions for Needlework,' 'Field's Family Bibles,' &c., we find 'The Guides to Manly Vigour,' 'The Silent Friend,' 'Masculine Vigour Guaranteed,' 'The New Cure of Spermatorrhœa,' 'Advice to Ladies Only on Disappointments in Marriage,' 'Medical Advice on Diseases of Error,' &c., &c. One of the advertisers favours the public, including, of course, the young ladies who study the 'Family Bibles' and the 'Fashions for Needlework,' with the contents of his prurient volume, which, we are told, shows "how manhood may be secured in fourteen days," and gives full particulars of the "functions and disorders of the reproductive organs," the advertisement concluding by inviting to the residence of the advertiser all those who are suffering from "those diseases which blight the prospect of life," &c., &c. Many newspapers contain exactly similar announcements.

Can hypocrisy go further than this? and is it not the sacred duty of all newspapers to exclude such matter at once from their advertising columns, or to bear the reproach of prostituting their pages to the most infamous purposes for the mere acquisition of money? We repeat that Wray and Anderson, bad as they were, are not half so bad as many of those who are now fattening upon the profits of iniquity similar to that for which they were justly punished. Talk of a conspiracy, indeed, between Wray and Anderson! We know, and the 'Times,' and the 'Lancet,' and the 'Medical Times and Gazette' know that there is an organized conspiracy constantly at work carrying on the Wray and Anderson trade under the very noses of the authorities, and that it is by the wealth and the numbers of the conspirators, together with their assumption of fictitious names, and the ready help given them by many of the newspapers and some of the lower class of attorneys, that they pursue their infamous calling in security. We repudiate all intention of offering any offence to the Hebrew community, but the conspiracy to which we allude consists mainly of a fraternity of disreputable Jews; and whoever will expose these "Forty Thieves," and cause some dozen of them, by way of example, to be sent into penal servitude, will confer a benefit upon his country and upon mankind.

Since the above was written, the following letter on the subject has appeared in the 'Times':—

"SIR,—From the very many letters published in the 'Times,' and from the innumerable cases brought to our knowledge since we instituted the proceedings against 'Dr.' Henery and his accomplice Anderson, it appears that this system of extortion is carried on to an extent that can scarcely be conceived. If instead of making these scoundrels disgorge enormous sums, they had been prosecuted, the unfortunate victims would not only have saved their money, but have secured their future peace of mind, for it is not at all an uncommon thing, even after such men have disgorged their first security or cash, to wait until a fitting opportunity occurs and then make a fresh demand. We do hope that the members of our profession will in future advise their clients to resist all such abominable demands, and prosecute the offenders, as they may rest assured that the annoyance of the exposure is not to be compared with the life-long misery which they will have to endure should they once submit to the demands of such men as 'Dr.' Henery.

We are, Sir, your obedient servants,

FRY AND TRIMMER.

6 Danes-inn, Strand, Dec. 2."

SUMMARY OF THE WEEK.

VEGETARIAN AND TEMPERANCE TREATMENT OF FEVER IN AN IRISH WORKHOUSE.

Dr. Nicholls, Medical Officer of the Longford Workhouse, has lately made a report to the Poor-law Board, stating that the hospital of that workhouse is conducted on vegetarian and temperance principles, and that not one pound of flesh meat, nor a pint of whisky, nor a bottle of wine has been used there for the last fifteen years; and he also reports that the mortality is small. On the latter point, however, the comparative statistics are not very convincing, for it appears that the mortality from fever in the Longford Workhouse was at the rate of 15·47 per cent., whereas the general mortality in the Irish workhouses in the present year was at the rate of 10·56 per cent. It does not appear, moreover, that contagious diseases prevail less in the Longford union than in other places, for Dr. Nicholls states that contagion has spread through whole families with fatal effect in that town and neighbourhood. But if Dr. Nicholls has met with great success under the treatment in question, it is to be hoped that the full particulars will be laid before the public, as a great saving will be effected in our hospitals and workhouses if his plan can be generally carried out. In the therapeutical management of disease many changes have occurred during the last hundred years; and although it is now the practice to give wine and beef-tea in fevers, we can recollect the axiom to "feed a cold and starve a fever," and perhaps the time for the latter plan has arrived again in the cycle of therapeutical changes. At all events, it is certain that the system of giving enormous quantities of alcoholic fluids in fevers and other diseases has lately received a check, and it may be time to reopen the question how far the antiphlogistic or the depletory treatment is to be preferred. If the starvation plan should be established, it will rejoice the hearts of the Poor-law Guardians throughout these islands, and will considerably diminish the expenses incurred on behalf of the sick poor.

THE PROPOSED NEW PHARMACY BILL.

"On Tuesday, the 22nd of November, a deputation of the Council of the Pharmaceutical Society had an interview with the Right Hon. Sir George Grey, at the Home Office, on the subject of a proposed Bill for regulating the qualification of chemists and druggists. The object of this interview was to explain to the Secretary of State the provisions of the Bill which has been prepared by the Council of the Pharmaceutical Society, and as far as possible to enlist the interests of the Government in its favour. It is necessary in such a case to show that the proposed measure will be likely to effect what is required for the public good. The 'Bill for Regulating the Qualifications of Chemists and Druggists' assumes that it is expedient for the safety of the public that persons carrying on the business of a chemist and druggist by retail, in the keeping of open shop for the compounding of the prescriptions of duly qualified Medical practitioners, should possess a competent practical knowledge of such business, and, before commencing such business, should be duly examined as to their skill and knowledge. There is no difficulty in establishing this position which forms the preamble of the Bill, but the Government and the Legislature have to consider not only whether the safety of the public calls for legislative interference in the particular direction indicated, but also how far the proposed interference would fulfil all that is required, and would do so in the most effective and unobjectionable manner. The basis of the Bill as it stands at present is as simple as it could be made. It imposes a test of qualification upon those who undertake to prepare the prescriptions of duly-qualified Medical practitioners, but in other respects it leaves the sale of medicines unrestricted. It may be thought by some that this is hardly going far enough, as it leaves the sale of poisonous drugs in the hands of all who choose to undertake it. A stronger case in support of the Bill would no doubt be established if it was

made to apply to the sale of all dangerously poisonous drugs, for this would touch the popular feeling on a point on which there is a feverish sensitiveness, and no small anxiety for the public safety. But the framers of the Bill wished to avoid making it a Poison Bill, being impressed with the difficulties attending the satisfactory settlement of the questions involved in that part of the subject. To some extent, however, the Bill as it stands will restrict the sale of poisons to qualified men; for if none but examined men be allowed to keep open shop for dispensing prescriptions, this will virtually exclude all others from the business, and although hucksters and grocers may sometimes undertake the sale of poisonous drugs, it will be easy by a separate measure to deal with any evils arising from that source when they have developed themselves. The great point at present is to bring all the chemists and druggists throughout the country into one united and legally recognised body, and to ensure their qualification for the most important of the duties they have to perform. This is the foundation upon which any efficient arrangement for the protection of the public in the sale and administration of medicines and dangerous drugs must be based." The above remarks are from the last published number of the 'Pharmaceutical Journal,' and they explain the moderate objects which are proposed by the new Bill proposed for the regulation of chemists and druggists.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. C. B. RADCLIFFE gives the first of a series of clinical lectures "On Cases calculated to illustrate the Diagnosis and Treatment of Paralysis." The present lecture is "On a Case of Acute Myelitis," which presented some peculiar features. The patient, who had lived very regularly, caught a cold, which was followed by paraplegia, loss of power to make water, anæsthesia of the lower extremities, and speedy death. The treatment consisted in the administration of beef-tea and stimulants, with iodide of potassium, and afterwards chlorate of potash with chloric ether. The post-mortem examination showed that the membranes of the spinal cord were healthy, but the cord itself was in a state of softening, the natural structure being broken down and mixed with blood-corpuscles, exudation granules, and a few pus-corpuscles.——Dr. MARION SIMS continues his "Clinical Notes on Uterine Surgery," and gives some further illustrations of the treatment of uterine polypi, for the removal of which he strongly recommends the use of the *écraseur*, or excision, in preference to deligation. Even in cases of great exhaustion, the use of the *écraseur* is not contra-indicated, for there is no danger of hæmorrhage, and the operation may save the life of the patient.——Mr. HOLMES COOTE, in a short paper "On Syphilis in the Female," points out that although constitutional syphilis is very frequent in prostitutes, yet the presence of a primary ulcer with an indurated base in such persons is a very rare occurrence; and he, therefore, doubts whether it is right to connect the manifestation of secondary syphilis with one form only of primary ulcer—namely, that with an indurated base.——Dr. THUDICHUM concludes his paper "On a New Mode of Treating Diseases of the Cavity of the Nose," and he describes the different medicinal substances which may be introduced by the mechanical apparatus he has devised. These substances are astringents, alteratives (such as nitrate of silver and bichloride of mercury), and solution of chloride of calcium, containing suboxide or oxide of mercury. He also describes the constitutional treatment of diseases of the nasal cavity.——Dr. ALFRED T. BRETT reports "Two Cases of Ovariotomy," performed by Mr. Thomas Bryant, both followed by recovery.——Dr. T. T. PYLE relates a "Case of Self-Incision for the Relief of Stricture of the Urethra." The patient was a man, aged sixty-five, who had suffered for twelve years from stricture caused by the kick of a horse, and was accustomed to relieve himself by passing a catheter. One night, being unable to do so, he got out of bed, and with a penknife cut down to the seat of the stricture. Dr. Pyle introduced a gum-elastic catheter, and drew the wound together by sutures, and in a few days it was quite healed.

'MEDICAL TIMES AND GAZETTE.'

Dr. LEARED has an original lecture "On the Early Diagnosis of Phthisis, and its Difficulties." The object of the lecture is to prevent practitioners from making erroneous diagnoses, owing to the fulness of their knowledge. The importance of a true diagnosis, so as to be able to tell the patient whether the lungs are affected, is shown in the commencement of the lecture. The examination of the chest should be made before any statements are made, either by the patient or friends. The physical signs of the early stages of the disease are enumerated:—Dulness on percussion, deficiency of the respiratory murmur, prolonged expiration, coarse or tubular breathing, interrupted respiration, increased resonance of voice. Dulness on percussion is very pathognomonic, especially where it is well marked, inasmuch as it is an evidence of infiltration of the lung. Spurious dulness may arise from an inclination of the body to one side, by which the lung-tissues are compressed; and great muscular development will occasion the same fallacious sound. The phenomena of healthy respiration are next described. The want of capacity in the lungs of a child is atoned for by the activity of motion. At the age of childhood the respiration is heard to be coarser and louder. This puerile respiration may, however, occur in the healthy adult. Silent respiration—if the condition of the breathing be not local but general—is an evidence, not of disease, but of great pulmonic volume. The breathing may be coarse and harsh, and yet be healthy; but if phthisis is present along with this kind of sound, there is evidently a deposit of tubercle, and this deposit is the occasion of the peculiarity of respiration. Prolonged respiration belongs to emphysema as well as to the affection now under consideration. Interrupted respiration may be and often is, present in nervous individuals, who are otherwise healthy.——Mr. Z. LAURENCE continues his lectures "On the Optical Defects of the Eye," presbyopia being now brought forward for consideration, as it may exist in normal eyes, in myopic eyes, and in hypermetropic eyes. The lecture concludes with an explanation of the cause of presbyopia. This defect of vision may arise from deficient power of the ciliary muscle, or increased hard-

ness of the lens.——Dr. MACKENZIE contributes an original communication upon "The Laryngoscopist's Light-Concentrator." The requisites for a good light apparatus by which the larynx may be thoroughly examined are :—That the light can be improved, that it may be so confined as to be able to pass out only in one direction, and that the apparatus be of use equally with all lights. The first is obtained by employing a lens properly focussed ; the second, by fixing the lens in a box closed on every side except that in which the lens is placed. Accompanying the description of the light-concentrator is an engraving of the apparatus, by which we are able to arrive at a more definite idea of its value.——Dr. OGLE continues to publish his "Cases of Softening of the Brain and Spinal Cord," the forty-fourth, forty-fifth, and forty-sixth being discussed in the present number.——Deputy Inspector-General HARE also continues his paper "On the Treatment of Malarious Fever ;" his report to the Medical Board at Calcutta, upon malarious fevers and their treatment, occupying the paper now before us. The author makes a distinction between malarious and common dysentery, which he purposes to explain more particularly in his next article.

THE PERFORMANCES OF THE BROTHERS DAVENPORT.

The extraordinary performances of the Davenport Brothers, having run through the ordeal of friendly and unfriendly criticism, have taken their place among the established exhibitions of the day. Having lately had the opportunity of being present at one of the *séances*, we are in a position to form some opinion as to the nature of the phenomena witnessed by ourselves and others, although our conclusions are rather negative than positive. The explanatory introduction delivered by Mr. or Dr. Ferguson must be considered rather *lucus à non lucendo*, for it explains nothing, gives no scientific information, and where it does profess to enlighten the audience it merely misleads, as, perhaps, it is intended to do. That there is anything "spiritual" in the manifestations, we, of course, do not believe ; but that they are very clever illusions we at once readily admit, as the sense of sight, if not that of hearing, on the part of the spectators, is completely deceived. The suggestion that electricity, galvanism, or magnetism, or the "od" force, or any other such physical powers, have anything to do with the phenomena, is quite inadmissible by those who know anything of physical science ; and the whole affair we conceive to be a very clever piece of conjuring. We attach very little importance to the tying of the ropes, and we fully admit that this deligation is fairly and honestly performed. On the occasion when we were present, two gentlemen of great respectability, one of whom was a well-known auctioneer, and both of whom were strangers, performed the tying operation, and inspected the cabinet which is used in the first part of the performance, and we have no reason to disbelieve the evidence they gave. In the second part, or the dark *séance*, when the lights are entirely extinguished, the tying operation and the other tests were performed by Dr. Hume Williams, of the 'Lancet,' and Mr. Belford, the comedian ; and we have not the slightest doubt of the veracity or good faith of either, more especially as we ourselves were close to all the performers in the exhibition, if the term exhibition can be employed for performances which took place in the dark. We have our own opinions as to the agency by which the phenomena are produced, but as we are not in the secret, and as our conjectures are not founded on actual knowledge, we merely repeat that the exhibition is a very clever one, and that the deception of the organ of vision is complete. The other senses are hardly deceived at all, for the sounds of violins, bells, and guitars, are produced by the actual instruments, and the sense of feeling is physically affected by frequent and pretty smart raps on the head and elsewhere from the instruments employed.

We subjoin a letter from one of our correspondents, which we freely admit to be no exaggeration of the facts as they occurred on Saturday last :—

To the Editor of the Medical Circular.

SIR,—Being at the *séance* of the Davenport Brothers on Saturday, it was whispered about the room that the editors of the MEDICAL CIRCULAR and 'Lancet' were present. I take it for granted, therefore, that your readers will be favoured with some remarks from your pen on this surprising exhibition ; but as it cannot be expected of an editor to speak or act otherwise than a *frondeur*, or to forget his vocation as a critic, perhaps you will allow an indifferent spectator, and one of your constant readers, to give a brief narrative of what he saw, heard, and felt. I was prepared for something extraordinary, as I had been told that "imposition" would be a more truthful term than "imitation" to what I had seen done by others, from the Wizards downwards. Still, as I have been present at every exhibition in London of any pretensions whatever for the last twenty-five years, I did not expect anything half so sensational as I witnessed. Let the facts speak for themselves. There were two *séances*, the one in the light, the other in total darkness. The audience are invited to appoint two gentlemen to act as their committee, to ascend the platform, tie the Brothers Davenport with knots the most abstruse, the most complicated, and seal them with their own seals. On this occasion Mr. Underhay, the well-known appraiser, and a gentleman of the name of Allen were nominated by the audience. Mr. Underhay examined the "structure" or cabinet, with the eye of a connoisseur, and assured the audience that it was a very so-so affair, such as he would readily knock down for forty shillings, and Mr. Allen nodded assent. Then came the tying and the sealing ; then the doors were closed with the young men in position, with guitars, tambourines, bells, a violin, and what looked like a hearing trumpet interposed. The doors being closed, in an instant the most discordant noises commenced, ending in a by no means disagreeable quartet on the violin, guitar, tambourine, and bells. Such a quartet I have often heard at Bartholomew Fair twenty years ago. The doors are opened, out fly all the instruments with a crash upon the floor, and you see the Brothers Davenport sitting calm and unruffled, certified by Messrs. Underhaya nd Co to be tied and sealed as they had parted from them five minutes before. The audience are incredulous : one will not believe that the noises proceed from the cabinet ; another looks upon Underhay and Co. as confederates, and angrily demands their names and addresses ; another censures them for not keeping an eye on the back of the cabinet. The variety of emotions elicited by the experiment is wonderful—anger, suspicion, delight, astonishment, fear, wonder, philosophic meditation, have each its representatives. Then the experiment is repeated, and this time the young men have flour placed in their hands, and every conceivable means adopted to prove that they do not move, and yet the concert recommences ; hands are shown at the small aperture which gives air to the otherwise unventilated cabinet ; six hands were distinctly visible, and an arm in its whole length of which a woman might be proud. Then was Mr. Underhay placed between the brothers in the cabinet, with one hand placed upon each to assure himself of their immobility ; the various instruments were placed on his lap ; the cabinet was closed ; the noises recommenced ; and in two minutes the doors were reopened, exhibiting the young men as before, and all the instruments piled on the head of Mr. Underhay.

The dark *séance*, to which I would recommend all to remain, is still more remarkable. The young men are tied as before, and the visitors are seated in a circle, with the lights extinguished ; the guitar and other musical instruments are wafted about the room in all directions, in such

a manner as to preclude the idea that it can possibly be done by hands. By a phosphorescent light you are enabled to see their gyrations, and ultimately they fall here and there among the company. The coats of the young men, tied and sealed, fly from their backs *in an instant*, and the coat of a visitor named by the company finds its way on to the back of Mr. Fay. If I mistake not, Mr. Editor, I saw you enveloped in the coat of Mr. Fay, after the "spirit" had robbed you of your hat. And it appeared to me, perhaps I am wrong, that Dr. Hume Williams, who represented the 'Lancet,' and tied up one of the brothers at the dark *séance*, got so frightened, that he only showed afterwards at the back of the audience. If I were to write more, you might not probably be able to find room for my letter on this most extraordinary exhibition which, whether it be a trick, an illusion, legerdemain, an invisible intelligent agency, or as suggested by Dr. Fergusson "a new law of Nature" is well worthy of a visit.

Yours obediently, F. M.

REVIEW OF BOOKS.

Clinical Lectures and Reports. By the Medical and Surgical Staff of the London Hospital. Vol. I.—1864. London: Churchill and Sons.

The expression quoted from Sydenham, by Dr. Andrew Clark, at the head of one of his papers in the present volume, "*Tota ars Medici est in observationibus*," must be received as an established truth; and those who faithfully record the cases they have met with are the true friends of Medical progress. The days of dogmatism in Medicine are long passed away, and clinical experience is now the only sure guide to successful practice. The compilers of the volume before us have been guided in their labours by the aphorism of Sydenham; and the result is a very ample and useful collection of clinical facts, sometimes isolated, sometimes collected together and arranged, and derived from various and often independent sources. The editors are Dr. Andrew Clark, Dr. Down, Mr. Hutchinson, and Mr. Maunder; but they tell us that their task of editing has been little more than nominal, and that the authors of the various papers are solely responsible for the opinions they express and the language they employ. Although the volume represents the labours of the Medical and Surgical Staff of the London Hospital, yet the materials they have used are not restricted to cases treated within the walls of that institution; and contributions have been willingly accepted from some who, although connected with the Hospital, are not members of its permanent staff.

Mr. Hutchinson is a very large contributor, and his subjects are of the most various kinds, some being single cases of interest, and others being groups of cases brought together to illustrate some particular view. Among the latter we may notice two clinical lectures on Leucoderma, and the differential diagnosis of this disease from Morbus Addisonii. The lectures are illustrated by a plate showing the patches of leucoderma in a dark boy; and it should be mentioned that this discolouration, or rather loss of cutaneous pigment, is more prone to occur in the dark races; and when it is found in others, it is observed on the darker parts of the body—as, for instance, the scrotum. This affection of the skin has been often mistaken for Addison's bronzed skin disease, but the distinctions are, that, in the latter, there is great constitutional disturbance, in the former there is none—in the latter the skin is darkened in fair people, in the former the skin is whitened in dark people; and Mr. Hutchinson also points out, as an invariable diagnostic mark, that in leucoderma the edges of the white patches are convex, whereas in Addison's disease the edges of the brown patches present that outline. By this distinction Mr. Hutchinson was able to predict that a supposed case of Addison's disease, about to be submitted to a post-mortem examination, was not of that nature, and the result showed that the supra-renal capsules were quite healthy. In another very able paper, Mr. Hutchinson collects some clinical data respecting cerebral amaurosis, more especially with reference to the form of disease supposed to be connected with the use of tobacco. He remarks, in the first place, that, at a comparatively recent date, the knowledge possessed by Medical men of the different forms of amaurosis was limited, and from their inability to examine the structures in the fundus of the eye, a number of cases were confounded together which are now distinguished from one another by the aid of the ophthalmoscope. By this instrument four or five different groups of cases may be distinguished in which amaurotic blindness is found to be connected with various morbid conditions in the retina or choroid, but in one particular form, which may be called amaurosis *par excellence*, there are some remarkable and very constant conditions, indicating first congestion, and then anæmia of the retina; and this form was described by Mr. Wordsworth as not unfrequently due to smoking. Mr. Hutchinson, although formerly not admitting this view, has determined to submit it to the test of numerical examination, and the result is, that he believes there are grounds for supposing that it may be connected with tobacco-smoking, but he considers the whole subject to require further careful investigation. Among other contributions by Mr. Hutchinson, there is one on leprosy, of which disease he has seen but three recognised cases, and another on relapsing pemphigus, which is described as a blood-disease, and curable by arsenic.

Among the other papers which will be read with interest at the present time, are some surgical notes on the campaign in Schleswig in 1864, by Mr. L. S. Little, who, with a short interval, was in that province from the middle of February to the middle of May, and who describes the construction of the hospitals and the treatment of the sick and wounded of both the belligerent parties in the late unhappy conflict. He gives a graphic and painful description of the surgical treatment of the wounded in the Flensburg Hospitals after the siege of Düppel, when the hospitals were all filled with wounded, and the appliances at the command of the surgeons fell far short of the emergency.

Dr. Down contributes a short paper on polysarcia and its treatment; and after giving a brief account of the contradictory, and often unchemical remedies for this inconvenience, proposed by the older Medical writers, he relates the case of a girl of thirteen, who was an inmate of the Earlswood Asylum, and who exhibited a remarkable proneness to obesity. A variety of plans were tried to reduce her bulk, but none were successful, until she was placed almost exclusively on a meat diet, by which her weight was reduced seventy pounds in one year. The use of drugs appeared to have little effect in diminishing her size, while a vegetable diet was allowed; and iodide of potassium, although continued for six months, in doses of two grains and a half three times a day, produced no change.

Dr. Andrew Clark, under the head of "Gleanings from the Field of Observation," presents a somewhat miscellaneous group of cases, one of the most interesting of which group is a series of three, showing the value of the microscope in the diagnosis of diseases of the lungs. In the first case there were small tubercular cavities, in the second there was encephaloid cancer of the lung, and in the third there were pulmonary hydatids, and in all, the appearances of the spectrum under the microscope revealed the true nature of the disease.

Dr. Hughlings Jackson is a large contributor to this volume, his subject being the Diseases of the Nervous System. He gives a clinical lecture upon the mode of investigating these diseases, recommending that they should be studied both physiologically and clinically, with a view to their due comprehension; and he also relates a number of cases illustrative of their pathology and treatment.

Dr. Herbert Davies gives a lecture on the treatment of rheumatic fever in its acute stage exclusively by free blistering, the results of which he has found to be rapid relief of the pains, quick convalescence, and freedom from cardiac disease. He relates carefully the particulars of thirteen cases, arranged in a tabular form, treated on the plan he has proposed.

There are many other papers in this miscellany on isolated subjects, and among the contributors are Mr. Curling, Mr. Maunder, Mr. Couper, Dr. Ramskill, and Dr. Woodman; and we should not omit to notice that there are several excellent illustrations (some of them lithographs) of the cases described. The frontispiece is a lithograph, showing an aneurism involving the distal two-thirds of the innominate, and almost the whole length of the subclavian artery, the case having occurred in the London Hospital, under the care of Dr. Herbert Davies. Another lithograph, very beautifully executed, represents a separation of the carpal epiphysis of the radius; and there is also a coloured plate, to which we have already alluded, illustrating the appearances presented by leucoderma.

PARISIAN MEDICAL NEWS.

TREATMENT OF WHOOPING-COUGH IN GAS-FACTORIES.

Amongst the other communications forwarded in the course of the last month to the Academy of Medicine, there were two on the treatment of whooping-cough in gas-works. The first by Dr. Commenge, formerly house-surgeon of the Infirmary of Saint-Lazare, bears the date of October the 4th; the second is a letter sent in by Dr. Oulmont, on the 11th of the same month. We record the conflicting results brought forward by both authors.

From March 1 to July 1, 1864, one hundred and forty-two children affected with whooping-cough were closely watched by Dr. Commenge at the gas-factory of Saint-Mandé. Eighty-eight of the patients only can be considered to have been submitted to the inhalations with desirable regularity, and in this number twenty-three had undergone no previous treatment whatever, various remedies having been unavailingly resorted to in the remaining sixty-five, before their admission into the gas-works. In sixty-one cases the symptoms were extremely violent, and were moderately intense in the others. The disease was in the incipient stage, or had lasted less than three weeks, at the period of admission, in fifty-one of the children. In thirty-seven instances, whooping-cough had already endured one, two, or three months. In all the cases the remedy was applied in the same manner. Although the affection had lasted many weeks in some of the patients, the fact must not be understood to imply that it had reached the stage of decline; in general, indeed, the children were brought to the gas-works only when the symptoms had assumed a fresh degree of intensity, and were extremely severe. Improvement or cure was, therefore, obviously not the result of a natural tendency to recovery.

The following is stated to have been the result of the treatment:—Complete cure in fifty-four cases, improvement in twenty-four, utter failure in ten. In the fifty-four instances of recovery, some amendment was observed after five inhalations, on the average; and twelve and a fraction were required to effect a complete cure in mild cases, fourteen being necessary in the more severe attacks. In sixteen instances the disease was unusually mild, and ten was the average number of the inhalations. The influence of age appears to have been naught, a cure being effected in infants of a few months as readily as in children aged several years.

It was one of the author's first duties to inquire whether a daily inhalation of ten hours was devoid of danger to the patients. "In all the cases I have observed," says he, "I have never noticed any evil effects whatever from the practice. The only circumstances which require notice were a temporary aggravation of some symptoms, and a slight degree of agitation during the first four or five days, in a very small number of instances. The parents of a few of the children carried home the substances from which the gases are evolved, and placed them in the bed-chamber of the patients. Not only was this practice unattended with any evil consequences, but more rapid improvement was observed than where the sufferers were merely brought in the day to the gas-works. I may add that for several years I have attended the operatives of the factory at Saint-Mandé, and I have noticed that the men employed in the depuration-yards are seldom ill. The innocuousness of the courts, demonstrated in the case of men who spend ten or twelve hours of the day in the peculiar atmosphere generated by the exhalations from the substances used in the manufacture of gas, would naturally lead me to consider them as equally uninjurious in the case of children, even if direct experience had not demonstrated the fact."

In conclusion, M. Commenge's paper fully confirms the encouraging views entertained on the subject by M. Guérard and answers the objections urged by us in a former number.

M. Oulmont's remarks on the same question are, on the other hand, much less favourable to this new mode of treatment of whooping-cough. In ten cases in which the inhalations were resorted to at La Villette, this practitioner has noted but four instances of amelioration, and observes that in the remaining six the results were negative. This is doubtless a small proportion of cures; but if we recollect that all other methods are generally unavailing, even these few instances of improvement must be a subject of congratulation. M. Chevallier, moreover, has placed on record a case of obstinate whooping-cough, of long standing, which promptly yielded to the inhalations. This conflicting testimony must induce us to suspend our judgment as to the value of the new system, although we have yet no right to reject it as altogether inefficacious.

DIMINUTION OF MORTALITY IN THE FRENCH ARMY.

As a set-off to the distressing remarks invariably suggested in France by an inquiry into questions relating to hospital hygiene, there is a highly satisfactory report of the Minister of War on the gradual decrease of mortality in the army.

In the official returns brought forward in the Chamber of Deputies in 1846, the annual mortality was stated to be 19 in 1,000 for the troops garrisoned in France, and in Algeria, 64 in every 1,000. During the years 1862 and 1863, the average fell to 10 per 1,000 in France and 12 per 1,000 in Algeria, being a decrease of 48 per cent. within the empire, and of 82 per cent. in Africa.

This decrease has naturally coincided with a diminution in the average of admissions into the military hospitals; and the number of days of residence in these establishments, which, in the year 1842, was equal to 1-23rd of the effective force under arms, fell to 1-30th in 1852, and descended as low as 1-39th in 1862.

Marshal Randon accounts for these felicitous results by the adoption of a certain number of hygienic measures such as the improvement in the bread and of the mess, the purification of the barracks, and more especially by the present composition of the army, which the law of dotation has very considerably modified.

"Previously to the year 1855," says the reporter, "the proportion of men under arms, counting more than seven years' service, did not exceed 9 per cent.; it has now reached 30 per cent. The coincidence of this change of proportion with the diminution of the average mortality, of course, invited the attention of scientific men, and Medical statistics have shown that these facts are closely connected, and that one is the direct consequence of the other."

Marshal Randon brings forward tables in which is indicated the average of deaths in each disease, and the number of years passed by each individual in the service, whence it appears that the lowest mortality is found amongst soldiers who have served from seven to fourteen years, and that fewer deaths occur amongst the men who have been more than fourteen years in the army, although this series includes the veteran companies, than amongst the four classes into which are subdivided the soldiers who have been less than seven years with their regiments. The law on military dotation having increased fourfold the number of men who have been more than seven years in active service, the minister naturally ascribes to the operation of this cause the diminution of the mortality in the army.—'Journal of Practical Medicine and Surgery.'

GENERAL CORRESPONDENCE.

CHLOROFORM IN DENTISTRY, OR DENTAL OPERATIONS.

To the Editor of the Medical Circular.

SIR,—It strikes me that a few hints as to the use of chloroform in special cases, such as dentistry, midwifery, eye operations, &c., would prove useful to Medical students.

It is always desirable that the dentist should first place gently his dental *armamentarium* close at hand, the tooth instruments covered with a napkin, as the patient is safest when he is half conscious; and "rattle" should be avoided, this rattle of sounding brass or forceps being very uncharitable, though sometimes difficult to avoid, and not easily remembered at the moment.

Then, as to the management of the patient's mouth and teeth. The old cork between the teeth *at first* is a mistake. A very nice little contrivance of my friend, the dentist at St. Bartholomew's, may be adopted in its place, and acts very well for opening the jaws, but is to be used, not at first, but as soon as the anæsthetic effect shall have been produced, and, of course, at the opposite side of the jaw to that on which the dentist is about to operate.

There is not any unusual danger from chloroform in tooth-drawing; still, it is as well to remember there have been about twenty deaths from that agent in the not very Elysian arm-chair of our good friends the odontologists. The accidents are probably from faintness, partly due, too, to the bleeding after six, or nine, or eleven teeth have been removed. The variety of cases for which chloroform is administered is very considerable; I have given it where the half of the upper maxilla has been sawed or gouged away, attended with profuse bleeding (such patients recover better than an hysteric or nervous young lady); in other cases, also including dental "caries" in its thousand forms, necrosed and most troublesome fangs, irritable dentine, fractured teeth, diseased stumps (with the not inviting and painful proceeding of punching or elevating), but in all, chloroform, with fair, judicious management, acts most favourably in lessening shock and pain.

We should never forget, with all our boasted wisdom, that it is to dentistry we owe chloroform. It is well the patient should be not too deeply comatose or unconscious in dental operations; it is desirable he should have a dreamy half-consciousness and that when asked to "spit out" or wash his mouth with water, he should do so; as long as his mouth is wide open he cannot swallow; but though he may not swallow, a lodgement of fluids may be going on in the larynx that requires care, or the patient may be first rendered well under the chloroform, and then, as it wears off, the teeth extracted. The tongue need not be hooked forward; I rather think, indeed (though recommended as the "be all and end all" of good chloroformisation), that the hooking forward causes death and reflex spasm of the glottis. Vomiting very much aggravates the chances of danger, but this is easily prevented if the chloroformist has some experience of this anæsthetic. To some persons, no doubt, chloroform is a very trivial thing in dentistry, but the public do not think so; the pain is very great in toothache. Shakespeare says:—"Of all the philosophers he never knew one that could withstand a toothache;" and, *a fortiori*, how horrid is the clumsy crunching and tearing of the jaw if deprived of the triviality of anæsthetics. The patient should have had no *solid* food for four hours before the operation; that is the only precaution necessary. I have found in the vomiting *after* such operations that a little champagne, as also a kind of aërated or oxygenised Schwalbach water, acts as a charm in stopping vomiting.

Muscular rigidity of the masseter, a sort of "lock-jaw," is very common, and alarming to the inexperienced administrator, but it soon yields according as the chloroform is more completely diffused through the blood and nervous system. Any excitement of the patient from rattle of instruments, &c., keeps up this tetanic spasm; but as soon as the cork can be inserted the spasm diminishes.

Some troublesome forms of "furred tongue," caused by bad molar teeth, treated in vain by almost everything medical under the sun, from gallons of bitters down to wet packing and chlorate of potash, have yielded at once to a whiff of chloroform and extraction of a bad molar tooth. Deafness, with bad discharge from the ear, has been cured by the dentist's forceps. Many forms of painful dyspepsia will be found to yield to better mastication and insalivation of food from a new set of teeth by a skilful dentist, so that the latter is often the best person to refer such patients to; nor need we, as is too often the case, prevent this rehabilitation of the patient's masticatory apparatus by unwise old prejudices as to the risk of chloroform, or other weak ideas—namely, that as our fathers and grandmothers, who worshipped at old shrines, were brave enough to do without chloroform in dentistry, so ought we. These weak ideas are very prevalent, or they would not be worth mention.

I am, &c., CHARLES KIDD, M.D.

Sackville street, Nov. 20.

P.S.—The valuable hints afforded by dental surgery in general practice are not to be disregarded by the practical man. Dr. Watson tells of a case of old bad amaurosis, or blindness, cured at last by extraction of some teeth. As to the cause or cure of this amaurosis, we now know that this is quite possible, as the amaurosis is a form of reflex paralysis or inhibitory influence. Mr. Lawrence cites another interesting case in which the extraction of a carious tooth, with a minute splinter of wood, projecting from one of its fangs, procured the restoration of the sight of an eye of the same side which had been entirely lost for thirteen months! Here, also, the paralysis of the retina or optic tubercles was "inhibitory," even so as possibly many cases of epilepsy, convulsions in children, &c., might be found to be the real source of evil. Carious fangs of teeth or periostitic fangs are all now easily removed by extraction under chloroform.

DEATHS.

BOWER.—On the 15th of Aug., at Carrick, Tasmania, E. R. Bower, M.R.C.S., formerly of Newent, Gloucestershire, aged 61.

FRY.—On the 20th Oct., J. C. Fry, M.R.C.S.E., of Ballyfarnon, Co. Roscommon.

GRAHAM.—On the 11th ult., at Blackett street, Newcastle-on-Tyne, J. C. Graham, M.D.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship on the 22nd, 23rd, and 24th ult., were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 25th ult. were admitted Fellows:—William Morrant Baker, Andover, Hants—diploma of membership dated April 16, 1861; Essex Bowen, Birkenhead—diploma of membership dated June 7, 1850; Frank Buszard, Infirmary, Northampton—diploma of membership dated April 16, 1860; James Blake Maurice, Marlborough—diploma of membership dated April 10, 1861. It may be interesting to those students about to commence their professional studies to know that a preliminary examination in general knowledge will be held at the College on the 20th, 21st, and 22nd of December inst.; and that those gentlemen who may be approved can at once enter on their hospital duties, thus saving considerable time in the prosecution of their studies.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 24th ult.:—William Falconer Clark, Cunningham place; Walter Lattey, Manor street, Clapham; Augustus Square May, Plymouth; Henry Octavus Steele, Gomersal, Yorkshire; John Swindale, Appledore, Devon,

The following gentlemen also on the same day passed their first examination:—Edward Horne, Charing-cross;

George Clements Searle, St. George's; Robert Stuart, Guy's; Francis William Underhill, St. George's.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following gentleman has been admitted a Fellow of the above College:—John J. M'Dermott, M.D., H.M. Indian Army.

GENERAL ASSOCIATION OF MEDICAL PRACTITIONERS IN FRANCE.—The annual meeting took place on the 30th of October, in the large amphitheatre of the Offices of the Administration of Hospitals. The reports read by the secretary and treasurer on the finances and general prosperity of the association were received with unanimous approbation. On the motion of the secretary-general, a resolution was proposed, expressive of the laws which regulate at present the practice of the Medical Profession. An anonymous contributor forwarded a sum of 8*l.* for the annuity fund, and M. Ricord presented a sum of 20*l.* for the same charitable institution.

DR. THUDICHUM'S PLAN FOR THE UTILISATION OF THE SEWAGE.—The 'Times' thus refers to Dr. Thudichum's plan presented to the Board of Works:—The proposition of Dr. Thudichum for dealing with the sewage, which he submits to the Board, has some features that are worthy of notice. He proposes, by a peculiar arrangement of the closet pan, to separate the liquid from the solid refuse. The liquid, or urine, he proposes to conduct inside the intercepting sewers to their outfall at Barking Creek. He calculates that the metropolis would yield 1,000,000 tons of urine annually, which he calculates would make 30,000 tons of solid manure, estimated to produce a gross return of 1,000,000*l.* sterling. The other component parts of the urine he proposes to employ in the production of a magnificent purple dye, which he estimates would produce an annual sum of 365,000*l.* A net profit of 1,000,000*l.* a year may be made out of these products, he calculates. His whole essay in support of his scheme is a literary curiosity. Unfortunately, the engineer of the Board calculates that to pull every house to pieces to make these conducting drains would cost upwards of 6,000,000*l.* of money, so we suppose the manufacture of the magnificent purple dye must be postponed until some better day.

FILARIA OCULI.—In a paper addressed to the Academy of Sciences, Dr. Guyon gives an interesting account of several cases of filaria oculi, a thread-like worm which penetrates into the eyes. The worm is frequently met with in Africa and in other tropical climates. In one of the cases recorded by Dr. Guyon, a worm was present in each eye, but they occasionally passed together into the same eye through the cellular tissue at the root of the nose. These parasites measured about two inches in length. Dr. Guyon produced another six inches in length, preserved in alcohol. It had been extracted from the eye of a negro, a native of Gaboon. The operation is a very delicate one, and out of six cases observed in America succeeded in four only.

THE NEW PHARMACOPŒIA.—It will be remembered that a special committee was recently appointed by the Medical Society to confer with the Council of the Pharmaceutical Society, as to the recognition of the British Pharmacopœia. At a meeting of the representatives of the two societies, held at the Melbourne Hospital on Wednesday, the 24th ult., it was agreed to recommend to the Profession the propriety of adopting the new formulæ from the 1st of January next, so that in prescribing after that date, all preparations, not specially indicated, will be understood by the dispenser to mean those of the British Pharmacopœia. The initials P.L., P.E., and P.D., are to be used after any preparation respectively of the London, Edinburgh, or Dublin Pharmacopœias. This arrangement seems to be a reasonable one. The new Pharmacopœia has, it is true, many faults, and its early revision is an obvious necessity on the part of the Medical Council; but, in the meantime, it is manifestly the duty of the Profession to recognise it as the current authority in prescribing, and to consider any departure from it as the exception. We believe that the majority of the druggists in Melbourne have furnished themselves with the new preparations, so that no apprehension need be experienced as to there being any difficulty in procuring these. Of course there is no absolute obligation to adopt the plan that has been proposed, and its acceptance necessarily depends upon the willingness of the Profession to coincide in the arrangement thus made; but as the new Pharmacopœia must necessarily be the recognised formulary at some time or other, and as its adoption is, we believe, compulsory in the United Kingdom, we are bound, if only on the score of convenience, to declare our allegiance to its authority as speedily as possible. An early familiarity with its special features is, therefore, as much a duty as a necessity.—'Australian Medical Journal'

MEDICAL CONGRESS OF LYONS.—The first meeting of the Medical Congress of Lyons took place on the 26th of September, Mr. Barrier in the chair. Several eminent foreign physicians were present, amongst whom we may name M. Palasciano, of Naples; M. Pacchiotti, of Turin; M. Guérini, of Milan; M. Engelsted, of Copenhagen; Mr. Mundy, of London; M. Bulkens, of Gheel (Belgium), &c.

DIPHTHERITIC CROUP.—The 'Union Médicale de la Gironde' published an observation of diphtheritic croup, consequent on the passage of a bean into the larynx. The false membranes thrown up by the child in no wise suggested the presence of a foreign body in the air-passages, but after alternancies of aggravation and improvement, the bean was at last rejected, showing that local irritation alone may induce the formation of diphtheritic exudations.

MEDICAL CHARITIES.—The late Mr. Hudson Gurney, of Norwich, amongst other charitable bequests, has left 1,000*l.* to the Norfolk and Norwich Hospital; and another banker of the same place, Mr. William Stitt Wilson, has bequeathed 100*l.* to the Whitehaven Infirmary. During the past week some of the Metropolitan Medical charities have benefited liberally under the will of Madame de Lilly, who left a large sum to our gracious Queen to be divided among the poor of London; accordingly, the Lords Commissioners of Her Majesty's Treasury have authorised the Paymaster-General to pay 375*l.* to the Treasurer of the Metropolitan, and a like sum to the Treasurer of the Royal Free Hospital, Gray's-inn road.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 7.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Dr. Wade (Birmingham), "On Puerperal Embolism."—Mr. Baker Brown: "Complete Extirpation of the Uterus and Ovaries, with Large Fibrous Tumour."—Dr. Braxton Hicks, "On Delivery of the Head after Perforation;" Medical Society of London.—"Lettsomian Lectures." By Dr. Thudichum.

THURSDAY, DEC. 8.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, DEC. 9.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 10.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 12.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 18.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. Part I. London: John Churchill and Sons, New Burlington street.

De l'Alimentation des Enfants. Mémoire de Mme. Baines à Londres, imprimé dans les Annales de l'Association Internationale pour le Progrès des Sciences Sociales. Congrès de Gand. London: L. Booth, 307 Regent street, W.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

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THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

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Dr. F. Fitch, Kidderminster	0	5	0
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Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Nov. 30, 1864.

THE ROYAL INSTITUTION.—The notice has been received.

DR. HUMPHRY.—The report has been received.

ANTI-QUACK.—However much we may commend the conduct of Captain Clarke in instituting and carrying out the prosecution of "Dr." Henery and his accomplice, we cannot admit that the Medical Profession can be fairly called upon to contribute to defray the expenses incurred. Our Profession is in no way benefited by the result, although the public at large undoubtedly are so; and if all the quack advertising scamps were sent to the convict prisons, however desirable such a consummation might be, we should be none the better for the elimination of such persons from society. All we desire is that it should be distinctly understood that they do not belong to our body, and, that being the case, we are no more concerned in their conviction than in that of any other culprits. The necessity of a public prosecutor is indeed very desirable in instituting proceedings against them; but we, as a Profession, are only concerned in keeping them out of our ranks, and in showing clearly to the public that they have no connexion with Medicine.

THE OBSTETRICAL SOCIETY.—The notice has been received.

A SUBSCRIBER.—Benzine was formerly obtained by heating benzoic acid with lime, but it is now procured in the process of preparing coal-naphtha. It has been lately recommended by Professor Mosler in Germany, as an internal remedy in Trichiniasis. It must, however, be used with caution, as it is not only poisonous to the parasites, but also, if the dose is not carefully regulated, to the person whose body is infested by the trichina.

DR. L.—The newspaper has been received.

AN ASPIRANT.—The only means of obtaining a degree in Medicine, without residence, is by application to a German University, as that of Heidelberg, or Erlangen, or Giessen; but it is doubtful whether such degrees would be admitted to registration by the Medical Council. Graduation at the University of St. Andrews is now restricted to ten persons in each year, and they must be above forty years of age.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

MR. J. R. ELLIOTT, *Lynton.*—The case shall appear next week.

PUDOR.—We think that the insertion, by the leading Journal, of the letter by the person alluded to, was singularly injudicious and ill-timed, and that it shows an entire ignorance of what is due to the respectability of the Profession.

DR. T. W.—The insurance office in question is one of the highest respectability.

MR. J. T.—The paper has not yet reached us.

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XII. Abscess near the Rectum.
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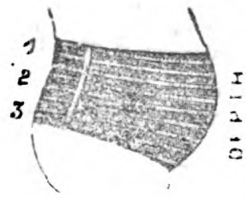
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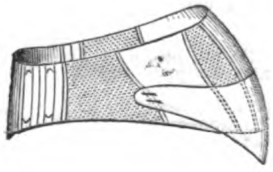
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 358.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Thrombus of the Vulva.—This accident consists of an extravasation of blood into the cellular tissue of the vulva and lower part of the vagina. It may occur at any period of pregnancy, but it usually takes place during the passage of the fœtal head through the pelvis. On delivery a tumour consisting of the effused blood rapidly forms in one of the labia, and after the lapse of a certain time it bursts, and sometimes very serious hæmorrhage follows. The chief predisposing cause of a thrombus in this situation is a varicose state of the veins of the vagina, and, during delivery, the direct cause is the pressure of the presenting part of the infant. The size of the thrombus varies from that of a small walnut, situated close to the posterior commissure, to that of a fœtal head occupying the whole extent of one labium.

Diagnosis.—The thrombus is generally discovered before it ruptures and any external hæmorrhage takes place. The patient complains of an uneasy, almost unbearable pain at the lower end of the vagina, and is also restless. These two symptoms continuing, induce us to make an ocular examination, and then the characteristic swelling is at once perceived. The tumour is confined to one labium. At first it is of a blueish hue, and gradually deepens in colour until, previous to rupture, it becomes almost black. Finally, the skin covering the effused blood becomes thinner and thinner, and bursts. Some coagula are expelled, and even pus, as in one case I saw. In those cases in which the bursting of the tumour is followed by free hæmorrhage, the blood can be seen flowing from a rent in the affected labium.

Treatment.—The cavity of the thrombus should be stuffed with lint or sponge dipped in a strong solution of perchloride of iron, and cold applied locally. If these means fail in arresting the hæmorrhage, pressure upon the vaginal veins may be applied in addition by an india-rubber bag inflated just within the orifice of the vagina.

Inflammatory Ulceration of the Cervix.—Dr. James Bennett is of opinion that, in a great many cases, where a draining of blood continues several weeks after confinement, it is due to ulcerative inflammation of the os. During labour the os and cervix may be bruised, abraded, or lacerated, and instead of the injuries healing kindly, they remain in an ulcerated condition.

Diagnosis.—The speculum will be required to be used to ascertain this cause of hæmorrhage, unless the ulceration is extensive and deep, when the touch may suffice. We may suspect that the draining of blood is owing to some ulcerative lesion of the os if it has continued several weeks, and especially if there is also a purulent discharge.

Treatment.—It should consist in administering astringents by the mouth, and tepid astringent vaginal injections, and the periodical application of nitrate of silver to the ulcerated surface. Dr. Bennett mentions one instance in which he used the pernitrate of mercury. The nitrate of silver would, however, generally prove effectual, and it should always be tried first.

Purpura.—Flooding of a most obstinate and dangerous character occurs in women who happen to be suffering from purpura at the time of delivery. It is a rare affection in pregnant women; at least, that form in which ecchymoses are visible on the surface of the body. It is very probable that some difficult cases of flooding are really due to a purpuric condition of the blood and blood-vessels, notwithstanding the characteristic spots of blood extravasated under the skin may be absent. I met with one instance where the patient was delivered of an infant covered from head to foot with spots of purpura. It only lived four hours, and during that time the extravasations of blood could be seen extending in every direction. The mother had a dreadful flooding. The persevering application and repetition of remedy after remedy were for a long time but of temporary benefit, and it was not until the case seemed almost hopeless that the virulency of the hæmorrhage abated. A free draining of blood continued for three days. There were no purpuric spots to be seen on the patient's skin, and the flooding might have been a mere coincidence, and not an indication that her state was similar to that of her infant. It is an interesting and important question, however, for further observation to settle, whether purpura in the new-born infant implies an analagous state of the blood and vessels of the mother.

Diagnosis.—The presence of petechiæ or ecchymoses on the body; or the fact of a cut, or extraction of a tooth during pregnancy being followed by profuse bleeding, arrested with difficulty, would be the only reliable signs.

Treatment.—As the purpuric state of the blood cannot be removed at once, all that can be done is to make the uterus contract as firmly as possible. The intra-uterine injection of cold water, or of a solution of alum, and compression of the aorta, in addition to the common remedies, would be especially useful. The internal administration of a large dose of turpentine might also be tried, probably with advantage.

Constipation.—A loaded state of the intestines is considered by some to act as an exciting cause of flooding after labour. As Dr. M'Clintock justly remarks, in consequence of women nearly always being careful, especially during the last month of pregnancy, in keeping their bowels open, this cause of hæmorrhage would be rarely met with. Besides this, when the rectum is full, the pressure of the child's head through the pelvis generally empties it of its contents. Probably, the only part of the intestines which would affect the uterus in any way would be the cæcum, the sigmoid flexure, and the rectum; it would be difficult to understand how the loaded state of the small intestines could act upon the uterus so as to set up flooding.

Diagnosis.—It would not always be very easy. We could only justly conclude that constipation was the cause of the hæmorrhage, if we felt the ascending or descending colon distended through the abdominal walls, or the rectum through the vagina, or there was a history of a very prolonged state of constipation.

Treatment.—A cold or tepid enema containing castor-oil and turpentine, and a purgative mixture consisting of sulphate of magnesia, tincture of hyoscyamus, and compound infusion of roses, would be the correct treatment.

Polypus.—Fibrous Tumour.—There are several cases on record of dangerous and fatal floodings arising after delivery from the presence of a polypus or fibrous tumour in the uterus. Uterine tumours generally increase in size considerably during pregnancy, in consequence of the great vital activity going on in that organ at that time, and after delivery they seriously interfere with the due contraction of the uterus. A tumour lying partly imbedded in the substance of the uterus, or contained wholly in the cavity, is much more dangerous, from its being less amenable to treatment than a tumour which is merely attached by a pedicle to the uterus, and the rest and chief portion of it hangs into the vagina.

Diagnosis.—It depends very much upon the position of the tumour. If a portion lies imbedded in the substance and the rest projects from the surface of the uterus, it may be felt through the abdominal wall; on the other hand, if it projects into the cavity of the uterus, we shall not be able to detect the cause of the hæmorrhage without

introducing the hand, and that of course would be only feasible for the first day or two after delivery. A polypoid tumour lying in the vagina will be easily felt on making an internal examination. Care must be taken, however, not to mistake for it an inverted uterus. There is one symptom which is sometimes present, especially when the tumour is pediculated and lies in the cavity of the uterus or vagina: it consists of an almost continuous expulsive pain referable to the uterus or rectum, and it has been known so to affect the patient as to cause death by exhaustion.

Treatment.—The ordinary means for arresting hæmorrhage should be first tried, including the plug. No other treatment can be carried out if the greater portion of the tumour is in the substance of the uterus; but if it is pediculated, we may as a last resource employ operative interference. It is as well, if we can, to defer the operation for a few weeks, as there is considerable danger attending the removal of a polypus immediately after delivery, in consequence of its being larger and more vascular, and because the uterus at that time is so liable to phlebitic inflammation. The polypus will be most safely removed by an écraseur (Braxton Hicks'). Excision and torsion would be justifiable only when the pedicle is very thin.

The After Treatment.

I now arrive at the consideration of a very important part of the subject of post-partum hæmorrhage—viz., the management of a patient after the flooding has been arrested. The chief points to be attended to are:—

1. To prevent a repetition of the flooding.
2. To keep the patient from dying.
3. To prevent uterine inflammation.
4. To prevent or mitigate hæmorrhagic fever.
5. To restore the patient as far as possible to that state of health and strength which she enjoyed previous to the loss of blood.

I shall treat upon these separately, in the next communication.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CASES UNDER THE CARE OF MR. HOLT AND MR. HILLMAN.

Some time since we had an opportunity of seeing, in the out-department and under the care of Mr. Hillman, a woman who had suffered from syphilitic abscesses in various parts of the body; but that to which we would direct special attention was in the neck. The glands in this situation had suppurated, and subsequently poured out their contents underneath the integument; the patient had allowed this condition to continue without taking any active steps towards accomplishing a cure, and allowed the matter to burrow beneath and to undermine the skin of the neck. The pus, at length, made for itself an aperture of exit, having determined towards the surface at the central line of the neck; a large quantity of unhealthy matter made its escape, and left the integument completely dissected up from the tissues beneath; so much so, that it covered them, or, rather, lay upon them, as a curtain, without being at all attached to them, and readily admitted a probe being buried beneath it; it could also be raised up altogether from the subjacent structures. The apertures through which the matter had found vent had become large-sized openings and presented a peculiarly unhealthy appearance: through them appeared the denuded muscles of the neck, and the play of these muscles could be distinctly seen. The general treatment prescribed was such as would eliminate the constitutional taint and improve the health. The local application used consisted of white precipitate ointment, and with this the wounds were dressed.

In another case in which great fœtor from the nose existed, the patient was being treated by means of Condy's disinfecting fluid, of which ℥j. was prescribed to a pint of water. A portion of the lotion thus formed was ordered to be put into the hollow of the hand, and to be snuffed up the nostrils several times in the day. The same remedy had been tried in other instances, and was attended with success.

A very excellent preparation for promoting the rapid healing of burns and scalds is used in this hospital;—it is a mixture composed of equal parts of collodion and castor-oil. A coating is formed for the bared tissues, from which, on account of the accident, some of the superficial integuments have been removed; the air is in this way excluded, and the healing process being allowed to proceed in an uninterrupted manner, repair quickly takes place, and the cure of the injury is effected.

In one of the beds was a female patient, who had been admitted for obstinate constipation and sickness. A very careful examination was instituted for the purpose of ascertaining if a hernia had occurred through some of the openings. Such a condition was not, however, detected. Purgatives by the mouth tended to sicken; and it was evident that their use could not be continued, as the patient would be only prostrated by the constant emesis. A long tube was passed up the bowel and an aperient enema administered. The bowels were opened and the urgent symptoms relieved. When the tube was being introduced into the bowel, an obstruction to its passage was noticed, and a clue thus given to the cause of the vomiting and the difficulty in voiding the fæces. The bowel was then examined with the finger, and a tumour was found to be pressing upon it from before, that is, from the direction in which the uterus lay. A closer exploration showed that the growth was one in connexion with the uterus; that it was extra-uterine, and probably an extra-uterine fibroid; that it was not of large size, and not only allowed the finger to pass through the part of the bowel which it constricted, but likewise to get beyond it so as to define accurately the limits of its dimensions. When a sound was introduced into the womb, and that organ moved by the aid of the instrument, the tumour was found to be affixed to the womb, and consequently to be affected with every movement of it. Had an action of the bowels not been obtained, the next point for consideration would be the advisability of making an artificial opening or anus above the site of the constriction.

The next case to which we shall allude is that of a man who for twenty years had been suffering from a stricture of the urethra. Four years ago it became so bad that he was obliged to go to hospital in order to obtain relief. Mr. Holt upon the present occasion first passed an instrument down to the seat of stricture so that he might ascertain with certainty the exact situation of the constriction. This done, he in the next place introduced his apparatus, and getting the point of it through the tightened portion of the urethra, he drove forward the centre piece, by which the sides of the apparatus were opened and the stricture burst.

He then pointed out the immense superiority of this operation for the removal of certain forms of stricture over every other adopted for the same purpose; that here was a man for twenty years a sufferer owing to the condition of his urethra, who obtained, by this method of breaking the constriction, immediate relief; that with ordinary care and with attention to the instructions which would be given him on leaving hospital, he would continue to have a full-sized urethra for the remainder of his life, and would no longer feel any more difficulty from the lesion. Besides these considerations, it should be borne in mind that all the dangers incidental to stricture were removed, and at once. The objections urged against this mode of dealing with the affection are:—First, the pain occasioned. This, no doubt, is in some cases—when the patient is a nervous, fretful man—very severe; but it cannot hold good as an objection, since by the giving of chloroform all sensation of pain can be prevented. In the present instance, no chloroform was used; the man was placed in the standing attitude; the stricture was burst, but so slight was the uneasiness felt on the part of the patient, that beyond a wince at the moment the rupture was made, no symptom of pain was manifested. There are cases in which a great deal of pain seems to be created; and sometimes, indeed, to so

great an extent, as to make the patient faint. These, we should think, are not the common, but the exceptional cases.

The second objection raised by the opponents of the operation is :—That the stricture is not permanently cured by this method, notwithstanding that it is so severe ; and, moreover, that the stricture returns in a worse form than before, owing to the contraction which the cicatricial tissue takes on ; that the return stricture is far more difficult to dilate in consequence of the new material poured out for the repairing of the wound made in rupturing the constriction becoming dense and comparatively unyielding.

A third objection is, that there is no certainty of the extent to which the urethra may be lacerated. Another is, that, as a sequence of the operation, a discharge somewhat resembling gonorrhœa is set up, and at times proves as refractory to treatment as the latter affection. If the stricture be situated near the orifice or meatus urinarius, it is by some advised not to undertake the manœuvre of splitting, but rather to divide it by making a clean incision through it with a blunt-pointed bistoury, or to dilate by means of bougies or catheters.

In answer to the objections just mentioned, it is advanced :—That the stricture will not return provided the patient carry out the instructions which are given him, and that the discharge is by no means so intractable as a gonorrheal ; moreover, when the stricture returns it can readily be dilated in the ordinary manner, that is, by passing a catheter or bougie through it, without there being any necessity for the repetition of the rupturing process.

In the case now under consideration, the constriction in the urethra arose as a consequence of fistula in perinæo which had eventuated in abscesses. There were two strictures : one in the bulb, the other in the membranous portion of the urethra. These, on the admission of the patient into hospital, were so tight as not to allow—except with great difficulty — the passage through them of a No. 1 catheter ; after this had been got through a No. 2 was employed, and, the difficulties having been overcome, it was at length introduced into the bladder.

The tissue causing the constriction was of a very hard nature. The man was advanced in years and his health had been injured by the infiltration of the cellular tissue with urine ; a condition which had supervened when the urine had burst through the urethra and become extravasated.

REVIEW OF BOOKS.

Lectures on the Diseases of the Stomach ; with an Introduction to its Anatomy and Physiology. By William Brinton, M.D., F.R.S., Physician to St. Thomas's Hospital. Second Edition. Pp. 368. Churchill and Sons. 1864.

This work by Dr. Brinton has already become a standard book, and the second edition will be warmly welcomed and extensively read by the Medical public. However much the stomach and its functions may have already formed the theme of numerous writers, so that the subject may almost be considered as hackneyed, there is still room for a scientific exposition, like Dr. Brinton's, of the anatomy, physiology, and disorders, organic and functional, of the chief agent in digestion. Putting aside the numerous cases where the derangements of the stomach are merely functional or symptomatic of disease in other parts, there is a sufficient number of idiopathic and definite diseases of this organ to engage the pen of a systematic Medical writer ; and the lectures in Dr. Brinton's volume 'On Ulcer of the Stomach,' 'Cancer,' and 'Plastic Linitis, or Cirrhotic Inflammation,' are contributions of the highest value to practical Medicine.

In the present edition, Dr. Brinton has revised and enlarged his former materials, the additions for the most part being dispersed throughout the body of the work ; but two chapters, or lectures, have been added at the end, containing some new and somewhat paradoxical views which will not perhaps command a general assent. The subjects of these two chapters respectively are "Gastric Phthisis," which Dr. Brinton describes as a definite, but hitherto unrecognised affection, and "Gout in the Stomach," the existence of which Dr. Brinton disbelieves.

The reasons adduced for establishing the existence of gastric phthisis are, we must confess, not very cogent, and there is as little force in the attempts made to do away with the so-called "gout in the stomach." In fact, even after reading Dr. Brinton's ingenious arguments, we are as little disposed to admit the existence of the one as to deny the occurrence of the other. The words "gastric phthisis" are indeed calculated to mislead, because pulmonary phthisis conveys to the mind a definite idea of tubercular deposition in the lungs, and even in the etymological signification phthisis denotes a wasting of an organ or tissue ; but, on Dr. Brinton's own showing, there is neither tubercular deposition nor wasting of the stomach, nor any other visible pathological change, in his "gastric phthisis ;" while, on the other hand, the word "gout" (or *goutte*, a remnant of the humoral pathology) really conveys no very definite meaning at all, and may be just as well applied to an affection of the stomach as to one of the fingers or toes. The same strictness of language required by Dr. Brinton when he excludes the expression "gout in the stomach," which only means that the same constitutional irritation may attack different organs or parts, should forbid the use of the term "gastric phthisis," which Dr. Brinton tells us is to be "regarded as a kind of neuralgia of the pneumogastric and sympathetic nerves" (p. 350), and which he compares oddly enough to the toothache ! We cannot find in Dr. Brinton's gastric phthisis any other condition than those forms of irritability and pain in the stomach which often accompany the presence of pulmonary tubercle, and which require to be treated as symptoms, and very troublesome ones, of the pulmonary affection.

After the above remarks, we need scarcely observe that we hardly coincide with the author in his views on the so-called "Gout in the Stomach." It is quite true that the term is often erroneously and ignorantly employed, just as frontal neuralgia is sometimes called "rheumatism of the head." Nor do we maintain that post-mortem investigation gives us any proofs of the existence of gout in the stomach ; but Dr. Brinton does not demand this proof in the case of gastric phthisis. Besides, in a constitutional disease, like gout, depending only on an excess of an acid in the blood, we do not see why post-mortem proof should be necessary ; while, on the other hand, in gastric "phthisis," involving the idea of tubercular deposition, or wasting, the visible effect ought to be manifest. Assuming that gout is caused by the presence of some morbid or retained element in the blood, we see nothing very objectionable in applying the term "gout in the stomach" to those forms of gastric derangement which follow or alternate with the visible development of the disease in the extremities.

At the risk of being considered hypercritical, we must take exception to Dr. Brinton's "biliary cholic," a term he often employs, but which we really do not understand. The word "colic," derived from κωλον, means, we believe, an affection of that portion of the large intestine ; but what is the meaning of "cholic" ? It must be derived from χολη, bile, and may mean some derangement of the biliary secretion ; and, indeed, Dr. Brinton defines it as being "caused by impaction of thickened bile in the hepatic ducts" (p. 357). If such is the meaning of the word, then "biliary cholic" must be a tautological expression, like "cholicky cholic," or "biliary biliousness." "Cholic" is not a typographical error, as it occurs repeatedly in Dr. Brinton's pages.

We have made these remarks in no unfriendly spirit, but because we wish to point out the inconveniences often caused by the looseness of language which is creeping into our Medical literature, and of which we are sorry to find so able a writer as Dr. Brinton to be guilty. We are also sorry to add, for the reasons above given, that the two additional chapters or lectures rather detract from than enhance the merits of an otherwise very excellent book.

Photographs (coloured from Life) of the Diseases of the Skin By Alex. Balmanno Squire, M.B. Lond. Class IV.—Parasitic Animals: Scabies. London: Churchill and Sons.

The present coloured photograph is a life-like representation of scabies on the hand of a woman aged twenty, and illustrates what would be called the pustular variety of the affection. The accompanying letter-press contains a description of the disease, and a history of the case from which the photograph was taken. Among the points worthy of notice in the pathology of scabies is the occurrence of what is called the "*acarian furrow*," or the track left by the female acarus in its passage through the substance of the epidermis. This apppearance, although minute, is pathognomonic of the disease, and from the extremity of the furrow the acarus itself may be removed on the point of a pin.

First Help in Accidents; being a Surgical Guide in the Absence or before the Arrival of Medical Assistance, for the Use of the Public, especially for the Members of both the Military and Naval Services, Volunteers and Travellers, &c. By Charles H. Schaible, M.D., Ph.D. Pp. 226. London: Hardwicke.

The title of this little work will sufficiently indicate the nature of its contents, which are put together by the author, who is a foreigner, as a manual to be used in case of necessity by soldiers or sailors, who happen to be without immediate Medical assistance. Although Dr. Schaible does not practise Medicine and Surgery in England, he has been educated for the Profession, and has practised it in his own country; and his rules and instructions, illustrated as they are by several woodcuts, will be found useful by the classes of persons to whom they are chiefly addressed.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. S. H. WARD gives a clinical lecture "On Aneurism of the Aorta," and states that sailors appear to be especially liable to aneurism—nearly two-thirds of the cases of aneurism in the New York Hospital, collected by Dr. Darrack, having occurred in sailors. This class of persons are often affected with syphilis and addicted to intemperance, and these causes may, perhaps, predispose to the disease. The use of spirits probably favours the development of atheromatous disease in the coats of the arteries. Dr. Ward states that the larger proportion of cases of aneurism he has met with, not occurring in sailors, have been among persons of intemperate habits. After describing the symptoms and auscultatory phenomena of aneurism, and adverting to some illustrative cases which have occurred in the Dreadnought Hospital Ship, the treatment of this disease, as it occurs in the aorta, is briefly considered, and the external use of ice is strongly recommended, together with generous diet to improve the plasticity of the blood, and the use of iron in combination with digitalis given internally, the latter with the view of diminishing the force of the circulation.——Mr. G. G. GASCOYEN commences some papers "On the Unity of the Syphilitic Virus," and in his present remarks he describes the different opinions now prevailing as to the unity or duality of the syphilitic poison; M. Bassereau having propounded, in 1852, the theory of a double virus, one producing the hard or infecting chancre, and the other the non-indurated, soft, or non-infecting sore; while others maintain that the differences observed are owing to local and constitutional causes, peculiar individual susceptibility, or the sources from which the infection has arisen.——Dr. G. G. ROGERS contributes a paper "On Epilepsy and the Administration of Bromide of Potassium," and relates two cases in which the bromide was successfully employed. In one case the patient was a married woman, and the fits appeared to be in some degree connected with disturbances in the uterine functions, but a long continuance of the use of the bromide of potassium, in large doses, amounting, for some months, to ten grains, fifteen grains, and a scruple three times a-day, succeeded in reducing very considerably the number and the violence of the fits. In order to ascertain that the amendment was really caused by the bromide, Dr. Rogers substituted a placebo for a fortnight, but the patient was at once aware of the difference in the effect, and begged that the original medicine might be again prescribed. The other case of epilepsy occurred in a boy, and the use of the bromide was attended with a marked improvement.——Mr. HENRY SMITH records "Two Cases of Stone in the Bladder where the Lithotrite Scoop was Successfully Used." One case was that of a man, aged seventy-two, and the other occurred in a boy of sixteen. ——Dr. D. JOHNSON relates a case of "Singular Complicated Labour caused by Irregularity of the Sacrum, with Infantile Hydrocephalus." The child was brought down by turning, but it was impossible, by manual exertions, to extract the head from the pelvis; and as the child was found to be dead, perforation was performed, the fluid in the head was discharged, and the delivery was then rapidly accomplished. ——Dr. F. H. MORRIS, in continuing his "Contributions to Practical Medicine and Surgery," relates a "Case of Recurrent Fibroid Tumour." The disease was in the neck, and from some unwillingness on the part of the patient, the operation was too long delayed; and although the tumour was successfully removed, another tumour appeared, and the patient sunk exhausted about five months after the operation. The recurrent fibroid tumour forms a kind of connecting link between the innocent and the malignant growths, and Dr. Morris thinks that if the operation had been performed earlier, the results might have been more successful.

'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY, of University College Hospital, continues his "Lectures on the Urine and Diseases of the Urinary Organs." This, the ninth lecture, embraces the subject of "The Clinical Significance and Pathological Importance of the Presence in the Urine of Inosite, Creatin, Creatinin, Cholesterin, Cystin (Calculi), Xanthin (Calculi), Leucin, and Tyrosin." Inosite, first discovered by Scherer in the muscular tissue of the heart, where it exists largely, is a white crystalline substance, and was supposed by its discoverer to be a kind of sugar, being isomeric with saccharum lactis. It, however, differs from sugar of milk in various ways. The means to be used for testing water supposed to contain inosite is next described, and after it

comes in detail Gallois' method of analysing urine when this substance is thought to be present. In examining albuminous and diabetic urine for this body, certain precautions are necessary to avoid being led into error; these the lecturer enumerates. Inosite is contained in the voluntary muscles of the ox; the crystals, of which a drawing is given, are devoid of colour and transparent, being needle-shaped, stellate, fan-shaped, or of an oblong character. Besides being found in the heart tissue and in the voluntary muscles, inosite exists in the brain, the lungs, the spleen, and the pancreas, and must therefore be looked upon as a normal constituent of the animal economy, wherein its action is not known; but it seems probable that it is an effete product. Healthy urine does not contain this substance, but that of diabetic or albuminurious patients does so, and in appreciable quantities. Sugar and inosite may co-exist in the urine; they are, however, more frequently found in an isolated state as regards each other. A list of affections, and of the organs in those affections in which inosite occurs, is next given. The subject "Creatin and Creatinin in Health and Disease" is then considered. Creatin exists in the urine quite as often as creatinin, but only the latter is excreted, owing to the ready convertibility of the former into it. The chemistry and physiology of these substances are detailed. Little is known respecting their pathological relations. The chemistry of "Cholesterin as a Urinary Deposit" is next examined. Cholesterin is easily distinguished from ordinary fats by being non-saponifiable with alkalies. The best tests for this substance are, that it is extremely soluble in hot alcohol, that it redeposits in a crystalline form when it cools, and that its microscopic character is very well marked. Boiled for a long time with nitric acid, cholesterin becomes converted into oxalic, acetic, and butyric acids. An inquiry into the physiology and pathology of cholesterin is instituted. It exists largely in bile, in the brain and spinal cord, in the substance of the liver and spleen, and in the blood. It is not to be met with in the healthy excretions. There has been mentioned one particular in which it differs from ordinary oils, but another requires to be noted, and that is that it is heavier than water. Pus, especially if it be allowed to stand for several days, very often contains crystals of this material. When they appear in the sputa and in the urine they are then, and, perhaps, only then, of any moment, being evidences of severely-disordered tissue metamorphosis.——Mr. SEDGWICK contributes notes "On a Case of Felonious Administration of a Spanish Fly followed by Epilepsy and Hysteria." The patient, a young girl thirteen and a half years of age, had a jam tart containing a Spanish fly given her to eat. Half an hour after ingestion, giddiness, pain between the shoulders, and a burning sensation in the throat supervened; fainting and insensibility followed; the abdomen became distended; the vulva irritated and swollen; bearing-down pains, nausea, vomiting of blood; scantiness of urine, which was of a high colour; strangury; strongly disagreeable odour in the nostrils; epileptic fits, complicated with hysteria, followed. The treatment consisted in the administration of alkaline salines, mild aperients, and warm fomentations to the vulva. The epilepsy was accompanied with ischuria, probably of an hysterical nature. After a little time the face was noticed to be swollen, sallow, puffy, and the height and size to have decidedly increased. The menses had been entirely arrested in their flow. The sleep was bad. When the health was renewed the epilepsy disappeared, the sleep improved, but the menses did not return for seven months after their disappearance.——Deputy Inspector-General HARE continues his paper "On the Treatment of Malarious Fever." In the present portion of the paper before us the following are discussed:—"Absence of Inflammation in Malarious Fever;" that "poisoned blood stagnates in the capillaries;" "venous hæmorrhage;" "Rangoon and Terai fevers;" "generous diet and quinine vice bleeding and starvation." It was shown from the hospital returns that there was no acute inflammation in malarious fever, but that in dysentery there was so; and, moreover, to such an extent as to cause the effusion of lymph and the gluing together of the intestines with certain other forms of lesion. In fever cases there is immense congestion of the venous system, especially of the veins of the brain and abdomen, attended with passive effusion of serum into the brain, liver, and spleen, and, as a consequence, softening of the tissue of these various organs. The stagnation of the poisoned blood in the portal system is explained by loss of vitality on the part of the blood as well as by the loss of the power of assimilation to the tissues by which it is normally attracted. Owing to the extreme congestion, and the engorgement and distension of the veins of the liver, and by the effusion of blood into the substance of the liver, the secreting cells of that organ are destroyed; only a small quantity of bile is consequently excreted; the blood becomes impregnated with the excretion, the skin is dyed with the same, and the perspiration acquires a strong bilious smell. The spleen and liver are both so pulpified by the congestion which takes place in the fever, that, by merely examining them during life, unless very great caution be observed, there is great danger of rupturing them. Sometimes the blood is so poisoned in malarious fevers that it decomposes as rapidly as occurs in the cases of death from the bite of the snake; and during life oozing of blood will take place from the nostrils, gums, or, indeed, from any open sores. This oozing may in some instances prove uncontrollable, in consequence of the non-coagulability of the blood. The blood will in this manner flow from the gorged mesentery, and blood evacuations will ensue. In a number of cases the oozing can be seen to occur from the entire tract of the mucous membrane of the bowel. Good diet, and in such quantities as the stomach will bear, quinine administered early and freely, quickly removes the congestions and prevents the depravation of blood; there was no tardy convalescence, but, on the contrary, rapid recovery, so rapid that patients left the hospital in about a week; there was no running of the acute into the chronic forms of disease.

THE 'SOCIAL SCIENCE REVIEW, AND JOURNAL OF THE SCIENCES.' Edited by B. W. RICHARDSON, M.A., M.D. December, 1864.

Among other articles in the present number there is a short poem, written in the Spenserian stanza, "On the Pre-Adamite World, and the Creation of Man," by Dr. C. BLACK. The facts and theories of geology are interwoven, with considerable ability, with the poetical description of the primæval globe. In another article the system of "Wet-Nursing by Strangers" is denounced, and the writer, who, by internal evidence, appears to be a lady, points out the ill-effects of the system upon mothers and infants. The moral as well as physical evils following wet-nursing are insisted upon with great force; and it is recommended, when the supply from the mother is necessarily cut off, that the child should be fed upon the milk obtained from some of the lower animals, mixed with farinaceous matter.

PARISIAN MEDICAL NEWS.

TREATMENT OF THE COMPLICATIONS OF DISEASE OF THE HEART.

Anasarca consequent on heart-disease greatly adds to the previously existing obstruction in the circulation and the respiratory organs; the occasionally enormous swelling of the inferior extremities and scrotum is also extremely distressing; these symptoms, therefore, require attention, and although the organic disease of the heart is incurable, the sufferings of the patient may be alleviated, and life in certain cases prolonged.

In his private practice and in hospital M. Trousseau resorts to a variety of remedies, the most efficacious of which are drastics, and more especially the compound tincture of jalap, in doses sufficient to cause as many as fifteen or twenty motions every day. Under the influence of this powerful medication, a large quantity of fluid is poured out on the surface of the intestine, and the œdematous condition of the cellular tissue promptly disappears. In illustration of the good effects of this mode of treatment, M. Trousseau has often alluded to the history of a man in an advanced stage of heart-disease, who presented, when admitted into hospital, so considerable a degree of infiltration that death appeared to be imminent. The compound tincture of jalap was exhibited; copious serous evacuations followed; the anasarca subsided; and life was prolonged for twelve months. A similar case occurred in our own practice. The patient was a lady suffering from œdema of the extremities, and from serous effusion in the chest and abdomen; the same remedy was resorted to, and its effects were such as to avert the necessity of tapping—an operation which might possibly have had the most serious consequences.

When the exhibition of cathartics fails in reducing the œdema, or when the condition of the digestive organs forbids their use, the diuretic wine of the Hôtel-Dieu may often be resorted to with advantage. But if this preparation, if nitre, infusion of leaves of digitalis, and other remedies of the same class prove unavailing, M. Trousseau has recourse to acupuncture—a perfectly harmless procedure if performed with a sharp needle or narrow-bladed lancet. As many as a hundred and fifty punctures may thus, if necessary, be made on the inferior extremities and scrotum, and the discharge is often so copious as thoroughly to saturate the bed. This method affords great and prompt relief, and patients so fully appreciate its efficacy that they generally solicit its repetition.

Another and less known remedy to which we more especially invite attention is the external application of croton-oil.

A blister would doubtless promote the escape of a certain amount of fluid from the subcutaneous cellular structures, but in cases of general anasarca this method would for several reasons be objectionable. In many instances the wound would induce mortification, and in this respect croton-oil is a far safer agent; it causes the formation of an immense number of vesicles through which enormous quantities of fluid are discharged. During the present session, which closes unfortunately with M. Trousseau's retirement from clinical tuition, the Professor delivered an interesting lecture on the treatment of the complications of organic disease of the heart, and expatiated on the benefits derivable from frictions with croton-oil in anasarca. These good effects cannot, however, be attained unless a large quantity of the oil be used, and unless the patient will consent to remain night and day seated in a chair, a position which facilitates the escape of the serous effusion. In one case in which this treatment was instituted with entire success, three or four drachms of croton-oil, spread over soft chamois leather, were daily rubbed in over the entire surface of the legs, and the operation was repeated for three successive days in order to bring out a copious vesicular eruption. The vesicles burst, and through the apertures so considerable a quantity of fluid escaped that the cloths were changed as often as six times in one night. The patient had consented to remain seated in an arm-chair, a position in which he could breathe more freely. It may not be uninteresting to remark that the beneficial influence of the treatment was not at first observable on the lower, but on the upper part of the body; the face, and subsequently the arms, hands, and scrotum, resumed their natural shape, and afterwards the pelvis and legs recovered their natural dimensions. M. Trousseau made no attempt to close these salutary issues, but allowed them to remain open for a fortnight after the removal of the anasarca, and recommends a similar practice in order to prevent a sudden reappearance of the infiltration.

ELECTRIC ACTION OF MINERAL WATERS.

In an original and highly instructive volume, M. Scoutetten had already expounded his theory of the action of mineral waters; and he now submits this important question to the judgment of both the Academies. From the youthful ardour with which this venerable practitioner urges on the revolution it is his object to accomplish in the science of hydrology, it is easy to perceive that he is not merely actuated by a craving for renown, and that in his struggle against prevalent opinions he is encouraged by deep-seated conviction, and by a praiseworthy eagerness for the triumph of ideas which he conceives to be in accordance with truth.

Although most authors agree that the mineralising ingredients of certain spas afford but an unsatisfactory explanation of their therapeutic virtues, all contend that the special operation of several of these springs on the system is obviously due to their composition. Few observers, for instance, will hesitate for a moment to ascribe to sulphur or iron the manifest curative action of sulphurous or ferruginous waters. In addition, a variable degree of importance is also attributed to the temperature of the springs, and to the organic substances detected by the chemist amongst their other components. Fifty years ago, it is true, in a remarkable thesis on 'Iatroleptic Medicine,' M. Gazan, of Vallauris (Var), endeavoured to demonstrate the existence of a kind of *nervous absorption* entirely distinct from that which it is the function of the lymphatics to effect, and which conveys the medicinal impression along the nerves to the brain and spinal cord. After Anglada and Bénard, in 1827, Thiriat, in 1830, and Becquerel, M. Scoutteten is the first who suggested that this vital operation might be the result of electric agency, and minutely studied its effects on the human system.

M. Scoutteten, provided with the most improved instrumental apparatus, and unsparing of his labour, visited the principal mineral stations in France, Corsica, Italy, Germany, and Belgium, and in each placed himself in immediate communication with the resident Medical practitioners; at each spring he instituted a series of experiments, and displayed at Paris, Vichy, Plombières, Contrexeville, and

Luxeuil, unflagging earnestness in the demonstration of his opinions on the science of hydrology.

He states in his first proposition, that whereas the needle of the galvanometer is but slightly deviated by river-water, mineral waters placed in contact with the human body, or merely with the hand, cause a much more considerable deflection. He also instituted interesting researches on the comparative power on the electrometer of waters examined at the springs and of the same waters preserved and conveyed to some distant place. The Bassompierre spring, for instance, at Plombières, causes a deviation varying from 65 deg. to 80 deg., whereas, when bottled and preserved for a few months, the water has very little more effect on the needle than common river-water. At Bourbonne, the deflection of the needle exceeds 80 deg., but falls to 18 deg. after the water has been preserved for a few months in bottle. The natural temperature of the springs also perceptibly increases their electric energy. Thus, the waters of the Roman bath at Plombières (122 deg. Fahr.) cause a deflection of 60 deg. of the needle of the galvanometer, but when cooled to the temperature of the atmosphere, they induce a deviation of 22 deg. only; hence it appears that mineral waters are extremely active at the springs, but gradually lose their power by exposure to the air, and become utterly inert after a few days' preservation.

M. Scouttetten contends that to their electric virtues mineral waters are indebted for the greater part of their therapeutic properties, and therefore that artificial mineral waters have no medicinal value, but that which may legitimately be traced to their mineralising ingredients.

M. Scouttetten's views are assuredly deserving of every attention, and we cannot but regret that the Academy of Medicine has not thought proper to inquire further into so interesting a subject. It would have been important to submit to the examination of competent authorities the assertions brought forward by the learned Professor, in order to ascertain whether they are correct; and in case they are found to be true, to determine the comparative share of electricity and of the chemical components in the physiological and medicinal effects of hydro-thermal treatment.—'Journ. of Practical Medicine and Surgery.'

INDIGNATION MEETING OF QUACKS.

(From 'Punch.')

There took place yesterday, at the Hall in the Haymarket, a meeting attended by all the advertising quacks in the kingdom. The occasion of this concourse was the sentence of two years' imprisonment and hard labour on two of their number, Messrs. Henery and Anderson, for the crime of extortion. Amongst the blackguards present were noticed Mr. Stoat, Mr. Skunk, Mr. Foumart, Dr. Cutts, Mr. Larogue, Dr. de la Ruse and Co., and others whose names are notorious.

The chair was taken by Mr. Stoat, who said he was sure that all present would sympathise with their brethren in bonds, their brother Henery and their brother Anderson, whose case might be their own if not to-morrow, anyhow at the next sitting of the Central Criminal Court, or the approaching Assizes. The worthy speaker concluded by using strong language with relation to the judge and jury by whom the prisoners in question had been tried, applying to them each and all a term and an epithet too habitually employed in controversy by the lower orders.

Mr. Foumart said the exposure which had attended the trial of Henery and Anderson was a very bad job. It had aroused the attention of the most powerful part of the Press, which was now exerting its power in a manner calculated to crush them, if any power on earth could. But he had great confidence in certain newspaper proprietors' love of gain, which, he trusted, would, in spite of anything their Editors might say, secure their persistence in allowing to be inserted in their columns those advertisements which writers inspired with virtuous indignation called obscene (a laugh), and infamous (renewed laughter), but which were the necessities of their position, of their very existence as practitioners. (Hear, hear!) If they could no longer advertise, it would be all up with them. But so long as their advertisements were permitted to appear in papers of respectability (laughter) there would be plenty of readers, whom no disclosures, and no cautions or warnings, would deter or restrain from consulting the advertisers. He was happy to say that in spite of all that had been said, the papers that had hitherto published, still continued to publish those announcements that served them for the same purpose as limed twigs did the bird-catchers. (Cheers.)

Mr. Larogue, matriculated member of the University of Perth! was afraid that the so-called respectable part of the Press would proceed from bad to worse. The 'Lancet' had mentioned names. The same course might be taken by a leading newspaper. One or two of the principal papers might unite not only in denouncing advertisers by name, but also in calling public attention to the papers which continued to insert their advertisements, pointing the advertisements out, and stigmatising the papers in which they appeared as unfit to lie on breakfast or drawing-room tables. That would be enough to smash them all.

Dr. de la Ruse said that must be looked to. However, if the papers were closed to their advertisements they might still fall back on posters and handbills. As yet, happily, there was no law which rendered the authors and distributors of the puffs which so vexed the righteous (laughter) liable to hard labour in the House of Correction. (Hear!)

Mr. Skunk agreed with all that had fallen from the Chairman relative to the judge and jury that had sent poor Henery and Anderson to oakum and the treadmill. But there were other judges and other juries, and, thank Parliament, there was the law of libel still strong enough, he hoped, to enable them to set the Press at defiance. His (Mr. Skunk's) name might be a by-word of infamy, but he didn't care for that one dump, and he exulted at the thought that, notorious as he was, and noisome as his reputation might be, if anybody dared in print to apply to him individually the language that public writers applied to advertisers of his stamp in general, he should, if he chose to bring an action against that party, have no difficulty in finding a barrister to undertake his cause, and very likely persuade a British jury to give him heavy damages. (Loud cheers.) He would move that the meeting resolve itself into a Mutual Protection Society, whose object should be to provide means to enable any one of its members who might happen to be exposed in any of the papers, or other publications, to bring an action against the proprietors of the print in which his practices were reprehended, or any attempt was made to prevent the sale of his medicines. (Hear, hear!)

The resolution having been carried unanimously, the meeting dispersed, and, the room having been cleared,

An officer of the Board of Health (attending by order) entered, and sprinkled the place with chloride of lime.

CAPITAL PUNISHMENT COMMISSION.—Meetings of the Capital Punishment Commissioners were held on Wednesday, the 30th ult., and Thursday, the 1st inst., at which the Duke of Richmond, the Right Hon. S. Lushington, D.C.L., the Attorney-General for Ireland, Mr. H. Waddington, Mr. W. Ewart, M.P., Mr. Gathorne Hardy, M.P., Mr. C. Neate, M.P., and Mr. G. Ward Hunt, M.P., attended. The Secretary, Mr. J. H. Patteson, was also present.

CONTAGIOUS DISEASES ACT.—The first informations laid under the provisions of this Act at Portsmouth were laid on Saturday, December 3, before the borough bench of magistrates, by Mr. Superintendent H. Guy, metropolitan and dockyard police, and in charge of Portsmouth dockyard, for two notices under the 15th section of the Act. It is believed by the naval and military authorities that the working of the Act will be all that its promoters can wish. The towns affected by the Act are Portsmouth, Plymouth, Chatham, Sheerness, Aldershot, Colchester, and Shorncliffe, in England, and the Curragh, Cork, and Queenstown, in Ireland.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 14, 1864.

A RAILWAY COMPENSATION CASE.

In a case tried at the Court of Queen's Bench last week, a member of our Profession, although fortunately he was neither the plaintiff nor the defendant, was a party very much concerned, and for this reason we allude to the story, which otherwise is an amusing, if not a very instructive one. The conduct of the Medical gentleman alluded to, Dr. David Roberts, requires no defence at our hands, because he was quite able, in his replies to the Lord Chief Justice and to the counsel, to defend himself, though at the same time we are not disposed to commend his part in the transaction. It is some consolation, however, to reflect, when we have had so often to record the manner in which our Medical brethren are robbed and cheated by the public, that Dr. Roberts in this instance has pocketed a good large sum, and, what is more, that he is able to keep it.

The case was originally a railway compensation one; the plaintiff, an omnibus conductor, living in Southwark, had sustained some injury by an accident upon the Great Eastern Railway, for which he supposed he had a claim against the company. He was a member of some club, of which Dr. David Roberts was Medical officer. Dr. Roberts was sent for to attend him, and did so for some time during the months of November and December last year. He recommended him to a patient of his, the defendant, who was a commission agent, but who the plaintiff said he supposed to be "in some way connected with the law," in order to obtain him compensation, and the plaintiff wrote a letter authorising him to settle the claim. Negotiations took place between the company and the defendant, in the course of which the company were informed that Dr. Roberts's "charges were 64*l.*, and were still running," and ultimately Dr. Roberts delivered to the defendant (but not to the plaintiff) a bill for 80*l.*, for Medical attendance, and in the result the defendant received from the company, on the 30th December, 1863, the sum of 210*l.* on the following receipts:—

"Ives *v.* the Great Eastern Railway Company.

"Dec. 30, 1863.

"Received from the above company 200*l.* on behalf of Mr. Ives for injuries arising from an accident on their line. This receipt is in full demand, including Medical attendance."

This receipt was signed by the defendant, and the sum of 210*l.* having thus been received by him from the company, he paid 170*l.* to Dr. Roberts in two distinct sums and by two different checks, of 100*l.* and 70*l.*, the first for the plaintiff, the latter for Dr. Roberts himself, to cover his bill for 80*l.*, deducting 10*l.* which the doctor said he allowed him as bonus. Then Dr. Roberts paid 100*l.* to the plaintiff (deducting about 15*l.* for money advanced to him), and finally a receipt was given by the plaintiff to Edwards, the defendant, for 100*l.*, "exclusive of Medical charges." Thus the plaintiff had received only 100*l.* out of the 210*l.* The present action was brought to recover 100*l.*, the balance of the sum of 200*l.*

The case for the plaintiff was, that Dr. Roberts, being the Medical officer of the club, had no claim against the plaintiff, and that at the time of receiving the compensation money, he (the plaintiff) did not know the amount of Dr. Roberts's charges, which, it subsequently appeared, amounted to 80*l.* for less than two months' attendance. The case for the defence was, that Dr. Roberts was employed as the plaintiff's Medical attendant on the ordinary terms, and that the plaintiff knew that the Medical charges were to be paid out of the compensation money. As we have no desire to enter into the case, except so far as Dr. Roberts is concerned, we leave that gentleman, in his evidence given for the defence, to speak for himself.

Dr. Roberts was called as a witness in support of the defence. He said he was certified Medical officer to the club of which the plaintiff was a member, but was sent for to attend him in the ordinary manner, as the plaintiff did not "declare" upon the funds of the club. He attended the plaintiff professionally on the usual terms, and the plaintiff authorized him to "settle" the claim on the company for him. Up to the 1st of January, 1864, his charges for Medical attendance were 80*l.*

The Lord Chief Justice: Is that what you usually charge persons in his position of life?

Witness: When we charge the railway company. (Laughter.)

The Lord Chief Justice: But you are not charging the railway company; you are charging this poor man. Is that the rate at which you usually charge persons in his situation of life?

The witness explained that in this instance he was to have his charges from the railway company as a separate sum. He saw the Medical officer of the company, and told him he should expect to have his charges from the company; and (as he understood) he assented thereto, and (as he understood) the amount of his charge was to be paid by the company separately. He went on to state that he told the plaintiff he knew a Mr. Edwards, a "commission agent," who had settled claims on railway companies, and who would negotiate compensation for him, holding him free from expense in case of his not succeeding, and receiving 20 per cent. as "commission" on the amount received. Afterwards the witness said he told the plaintiff that the company offered 100*l.* and the expenses. He had sent in his bill to the railway company up to the 16th of December, amounting to 64*l.*

The Lord Chief Justice: Had it grown to 80*l.* up to the 1st of January?

Witness: Yes, it had. He went on to state that Edwards paid him 180*l.*, out of which he paid the plaintiff the 100*l.*, less the sums advanced. He had given Edwards a receipt which ran thus, dated the 1st of January, 1864:—

"To professional attendance and medicine from the 3rd of November to the 1st January, 1864, rendered and supplied to Mr. Ives, 80*l.*

"Received the above from Mr. Edwards.

"DAVID ROBERTS, M.D."

Cross-examined by Mr. H. James: Are you a physician?—I have graduated in Medicine, and am an M.D., and hold six diplomas, and am qualified both as surgeon and physician.

You are qualified as a physician and to charge as a physician?—Yes.

It was elicited from him that Edwards was a patient of his, and that he knew him as a trustworthy man who settled claims on companies. He paid Edwards, he said, 10*l.* out of the money he himself retained.

The Lord Chief Justice: What, as a bonus?

Witness: Yes.

In answer to another question, he said he had received 180*l.* from Edwards and retained 80*l.* for his charges.

The Lord Chief Justice: What did you do for him?

Witness: I attended in the usual way. I watched the symptoms. (Laughter.) I made applications; there was the ordinary treatment.

Mr. James: Not much medicine I believe?

Witness: What was necessary.

Mr. James: Now, you never sent the plaintiff the bill. Pray, did Edwards ask you if he had seen it?—No.

You knew that Edwards had received 210*l.* from the company?—Yes.

Did you tell the plaintiff that Edwards had received 210*l.* from the company?—No.

Why not?—I did not think it necessary.

The witness was pressed if he had not deducted 30*l.* out of the 100*l.* he paid the plaintiff; but that he denied. He was then asked if he had not told the plaintiff that he had received the expenses and commission above the 100*l.* so "paid" to the plaintiff, and he said he had.

Mr. James: Did he not ask you what was the sum received from the company above the 100*l.*?—I have no recollection.

The witness further denied that he had deducted 30*l.* for expenses, and said he paid the plaintiff 90*l.* or 85*l.* He went on to say that the plaintiff was "satisfied."

The Lord Chief Justice: Satisfied! Why, yes; a man may well be satisfied to receive 100*l.* if he thinks he has no more to receive, but he might not be so satisfied if he knew that 200*l.* had been received.

Mr. James: Did you tell him what the amount of your charges was?—No. He never asked.

Did he ever agree that the amount should come out of the sum received from the company?—Yes, he did. I told him that I should charge the company different from other patients, upon the principle that those who can afford to pay should pay for those who can't. (Much laughter.)

The Lord Chief Justice: That, I suppose, is the "principle" upon which this account was made up? (Laughter.)

Mr. James: Pray did he not ask you in January what sum had been received from the company?—Yes, he did.

What answer did you make?—That 100*l.* had been received for him.

The Lord Chief Justice: That, you know, was untrue?—No, there had only been 100*l.* received for him; there were the expenses.

The Lord Chief Justice: But you know that in any view the "commission" of Edwards was a matter between him and the plaintiff?

Witness: Well, at all events, that was the answer I made.

Mr. James: Pray did you then tell him that 210*l.* was the gross amount received from the company?—No.

Why not?—Well, I thought he had spent all he had received and wanted more, and I saw no reason to tell him, as the expenses and commission were to come out of the amount received.

The witness was then pressed a good deal as to whether he had not attended the plaintiff as Medical officer of the club, and he at last admitted that he had first attended him in that character, but he insisted that afterwards he had attended him as a railway patient, and on the understanding that he was to receive the full amount of his charges out of the sum paid by the company.

The result of the case was, that after a very able summing up by the Lord Chief Justice, the jury returned a verdict for the plaintiff upon certain points, and assessed Dr. Roberts's charges at the sum of 20*l.*, being 60*l.* less than he actually received. This decision will in no way affect Dr. Roberts, who retains his money; and we very much doubt whether the verdict will stand, as the Lord Chief Justice gave leave to the opposite side to set it aside on the ground that it was against the evidence. But with this and other minor features of the case we have no concern, and we only allude to the trial, as we have above remarked, because the honour and the character of our Profession are in some measure involved in the part played by Dr. Roberts.

That gentleman is a duly registered member of our body, and possesses a host of qualifications. He is a Doctor of Medicine of Glasgow, a Licentiate of the Royal College of Physicians of Edinburgh, 1859, a Licentiate of the Faculty of Physicians and Surgeons, and a Licentiate in Midwifery of Glasgow, a Member of the Royal College of Surgeons of England, 1855, and a Licentiate of the London Society of Apothecaries, 1859. Nevertheless, we are not disposed seriously to contest the force of the observations made by the Lord Chief Justice in his summing up, to the effect that a bill of 80*l.* for less than two months' attendance upon an omnibus conductor is an extravagant charge, even although the amount is to be recovered from a railway company; nor are we prepared to defend the propriety or expediency of a Medical man assisting in arranging the terms of a compromise in a case of railway accident.

Dr. Roberts, in his examination, is pressed to state whether he is qualified as a physician and to charge as a physician, and he says he is, although one would think that attendance on a case of accident on a railway rather fell within the province of a surgeon, in which capacity, however, Dr. Roberts is also qualified. He further supplied medicines, which function belongs to the domain of the apothecary, in which Dr. Roberts is also qualified to practise. Still, we repeat that, in our opinion, Medical, surgical, and pharmaceutical services altogether were hardly entitled, under the circumstances, to the payment at the rate of a guinea a visit. The fact is, that as the whole attendance lasted only from the 3rd of November to the 30th of December, the payment for several days must have been charged at the rate of two or more guineas a day.

Time was when the conventional idea of a physician was that of a Medical man who confined himself to prescribing medicines, but did not supply them, and who, in consideration of his spending more time than others in the pursuit of science, and of his abstinence from seeking after small fees, was rewarded by the public with the customary guinea. But *nous avons changé tout cela*, as the doctor says in Molière's '*Médecin Malgré lui*,' and we have heard of Members and even Fellows of the Royal College of Physicians of London who have seen respectable and well-to-do patients twice, or even three times, for a single guinea; but such "small deer" as these must be beneath Dr. Roberts's notice.

Still, many of the replies given by Dr. Roberts to the Lord Chief Justice and to the counsel deserve more serious attention than they appear to have received from the audience of the Court of Queen's Bench, where we learn they were greeted with reiterated bursts of laughter. The public seem to have been particularly amused by the observation of Dr. Roberts, "that he charged the company differently

from other patients, on the principle that those who can afford to pay should pay for those who can't." There is an amount of force and significance in this remark which is really worthy of record. If (as is probable) there were any tailors on the jury, they must know perfectly well that the charges made by that class of tradesmen are levied exactly on the principle so naïvely expressed by Dr. Roberts; and in respect to the Medical Profession, the sentiment is really justifiable when we reflect on the enormous amount of gratuitous Medical advice and medicine distributed to the community, to say nothing of the meanness of many *quasi*-paying patients, and the downright dishonesty of others.

Again, in reference to the principle of making railway and other companies and respectable people in general pay much more than poor individuals, and as to the system of making speculative charges in the hope that some solvent person or persons will pay them, are the members of the legal Profession blameless in this respect? Suppose, in the case now alluded to, that, instead of compromising the matter, the omnibus conductor had brought his action against the company, would not Serjeant Buzzfuzz and Mr. Bouncer, Q.C., who would have left the omnibus cad to get his remedy as he could, if his adversary had been a coal-heaver or a costermonger, have eloquently pleaded his cause under the hope and expectation of recovering damages and costs from a great railway company? And although Dr. Roberts has got his 80*l.* for two months' Medical attendance, would not a much larger sum than that have been expended in law in one or two days? This is the "humour of it," as Nym says; and as Dr. Roberts has got the money instead of the lawyers, we see no great cause for lamentation on that account.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your affording me space to lay before the Poor-law Medical Officers the following Bill, in order that they may give it their serious consideration prior to the meeting of Parliament. It will be seen that I have thrown upon the General Council of Medical Education, in conjunction with the Poor-law Board, the responsibility of fixing our salaries, which I trust will be the means of preventing the opposition of the Guardians to the Bill. I hope my Medical friends will not object to the establishment of dispensaries in all densely-populated places, as I feel sure it will not only be beneficial to the poor, but that it will tend to elevate the Poor-law Medical Officer in the opinion of the public, and save him a vast amount of time which might be far better spent than in dispensing medicine.

I am not at present prepared with a member of Parliament to take charge of the Bill; if, therefore, any Poor-law Medical Officer can induce an honourable gentleman to do so, and will communicate with me on the subject, I will furnish all requisite information.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
6th December, 1864.

"*A Bill*

"On the subject of Poor-law Medical Relief, with a view to secure to the poorer classes the most efficient medicines and to the Poor-law Medical Officers a uniform and equitable rate of payment.

"Whereas it is expedient to alter and amend the laws relating to the Medical relief of poor persons in England and Wales, Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons in the present Parliament assembled, and by the authority of the same as follows:—

"1. That within six months after the passing of this Act, it shall be the duty of the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, to lay down a uniform system of Medical relief for the poor.

"2. That the Poor-law Board shall order the establishment of dispensaries in all those parts of unions, incorporations, and parishes under local acts, where the population resident in an area the diameter of which is less than four miles exceeds ten thousand in number, and, when they deem it expedient, may unite the Medical departments of two or more unions, incorporations, or parishes, for the purposes of this Act.

"3. That in unions, incorporations, and parishes under local acts, or parts of one or the other, where the population is much scattered, the Poor-law Board may allow the Poor-law Medical Officers to find medicines for the sick poor, and shall direct the guardians to pay them, in addition to their salaries, such sum or sums of money as the Poor-law Board, under the advice of the Medical Council of Education and Registration, shall advise.

"4. That the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall fix the salaries of all the Poor-law Medical Officers, whether union, parochial, or under local acts in England and Wales, on a uniform and definite principle, especial regard being had to the number of sick poor attended by them and the distance to be travelled.

"5. That the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall draw up a list of cases for which extra Medical fees shall be paid, and also fix the amount of money which shall be allowed for each case on such list; but should the Guardians be desirous to commute the extra Medical fees, they may be allowed to do so, on making a triennial calculation of the amount of fees which have been paid during the preceding three years and adding them to the salary, but where the fees have already been commuted that then a calculation of the cases where fees would have been payable, but for the commutation, shall be made and the amount added to the salaries.

"6. That all medicines found by Boards of Guardians or their Medical officers, all salaries, and all extra Medical fees shall be paid for out of such moneys as shall be annually voted by Parliament for the purposes of Medical relief, and by the Boards of Guardians in equal shares and proportions; or in default of any parliamentary grant for the purpose, then the whole payment shall be a union charge.

"7. That the Poor-law Board shall annually lay before Parliament a classified report of the diseases treated by the Poor-law Medical Officers in each union, incorporation, or parish under local act in England and Wales, and also the number of deaths occurring in each class.

"8. That the statutes now in force, or rules, orders, and regulations of the Poor-law Commissioners, or Poor-law

Board, or parts of either one or the other, which are contrary to the true intent and meaning of this Act, shall be, and they are hereby repealed and rescinded; and from and after six months from the passing of this Act shall have no force or effect; but nothing herein contained shall prevent the Poor-law Board issuing any order or orders, or making any rule or rules or regulations for the better carrying out the true intent and meaning of this Act."

THE GOSS TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—I beg to enclose the second list of subscriptions to the above Fund, which I shall feel obliged by your publishing in this week's MEDICAL CIRCULAR:—

	£	s.	d.
The Proprietors of the 'Medical Mirror'	1	1	0
C. J. B. Aldis	0	10	6
J. Brady, M.P.	0	10	6
F. Blackman	0	10	6
R. Buswell	0	10	6
J. Cooper	0	10	0
G. Fowler	0	10	6
G. Hewitt	0	10	6
B. Hicks	0	10	6
W. Harvey	0	10	6
Henry Johnson	0	10	6
Edward Jones	0	10	6
H. H. Massey	0	10	6
H. Meadows	0	10	6
A. M. McWhinnie	0	10	6
T. R. Mimpress	0	10	6
H. K. Owen	0	10	6
P. M. Powell	0	5	0
G. Roper	0	10	6
T. Remington	0	5	0
J. Skaife	0	10	6
W. Soper	0	10	6
W. Wood	0	10	6
Edward Willett	0	10	6
J. J. Williams	0	10	6
W. H. Wilshire	0	10	6

30 Newington place, S., December 7, 1864.

I am, &c.;
NOWELL STOWERS.

CASE OF GENERAL EMPHYSEMA OCCURRING DURING LABOUR.

To the Editor of the Medical Circular.

SIR,—The following case may be interesting to some of your readers, viz.:—

On September 14, I was called to attend Mrs. A. T., a healthy, well-nourished young woman, in labour with her first child. The "pains" were strong and regular, the os uteri well dilated, and labour progressing favourably, when suddenly the patient complained of a violent stabbing pain just below the left breast, and shortly after called my attention to her face, which she said had begun to swell. On examination, I found the cellular tissue of the face, arms, and thorax, &c., very much distended, pitting and crackling under pressure. Uterine action being entirely suspended, there being severe dyspnœa, and air escaping rapidly into the cellular tissue during every act of respiration, I applied the short forceps and completed the delivery. I then made numerous small punctures into the cellular tissue (where the tension was greatest), from which the air readily escaped, to the great relief of the patient, who soon made a speedy recovery without any bad symptom.

As I could not detect any fractured rib, I must conclude that the pleura was ruptured by violent uterine action.

I am, &c.,
Lynton, North Devon. J. R. ELLIOTT, L.K.Q.C.P.I.

OBSTETRIC COMPLIMENTS.—At the meeting of the Obstetrical Society of London, on the 7th inst., the following gentlemen were elected Foreign Honorary Fellows:—Professor Hecker, of Munich; Professor Paget, of Paris; and Dr. J. Marion Sims, of Paris.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 21ST, 1864.

DR. GREENHALGH, President, in the chair.

A paper was read by Dr. HENRY LEE, F.R.C.S.,

ON DIFFERENT MODES BY WHICH CONSTITUTIONAL SYPHILIS MAY BE COMMUNICATED.

Until within a comparatively short period, the author observed, it was of late years a well-nigh universally received opinion in Europe, that syphilis could only be communicated by a primary syphilitic sore; that a chancre which was followed by secondary symptoms was always the result of contact with the secretion of a similar affection. Great and grievous have been the injuries inflicted by this theory both on single and on married persons; for anyone who in any way had contracted syphilis under the reign of this cruel dogma was pointed at with the finger of scorn, was accused of having necessarily contracted the disease in some illicit way, and was not unfrequently most unjustly excluded from society. More than this; cases not unfrequently occurred, and have occurred under the author's own observation, where legal proceedings have been threatened or actually carried into execution, in consequence of a person having, as was supposed, contracted fresh disease after marriage, the parties instituting the proceedings being misled by the doctrine which then prevailed. The following case was given in illustration:—A gentleman who had had syphilis married. A few months afterwards his wife was found to have some indurated tubercles about the labia, with corresponding enlargement of the inguinal glands. A secondary eruption followed. The friends of the lady ascertained the nature of the disease, and being instructed according to the prevailing theory, accused the husband of having been unfaithful after his marriage. In this stage of the case the question was put to the author, "Can the husband have given the disease to his wife without himself having had a primary chancre?" Mr. Lee was enabled here entirely to clear the husband's character as far as his conduct subsequent to his marriage was concerned. Nor is the evil which this false theory has produced restricted to private life. Many and various have been the plans suggested for the prevention of the extension of disease amongst our soldiers and sailors; but while much pains have been at times bestowed to prevent the contagion of primary disease, comparatively little attention has been given to the subject of the equally contagious nature of certain secondary affections. It is to be hoped that the Government Commission appointed to investigate this subject will now take into its consideration the whole of the facts calculated to illustrate the real nature of the disease, the best mode of preventing its extension, and the most approved methods of treatment. Scarcely six years have elapsed since a most eloquent and able course of lectures was delivered in this room, the principal aim and object of which was to prove that the whole series of secondary syphilitic affections were not inoculable, and most carefully and fully did the talented author of those lectures express the opinions which were then generally received. Since that time the subject had not, Mr. Lee believed, been brought fully under the notice of this Society, and he had ventured, therefore, to do so upon the present occasion. Cases were then read illustrating the communication of the disease to a healthy women from a diseased child by means of an indurated ulcer on the breast, and the communication of the disease by vaccino-syphilitic inoculation. Numerous other cases of vaccino-syphilitic inoculation have now been recorded; and Dr. Viennois quite recently communicated to the Medical Congress at Lyons two fresh observations in addition to those which had previously been collected. On the 15th of May, 1862, six children were vaccinated. Five out of the six between three and four weeks afterwards had indurated ulcers on the inoculated parts. Each one of these five children communicated the disease to members of its own family, so that twenty-three persons were infected from this singl

source. The mothers and nurses of these children had first a chancre on the breast. The fathers of the children and the husbands of the nurses remained healthy until some form of secondary disease appeared on the private parts of the mothers and nurses, and then the husbands, in some cases, contracted the disease, which appeared in the form of a primary chancre. In a second case mentioned by Dr. Viennois, two children were vaccinated from the same source, and at the expiration of thirty-five days they both had an indurated chancre upon the inoculated parts. Dr. Viennois had proposed, in order to prevent the recurrence of such serious mischief, that the inoculation of the cow-pox or the horse-pox from the animals themselves should be substituted for the ordinary mode of vaccination; and it appeared that at Naples there actually exists an establishment for the purpose of carrying out this idea. The cow-pox is there inoculated on heifers. These heifers are driven about to different parts of the town as donkeys are here for the purpose of furnishing donkeys' milk. When anyone wishes his children to be vaccinated, a heifer is brought to the door; the driver removes a vesicle with a pair of scissors and gives it to the doctor on a pair of forceps, who then vaccinates the children with its contents. The fee for this kind of vaccination is five francs. The author observed that in speaking of vaccination our foreign neighbours very frequently used the term "vaccine pustule," and he had reason to believe that want of accuracy here might lead to some very serious mistakes. The vaccine poison produced a disease which essentially was not pustular. The vaccine lymph, examined under the microscope, contained no pus-globules at the time when it was fit for use. If the vesicle were allowed to remain, no doubt pus-globules would be formed; and if the purulent fluid were inoculated, a suppurating sore might be produced instead of the proper vaccine vesicle. Attention to the nature of the inoculated fluid he (Mr. Lee) believed to be very important, and thought that many of the "bad arms" seen after vaccination might depend upon other matters besides the pure lymph having been inoculated. There could be no doubt, he remarked, that the action which produced a pustule was one of an entirely different nature to that which produced a vesicle; and unless these two actions were practically distinguished, Medical men ran a great risk of inoculating a different disease to that which was intended. In these observations he did not allude to the presence of any separate specific poison in the inoculated matter, but simply to the kind of action which was intended to be communicated by the operation. If pus were inoculated, a pustule would probably result; it would be a suppurative action, and liable to all the complications which occasionally follow suppuration in a part. The author was informed by Mr. Tomkins, of the National Vaccine Establishment, that he had seen very serious constitutional effects follow the inoculation of the cow-pox taken from the cow. How far such effects depend upon pus being inoculated instead of lymph demanded our serious consideration. In the interest of science, we were called upon carefully to distinguish these two actions, and in practice certainly vaccination should never be performed with matter taken from a pustule. In the year 1854 the author published some lectures on syphilis which had been delivered the previous year at the Lock Hospital; and, in the fourth lecture, he dwelt upon the two kinds of results produced by syphilitic inoculation. He then stated: "In one case the appearances are in their origin—those of the adhesive inflammation; in the other, of the suppurative inflammation. And these constitute two very different classes of disease, both in respect to the local affections and their constitutional consequences." At this time every syphilitic inoculation was generally supposed to produce a "pustule"; and the production of this pustule was not only taken as the sure evidence of the syphilitic nature of the disease, but as a test for the necessity of giving mercury for its cure. Had we earlier learnt to distinguish the different kinds of morbid action which syphilitic inoculation gives rise to, much of the confusion which has reigned with regard to this branch of knowledge would have been avoided. It is now generally admitted that real syphilitic inoculation does not produce a pustule; that the disease which infects a patient's constitution commences as an abrasion, a pimple, or a tubercle; that the disease which does produce a pustule when inoculated is a disease of an entirely different kind, and that its effects are entirely local. Those who, therefore, maintained that the production of a pustule by inoculation was an indication for the administration of mercury, were advocating exactly the reverse of that which more recent observation has established. There can be no doubt but that the real infecting form of syphilis, commencing with a form of adhesive action, will, during some period of the existence of the primary affection, give rise to a puriform secretion, just as the vaccine disease will, after the ninth or tenth day, produce some pus-globules; but that does not in any way prevent us from recognising the essential characters of the disease, in its origin and in the induration which is subsequently produced, as quite distinct in one case as in the other from any purely suppurative action. Mr. Lee was led to dwell somewhat upon this subject as the distinction which he drew between the two kinds of syphilitic sores as far back as 1854 has been called in question by some of our continental brethren. They have said that a true chancre will secrete pus; a fact which Mr. Lee had always allowed. And so, he observed, will a vaccine vesicle, especially if irritated. In one case as in the other the disease begins without suppuration; and, if accidental causes of irritation be prevented, a very few days will leave the disease marked by the circular induration, and unaccompanied by any suppurative action whatever. One of the author's critics had supposed that in some drawings published last year of the microscopical appearances of the secretions of the two different kinds of syphilitic sores Mr. Lee had fallen into a mistake from not knowing the appearances of a pus-cell under the microscope. Mr. Lee thought he might at least have escaped this criticism had he mentioned that his friend, Professor Beale, had been good enough to make the drawings in question for him. The two kinds of action which were now described were very important, as enabling us to understand some forms of inoculation which otherwise would appear to follow no fixed law; particularly cases in which there has been a twofold inoculation, and where a mixed form of chancre has resulted. Such cases are not unfrequently observed in practice, but the evidence of their twofold origin is there not so satisfactory as if it had been the result of experiment. The evidence from direct inoculation is not, however, wanting. M. Melchior Robert has shown that if the secretions from the two kinds of chancres be inoculated by a single puncture on a healthy person, a soft chancre originating in a pustule will first appear, and subsequently an indurated chancre followed by secondary symptoms. M. Lindwurm has proved that if the secretion from an indurated sore be inoculated on a soft or suppurating sore, that sore will gradually be transformed into an indurated chancre, which will be followed by secondary symptoms; and M. Rollet has often demonstrated the fact that if the pus from a simple chancre be placed on the surface of an indurated sore, the affection will assume all the characters of the "mixed chancre." The limits of the present communication would not allow the author to go more fully into the subjects of the different kinds of secondary affections which are communicable by inoculation, nor of the inoculability of different kinds of secretion, as the milk, and the semen derived from a syphilitic subject. He would only remark, that, as far as his own knowledge went, he was not prepared to admit the inoculability of any secretion derived from a syphilitic subject without some increased or diseased action in the organ producing that secretion. Thus the saliva from a syphilitic person with a healthy mouth would not, so far as he knew, produce syphilis in another person. The milk from a healthy breast of a syphilitic woman would not produce the disease in the mouth of a child. The semen from a syphilitic person with healthy organs of generation would not produce syphilis, by being brought into contact with the mucous membrane of the vagina. But let any of the parts become diseased, or let them be subject to increased

action in a syphilitic person, and then the secretions from those organs have a power which they had not before, and might communicate the disease directly to any part with which they came in contact. The following case was given in illustration :—A gentleman requested to know what was the matter with him, and was informed that he had a chancre which would infect his constitution. He said it was impossible, as he had never seen but one person, whom he had known for a long time, who had nothing the matter with her, and who was quite willing to be examined if the fact were doubted. This person was accordingly examined. The mucous membrane of the vagina was red and congested, and a muco-purulent discharge issued from the vagina. There was no sore or abrasion of any part. On examining the chest and arms a distinct syphilitic eruption was visible, which she said she had had for some years, and believed to be the "nettle rash." It was then apparent in this case that the man had not been infected by this person, although in the way of becoming so, until, from some cause or other, some local increased or diseased action was produced in the organs of generation, and that then the secretion from those parts was inoculable. In this case the patient obtained the certificates of two Medical men to say that she was free from disease.

HARVEIAN SOCIETY.

NOVEMBER 17, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

(Continued from page 381.)

EFFECTS OF THE CLIMATE OF TASMANIA ON THE CHILDREN OF THE COLONISTS.

Mr. CURGENVEN would be glad to know if any member could give information as to the effect of Australian climates on the settlers and their offspring. In Tasmania he had heard that the climate was injurious to children. The heat of the day was excessive ; the nights very chilly. He believed epilepsy was common among children. The female children grew tall and thin, and their teeth decayed soon ; also the white part at the root of the nail disappeared.

Mr. JAKIN said that the tallness of young females is very marked, and they are called "corn-stalks" for their slenderness. There is large infant mortality in Australia, and much insanity prevails; also tendency to rheumatism, and absence of chest complaints.

The PRESIDENT had heard that adults agree well with Australia, while children do not. He was acquainted with an Australian family, where the girls were certainly all very tall, and answered the description given by Mr. Curgenven.

A debate was held on

SORE NIPPLES, MAMMARY ABSCESS, AND REMEDIES FOR THE SUPPRESSION AND EXCITATION OF MILK.

The PRESIDENT mentioned a case of diseased knee-joint which had come on after the patient had caught cold, and had suppression of milk in consequence. The knee became anchylosed, and he did not know to what category of affections to refer the case, whether pyæmia or rheumatism. He had broken down the anchylosis under chloroform successfully.

Dr. ROYSTON had rarely in his practice any cases of mammary abscess, and this he attributed to his advice to the mothers to place the child to the breast as soon as possible after birth. The best remedy for suppression of milk he had found to be a lotion of camphor dissolved in spirits of wine, applied to the breast.

Dr. GRAILLY HEWITT observed that, for the prevention of sore nipples, it was very advisable to inquire into the condition of the nipples before parturition. If necessary, they ought to be elevated by gentle sucking for some days before delivery; also, tender nipples might be bathed in a decoction of oak bark. After labour, the infant should be applied to the breast as soon as possible, in order to accustom it to suckle. He had found the best lotion for sore nipples to be a solution of nitrate of silver, in which case the child should suckle through a nipple shield. Sore nipples and mammary abscess are closely connected ; in apparent abscess sometimes there is no pus, but only milk, even where the skin is red. In such cases the breast should be rubbed and gently pressed ; this will often cure the apparent abscess. Treatment of chronic mammary abscess requires simply attention to the general health in some cases for its cure. A lady-patient had suffered recently from this painful complaint. She was placed by Dr. Hewitt on a diet containing a bottle of champagne every day, with some brandy, and was able to get about in a week.

Dr. BALLARD said that his experience had taught him that the welfare of both mother and child was best secured by delaying the application of the infant to the breast for a few days after delivery. The natives of India had this custom, and it was natural to suppose that they had found it beneficial. If the infant be put to the breast before the third day, it will generally be found to suffer from green motions and diarrhœa ; and the mother will be liable to after-pains, and to many diseases of the puerperal state. Large breasts in women were no proof of large secretion of milk ; the only proof is the condition of the nursling. He was convinced that the common practice of early putting the child to the breast was opposed to sound physiology.

Mr. JAKINS believed one of the best means for suppressing milk was lotion of belladonna, with salines ; and for promoting the flow he had heard that the leaf of the castor-oil plant was a good remedy.

Mr. WEEDEN COOKE believed that, in chronic mammary abscess of either breast, we must abandon suckling in both, or the bad breast will not heal. Pressure was a good means of suppressing milk. It was best made by means of diachylon plaster strips. In many cases of mammary abscess cold lotions are more useful than hot.

Dr. GRAILLY HEWITT corroborated Mr. Cooke's assertion that it was necessary to avoid suckling with the healthy breast, in order to allow the one with abscess in it to heal.

Mr. SEDGWICK thought the custom of the Indian women ought not to be cited in favour of any practice of suckling, since he had seen the results of their customs, which were by no means agreeable. They are accustomed to suckle their infants for three years, in order to keep back the next pregnancy, and in consequence their breasts become large and pendulous, reaching down nearly to the navel.

OBITUARY.

DEATH OF WILLIAM SENHOUSE KIRKES, M.D., F.R.C.P.

We deeply regret to announce the premature death, at the age of forty-one, of Dr. William Senhouse Kirkes, Physician to St. Bartholomew's and Lecturer on Medicine in the Medical School of that Hospital. Dr. Kirkes was educated at the hospital, and distinguished himself in his physiological studies. He graduated at Berlin in 1846, became a Member of the College of Physicians in 1850, and was elected a Fellow in 1855. His 'Handbook of Physiology,' which first appeared in 1848, and in which he was assisted by Mr. Paget, was a brief abstract of that comprehensive science, and was a clear, able, and most accurate book, had great popularity, and was deservedly held as an authority. Among the most important of Dr. Kirkes's contributions to the science of Medicine were his papers on "The Detachment of Fibrinous Deposits from the Interior of the Heart, and their Mixture with the Circulating Blood," published in the 'Medico-Chirurgical Transactions' for 1852. Together with the eminent Virchow, the name of Kirkes stands connected with the subjects of Thrombosis and Embolism, which have thrown a flood of light upon some diseases hitherto obscure, and are among the most interesting and suggestive phenomena in modern pathology. Dr. Kirkes was one of the Commission nominated by the Admiralty and Horse Guards to inquire into the nature, treatment, and prevention of venereal disease. He had attended the last meeting of the committee in the commencement of last week, and came home complaining of a feeling of

cold and depression. He became rapidly worse, and pleurisy developed itself, with pericarditis and hæmaturia, and he died on Thursday morning last. The news of his decease caused the most painful feelings among his colleagues and the students at St. Bartholomew's, and the lectures on that day were suspended at the hospital in consequence of the mournful event. Dr. Kirkes had the benefit of the skill of his friend and colleague, Dr. Burrows; but he never rallied. He has been cut off thus suddenly in the early part of a career full of promise, and his loss under such a painful visitation will be felt most deeply. Dr. Kirkes was a man of slender form and somewhat delicate appearance; he was an excellent lecturer, although his voice was not very powerful; and he was a great favourite with the students.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th inst., viz.:—John Forbes, Royal crescent, Notting hill—diploma of membership dated April 10, 1827; Robert Garner, Stoke-upon-Trent—diploma of membership dated March 4, 1831; John James Tweed, Upper Brook street—diploma of membership dated July 25, 1842; Frederick Wallis, Bexhill, Sussex—diploma of membership dated December 16, 1842.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—Frederic Henry Appleby, East Retford, Notts; George Benson Baker, Cross street, Islington; Robert Farrer Brideoak, Leigh, Lancashire; Charles Henry Butlin, Camborne, Cornwall; Robert Charles Earl, Totnes, Devon; Thomas Markby, St. George's Hospital; Robert Edward Owen, Guy's Hospital; Charles Meymott Tidy, The Hollies, Cambridge heath.

The following gentlemen also on the same day passed their first examination:—Charles Lyon Ridout, St. George's Hospital; John Challen Duke, King's College.

CAMBRIDGE.—The following gentlemen passed the first M.B. examination in November last:—R. J. Lee, B.A., Caius; G. Mickley, B.A., Clare.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—At the annual meeting Dr. Burt was unanimously re-elected President of the College. The election dinner took place in the evening, in the hall of the College in Queen street, when amongst the guests present were—The Right Hon. the Lord Provost, his Grace the Duke of Argyll, the Lord Advocate, Lord Neaves, Mr. Whyte Melville, Mr. Bell, President of the Royal College of Surgeons, and his council; Dr. Ritchie, President of the Faculty of Physicians and Surgeons of Glasgow; Professors Moir and Spence, Dr. Currie, C.B.; and the Medical officers of the garrison, &c.

THE ARBROATH INFIRMARY has recently received 100*l.*, being a legacy of the late ex-Provost Johnston, in addition to a legacy of 300*l.* previously bequeathed by Mrs. Johnston.

THE SWISS POISONING CASE.—The Italian journals 'Il Movimento' and 'Il Popolo Italiano' contain full particulars of the suicide of Dr. Demme and Miss Flora Trümpy. After leaving Milan they went to an English hotel, or boarding-house, called the Casa Gropello, in the little town of Nervi, near Genoa. At noon on November 30 the landlord finding they did not leave their bedroom, and having knocked several times without getting an answer, broke open the door in presence of a magistrate. Dr. Demme was found dead on the bed, and Miss Flora also dead, stretched on the floor. The Swiss Consul at Genoa telegraphs that they committed suicide by poison. Their bodies were publicly exposed in the Nervi market-place, under the guard of two carabineers. In the bedroom was found a paper, written by Dr. Demme, containing his name and that of Miss Flora Trümpy and the address of his father. A telegram was immediately sent to Berne, and the directions of the relatives were awaited for the disposal of the bodies. This extraordinary couple, who thus accomplished the suicide which a fortnight before they had threatened to perpetrate in the Lake of Geneva, had spent all their money. Only a few coppers were found on Dr. Demme's person. The paper left mentioned their intention to destroy themselves, but assigned no cause. It appeared from the position of the bodies and otherwise that Dr. Demme was the first to commit suicide. He was found stretched on the bed in a natural position, and with a calm countenance. It is supposed that he had taken strychnine, combined with other substances which have not yet been determined. The poison had left no other apparent traces than some ruddy stains about the ears. Mademoiselle Trümpy, on the contrary, had a violently distorted visage. It is inferred that she had administered the poison to herself, after having seen her betrothed stretched dead upon the bed. A letter from Nervi, in the 'Perseveranza,' gives the following details:—"The day before yesterday a foreign gentleman, accompanied by a young lady, alighted from a hired carriage at the Hotel Anglais, situated in the Palazzo Gropello, at Nervi. The lady was elegantly dressed in travelling costume, and the gentleman also. Without giving his name, the latter asked for a bedroom and supper. Nothing was noticeable in the appearance of the two travellers except their affectionate manner towards each other. They had their supper, after which the lady sat down to the piano and the gentleman read the newspapers. Some moments after they retired to rest, and being asked if it would be necessary to call them in the morning, they said it would be useless, seeing they had come on foot from Genoa, were wearied, and wished to rest. Late in the afternoon of the next day the innkeeper, not seeing his new guests appear in the dining-room, sent a waiter to knock at their door, but no answer was returned. The magistrate was sent for immediately, and the door burst open in his presence. Dreadful indeed was the scene which presented itself to those who first entered the room. On the bed lay the unfortunate doctor, with his head turned towards the pillow; Miss Flora Trümpy was lying on the floor, with her arms twisted together. The unfortunate couple had been dead at least six or seven hours, for their bodies were cold. Nothing was found in their trunks except some old clothes, and the doctor had a few coppers in his pockets. A few drops of a mixture found in a glass proved that they had taken strychnine. Upon a table were found a little phial of poison, two empty glasses, and two others still containing poison. Upon another table were some letters written in pencil. In one of them the landlord of the hotel was promised payment of his bill. Another letter bore the address, 'To my poor father.—DEMME.' A letter from Berne, of the 2d inst., says that on the previous day M. Demme, sen., received a letter from his son, dated Milan, in which the writer announced that he intended to drown himself in the Gulf of Genoa instead of the Lake of Geneva. This resolution, it would seem, however, gave way, and poison was resorted to at last.

THE IRISH POOR-LAW BOARD AND THE APOTHECARIES' HALL OF DUBLIN.—Considerable excitement has arisen in Ireland in consequence of the decision arrived at by the Irish Poor-law Commissioners to accept the licence of the Apothecaries' Hall in Dublin as a Medical degree. For many years the licence of the Irish College of Surgeons was sufficient to entitle its possessor to hold a Poor-law Medical appointment, but a few years ago the Commissioners issued a sealed order that for the future every Poor-law Medical Officer should possess, an an additional qualification, a Medical degree or licence, being moved to that step, as was stated at the time, by the College of Physicians, who naturally were anxious to increase the number of their licentiates. This resolution of the Poor-law Commissioners will explain the sudden influx of candidates for licences into the Dublin, and in far greater numbers still into the Edinburgh, Colleges of Physicians. By the recent legislation at the Custom House, however, the Apothecaries' licence is of equal value with that of the Colleges of Physicians.

THE SOCIAL SCIENCE ASSOCIATION will next year meet

either at Sheffield or at Gloucester. Invitations have been received from both those quarters.

LEAD-POISONING.—At an inquest recently held at Ratcliffe by Mr. Richards, on a case of death of a person employed in a white lead factory in Limehouse, the jury found in their verdict "that it would be desirable, for the better protection of life, that there should be a systematic inspection of such establishments by Government officers."

APOTHECARIES' HALL AND RAILWAY ENCROACHMENTS.—The Master and Wardens of the Society of Apothecaries are at legal issue with the Chatham and Dover Railway concerning the encroachment of the railway upon their premises in Blackfriars.

TESTIMONIAL TO DR. RINGER, OF UNIVERSITY COLLEGE HOSPITAL.—At a meeting of the students of the above School, on the 25th ult., the chairman, Dr. Rawlins, presented an elegant silver service, with a suitable address, to Dr Ringer, Professor of Materia Medica and Assistant-Physician to the Hospital, as a token of their appreciation of his good qualities as a physician, and of his kindness to them at the hospital.

SANITARY IMPROVEMENT IN LIVERPOOL.—£100,000 is about to be expended in Liverpool on the improvement of the dwellings of the poor and the destruction of filthy courts, under the able superintendence of Dr. Trench, the Medical Officer of Health, whose services are recompensed by the salary of £750 a year.

THE METROPOLITAN POLICE-STATIONS.—Dr. Lankester has recently held an inquest at the House of Correction on the body of Benjamin Haw, whom the surgeon of the prison described as a "broken-down old man, who died from chronic bronchitis." He was taken into custody at Kensington on the 3rd inst., on suspicion of illegally pawning, and was made to walk from Kensington to Paddington, rain falling heavily during the whole time. On arriving there, he and his wife, being wet through, were thrust into a cold cell, permission to dry or warm themselves being refused. On being taken before the magistrate on the following morning, he was remanded, and during the remand he died. He said "that night did for him." The jury having expressed their disapprobation of the present police arrangements, returned as their verdict, "That the deceased died from bronchitis, and that his death was accelerated by cold at the Paddington police-station on the night previous to his appearance before the magistrate."

FLINT IMPLEMENTS.—M. Bourdain has discovered two new deposits of flint implements—one in Paris itself, and the other an hour's distance. The gravel in the squares, promenades, and gardens of the city, the author says, contain archæological treasures—a prodigious quantity of arrow heads and such like.

THE GREAT AUK IN ENGLAND.—Amongst the remains brought to light at Caithness by Mr. Laing are many bones of the great auk, now extinct. This, we believe, is the first time any trace of this bird has been discovered in Great Britain. The bones have been identified by Professor Owen.

ADVERTISING QUACKS.—Dr. Toogood, of Torquay, in a letter to 'The Times' of December 3, relates the following case:—"The plaintiff, residing in a fashionable city in the west, brought an action against the widow of a colonel in the army for the recovery of 1,100*l.* for Medical attendance. It appeared on the trial that this highly nervous lady was persuaded to consult this man for a supposed disease, who not only confirmed her apprehensions, but assured her that nothing but immediate treatment and the greatest skill could prevent a fatal termination. He obtained so complete an ascendancy over her mind that she at once placed herself under his care. At first he refused fees, stating that her case would require a long attendance, and that he preferred leaving his remuneration until the end. About a year afterwards her cure was pronounced to be complete, when he demanded the sum of 800*l.*, which was paid. He then said that no fear need be apprehended of a return of her disease, but that he should occasionally call on her, but that his visits would be friendly ones, for which no charge would be made. The lady acknowledged his visits by frequent presents to his daughter, and, among others, a handsome piano. As some uneasiness was shown at the continuance of this unnecessary attendance, he alarmed his patient by expressing his doubts that there was a tendency to a return of the disease. After some time he made a second demand for 1,100*l.*! She then consulted her friends, who advised her to resist so barefaced an attempt at robbery, and urged that it was a duty she owed to herself and the public. Her innate delicacy and the dread of exposure made her hesitate for a time, but at length she yielded to their solicitations. The evidence so satisfied the jury that this unfortunate lady had never had a symptom of the disease for which she had been so cruelly treated and defrauded, that they returned a verdict for the defendant without leaving the box."

APPOINTMENT.—Dr. R. H. Hilliard has been appointed Government Medical Inspector of Emigrants for the Ports of Glasgow and Greenock, *vice* James Fraser, M.D., resigned.

THE LATE OPHTHALMIC TRIAL.—Purulent ophthalmia is not at all uncommon amongst newly-born children of all ranks; and, if taken in time, is usually so easily subdued by mere cleanliness, aided by a weak astringent lotion, which any careful nurse can apply by means of a few bits of old rag, that there are few practitioners who would feel greatly put on the *qui vive* by it. At any rate, if the eyes became very bad, the accoucheur would naturally expect that the parents would send and give information about it. Or if it so happened that a Medical neighbour "looked in as a friend" and saw that a baby's eyes were really very bad with this form of ophthalmia, and that the practitioner in attendance did not eeem to be enough on the alert, he would probably tell the parents that they ought to let Mr. —— know how bad the eyes really were. At the same time, as *amicus*, he might volunteer a prescription to fill up the gap, and stop all mischief till Mr. —— should arrive. When he had done this, he would feel that he had done his duty to the child and to his neighbour practitioner—that he had saved the eyes of the one and the reputation of the other, and that he had done as he would wish his own neighbour to do to himself. If a certain Medical man had thus acted, he would have saved us the scandal of a late Medical trial about bad eyes. He would further have saved us from the tyrannical attempt which counsel and skilled witnesses sometimes make to establish one plan of treatment, or one sort of application, as the only legitimate one, *not* to use which is charged as an act of negligence. Thus the question was raised, in the trial to which we refer, whether it was an act of negligence not to use a *syringe* in purulent ophthalmia? Most of us would much prefer a bit of old rag as an instrument in Mrs. Gamp's hands to a syringe which might probe a hole in a tender cornea, or spurt a contagious discharge into some bystander's eyes. But the establishment of arbitrary rules like these is one blessed fruit of the peace and goodwill which reigns amongst Medical neighbours, and of their care to do to others as they would be done by themselves. 'Med. Times and Gazette.'

BEQUESTS.—The Paymaster-General has been authorised to pay to University College Hospital the sum of 375*l.*, portion of a bequest made by the late Madame de Lilly to her Majesty for the benefit of the poor in London. Miss Ann Cranstoun Fryer, formerly of Hammersmith, but late of Reading, has bequeathed to the Royal Infirmary, Edinburgh, a legacy of £6,000.

UNIVERSITY COLLEGE, LONDON.—At the last Session of Council, on the application of Dr. Risdon Bennett, free admission was granted to three or four students of the London Missionary Society to the Medical and Surgical practice of the Hospital, with a view to their having the opportunity of gaining Medical knowledge which may be of service to them in such emergencies as they have to deal with in the course of missionary life.

A RE-VACCINATION PANIC.—It is stated that in consequence of some fatal cases of small-pox having occurred at Lille, the inhabitants have been received with almost a mania for re-vaccination. The doctors scarcely know how to turn themselves round so numerous are the applications, so that they have the greatest difficulty to find time to attend their ordinary patients. It has become necessary to

require that the applicants should enter their names some days beforehand, and it is said that one practitioner had to practise re-vaccination on thirty-five persons in one morning at his consulting-room.

DUBLIN OBSTETRICAL SOCIETY.—The first meeting of the twenty-seventh annual session of the above Society was held on Saturday evening, the 3rd instant, in the Pillar-room of the Rotunda, and was very numerously attended. The chair was taken by the outgoing President, Dr. Denham, Master of the Lying-in Hospital, who delivered the annual address. The ballot for officers for the ensuing year having closed, the following were declared duly elected :—*President*—Dr. Churchill. *Vice-Presidents*—Drs. Hardy and M'Clintock. *Treasurer*—Dr. Halahan. *Secretary*—Dr. G. H. Kidd. *Committee*—Drs. Beatty, Byrne, Cronyn, Denham, and Henry Kennedy.

LIVING IN CELLARS.—A recent report of Captain Lord, of the sanitary police of New York, states that in that city with not more than a million of people, upwards of 22,000 live in cellars—a subterraneous population large enough for a small city in itself.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 14.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. S. Ward, "Some Remarks on Pneumonia and its Treatment, with Illustrative Cases;" Microscopical Society, 8 p.m.—Discussion on "The most Advantageous Means of Illuminating Objects under the High Powers of the Microscope."

THURSDAY, DEC. 15.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Messrs. Gladstone and Holmes, "On the Action of Ammonia on Sulphochloride of Phosphorus."—Professor Williamson, "On Chemical Nomenclature and Notation;" Harveian Society, 8 p.m.—Mr. Victor de Méric, "On Syphilitic Affections of the Nails."

FRIDAY, DEC. 16.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 17.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, DEC. 19.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 20.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Statement of the Causes which led to the Dismissal of Surgeon-General William A. Hammond from the United States' Army; with a Review of the Evidence adduced before the Court.

Neligan's Medicines; their Uses and Mode of Administration. Sixth Edition. Edited by R. Macnamara, Esq. Dublin: Fannin and Co.

The Diagnosis and Treatment of Cancer and Tumours. By M. H. Collis, Esq., M.B. London: John Churchill and Sons, New Burlington street.

The Physician's, Surgeon's, and General Practitioner's Visiting List, Diary, and Almanack for 1865. London: John Smith and Co., 52 Long Acre.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells, Esq. Second Edition. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
J. A. Ledgard, Esq., Wetherby . . .	0	5	0
J. P. Knott, Esq., Towcester	0	5	0
W. D.	0	5	0
Robert King, Esq., Uxbridge, per Dr. Luce .	0	5	0
G. H. McNamara, Esq., ditto ditto .	1	1	0
Dr. J. J. Luce, ditto ditto .	1	1	0
Amount previously announced . . .	105	2	6
Received at the 'Lancet' Office . . .	6	14	0

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Dec. 7, 1864.

SENEX.—The 'Saturday Review' calculates that the newspapers which publish the advertisements of the obscene quacks derive each more than 500*l.* per annum from this infamous source; but this estimate is probably below the mark.

MR. J. T.—The word *trichina* is derived from θριξ, τριχος, a hair, from the form of the parasite. It was first discovered in the muscles of a subject brought for dissection to Guy's Hospital School.

DR. J.—It is very doubtful if the practitioner could recover under the circumstances referred to.

A VACCINATOR.—We must repeat what we have before stated, that to make vaccination effectual the operation should be performed by a limited number of vaccinators at stated intervals, in order to keep up a regular supply of lymph.

VESTRYMAN.—The purple dye referred to as being procurable from urine is *murexid*, obtained by the action of nitric acid on uric acid in contact with ammonia. We do not know that this principle has hitherto been applied to any useful purpose.

MR. A. C.—The name of the person referred to does not appear in the 'Medical Register' or in the 'London and Provincial Medical Directory,' and the probability is that he has no legal qualification to practise.

DR. S.—The case is recorded in a recent number of Schmidt's 'Jahrbücher der In—und Ausländischen Gesammten Medicin.'

MR. R. GRIFFIN.—The letter is inserted.

F. A. F.—It is undoubtedly desirable that a student should devote the whole of his available time to his professional studies, but, under circumstances of necessity, he will be quite able to combine three or four hours' work in a surgery with his attendance on lectures and hospital practice. Many very distinguished and successful practitioners have done so.

Dr. H. WEBER.—The communication arrived too late, but it will appear in our next number.

THE HARVEIAN SOCIETY.—The notice has been received.

To the Editor of the Medical Circular.

SIR,—Will you oblige me with your advice in the following case, and suggest some remedy, if possible, legal or otherwise, as a suitable protection to myself or others similarly assailed :—

A few days since a boor living in an adjoining county, where quackery, charms, bone-setting, &c., &c., are in great vogue, visited a case of mine where the radius and fibula had been fractured a week previously (by the fall from the roof of a house). He removed the splints from the arm and leg, pulled at the hand and in a juggling manner making the thumb-joint crack, and pronounced the foot and leg all right, throwing the splints and bandages into the corner of the room.

Two Medical men who saw the case with me confirmed my diagnosis, and the patient not being in fault, I replaced the splints, &c., and have continued the attendance.

I am, &c.,
FIDES.

[We regret to state that there is no legal remedy for the conduct of which our correspondent so justly complains.—ED. MEDICAL CIRCULAR.]

MR. NOWELL STOWERS.—The list is inserted.

ERRATUM.—In No. 49, page 387, second column, line 16 from bottom, *for* "spectrum" *read* "sputum."

The Medical Circular.

ORIGINAL COMMUNICATIONS.

NATURE AND TREATMENT OF SYPHILIS.

By RICHARD SISSON, M.D.

The loss of service to the army and navy from syphilis alone is enormous, and to such an extent indeed has invaliding from this cause taken place, that it has been deemed expedient by the Government to appoint a commission, for the purpose of investigating the nature and treatment of this disease.

The Profession at large are called upon to assist in this undertaking; now, then, is the time for obtaining a thorough ventilation of this important subject, through the medium of the Medical press; and since the columns of the MEDICAL CIRCULAR are at all times so impartially thrown open to the free and fair discussion of every opinion, through this channel, with the editor's permission, I hope to contribute my mite to the general fund.

Cases of syphilis are not the sole property of the specialist; every practitioner is daily called upon to treat such, and yet the study of this disease seems left to the specialist alone. Thus the Profession in general have contented themselves by following stereotyped theories; and have been blinded thereby to facts, and other theories equally plausible.

Proofs, in other diseases not always obtainable, are in this often impossible; nevertheless, a theory founded upon inference, analogy, reasoning, and practice, is entitled to respect. In such a way have I arrived at, and with such a hope have I propounded, my own views; which, should anyone consider too theoretical, I answer, theory is the foundation of practice; a theory, not absolutely bad, is better than no theory at all; and that those who proclaim most loudly against theory have in reality some theory of their own, in general perhaps not the very best.

Nature of Syphilis.

Neither chemistry nor the microscope have yet revealed the true nature of syphilis—I infer, however, that the syphilitic virus has a *bonâ fide* existence—that it is a non-volatile animal poison, capable of reproduction through contagion, and of multiplying itself under favourable circumstances, *ad infinitum*.

But it is impossible to trace syphilis invariably to infectious sources; I would refer, therefore, some obscure cases to spontaneous origin, and it seems to me a forced interpretation of Nature to deny the possibility of such in any case.

We must not be led away by the doctrine that holds syphilis to be a special judgment from Heaven for man's transgressions; like other diseases, it doubtless arose from natural causes, spontaneously; and since man is organised as he ever was, it may as doubtlessly so arise now.

Different authors assign a spontaneous origin to different zymotic diseases; unite these opinions and the spontaneous origin of *all* zymotic diseases is admitted.

By excessive sexual intercourse, coupled with uncleanly habits, possibly from this latter cause alone, a poison is generated, capable of producing a sore upon the part in contact, this is chancre; the character of which is determined by the amount and intensity of poison, by constitutional peculiarities, and by the existing state of health of the recipient.

Abundant facts prove that hard and soft chancre are the same disease, modified by attendant circumstances; and there is no truth in the statement that soft chancre is never followed by constitutional syphilis, for women, in whom hard chancre is rarely seen, are the common subjects of this form of syphilis; moreover, it has been proved that the soft chancre, produced by inoculating an infected individual with the matter from a hard chancre, will produce a hard chancre in a previously healthy person. It must be borne in mind that induration is the last stage of chancre, and that in an infected individual it stops short of this stage, as the eruption of variola stops short of the pustular stage, in one partially protected by vaccination or a previous attack. Nevertheless, from such a case might arise every variety of small-pox.

Constitutional Syphilis.

The syphilitic poison then being absorbed, with or without the intervention of a local sore (for a local sore is by no means necessarily produced nor requisite), we have certain consecutive phenomena, the character of which is modified by the constitutional peculiarities of the individual, and by the channel through which absorption has taken place; if this has been by the lymphatics, then we have bubo; if by the blood-vessels, we have none; so that in the one case, bubo, in the other general constitutional symptoms, may be the first sign of syphilitic infection.

Since the whole blood may be poisoned, so, I presume, will be the secretions from it, morbid and natural, and from such can infection be communicated to another. But so called tertiaries *per se* have not this contagious power; they are the results of the syphilitic poison, which is no longer present, unless so-called secondary symptoms exist at the same time.

In describing chancre I have rejected the term "primary syphilis;" because chancre is not the necessary exordium of syphilis. I reject the term "secondary" and "tertiary," because the manifestations of syphilis are not evolved in any certain order.

A certain diathesis is then produced, during the existence of which contracted chancres do not become indurated. This state is limited; the blood at length recovers its original constitution, as it does after vaccination or small-pox; chancres then contracted take on induration, and the system may become again infected. But even if in such case the chancre did not become indurated, it would be no proof whatever that the syphilitic poison still existed, any more than the non-susceptibility to a second vaccination or a second inoculation would be a proof that the vaccine or variola poison still remained active and uneliminated.

Pathology and Treatment of Constitutional Syphilis.

No man can practise with success, nor any, but the mere routinist, with satisfaction to himself, ignorant of the pathology of the disease he treats, or of the action of the remedies he employs. It must be admitted, however, that such knowledge is neither so general nor so perfect as it ought to be; and to such cause may be attributed that diversity of opinion which exists concerning the treatment of syphilis. Let us then, in the first place, endeavour to ascertain the locality of the poison; and in the next, find out how to get at it.

Barensprung has stated his belief that the syphilitic poison resides in the blood; Virchow, in the tissues. By combining these views, I believe we obtain the truth.

Now Dr. Carpenter has shown how peculiarly liable to all contagious diseases and other zymotic influences they are whose blood is surcharged with decomposing azotised materials; and Mr. Paget expresses his belief that it is among these materials that many of the morbid poisons find the means of their increase. I presume, therefore, that in a pure blood the syphilitic poison cannot exist, and that when absorbed into such, it will be forthwith eliminated, or deposited in the tissues. But in an impure blood, the poison revels and increases; the excretory and secretory organs flag through want of a healthy stimulus, the blood becomes surcharged with excrementitious matter; and to the syphilitic is superadded a general cachexia, which is I presume the so-called tertiaries, and which may remain after the former is eradicated.

Should feverish symptoms usher in constitutional infection we have recourse to antimony and sulphate of magnesia, &c., and then proceed as follows:—

We endeavour to depurate the blood by administering drugs which have the power of oxidizing or decarbonizing

that fluid, such as the chlorate of potash and the mineral acids, by exciting the skin with warm baths, and by stimulating the liver with podophyllin. This treatment may be sufficient, if not, we proceed to mercury, which is the most potent drug for hastening destructive metamorphosis, by which we hope to dislodge the poison, and get it eliminated by the natural channels.

Of the various ways of administering mercury I prefer that by the mouth, and as it is desirable to fulfil as many indications as possible at the same time, my favourite form is one or two drachms of the solution of the bichloride, with ten, fifteen, or twenty grains of iodide of potassium. An extemporaneous biniodide is thus formed, having its activity increased by the excess of iodide of potassium, thereby rendering a less dose necessary. Iodide of potassium is a diaphoretic, diuretic, and an exciter of the liver and absorbent glands, and thus a steady elimination of the mercury is kept up, and those accidents avoided which sometimes occur when iodide of potassium is found requisite after a course of mercury. Hermann found that in the Vienna Hospital, after long courses of mercury, iodine caused copious salivation in about ten per cent. of the cases.

In the exhibition of mercury it is in no case necessary to touch the gums. Ricord only considers this useful as a measure of the patient's tolerance of the drug, and when this is ascertained he either lessens the dose, or administers along with it chlorate of potash, which he states is preventive of salivation.

In 1862 I reported in the 'Lancet' a case of long standing constitutional syphilis successfully treated with podophyllin, after mercury and iodide of potassium had failed, the dose one-sixth of a grain thrice a day. Dr. Marston, Royal Artillery, has since reported similar cases. I call attention to this, hoping that the drug may have a more extended trial.

Whatever the treatment adopted, great benefit will be found to accrue from discontinuing or changing it from time to time. This will be found equivalent to increased doses, without their attendant disadvantages. In anæmic cases we must have recourse to tonics.

Concluding Remarks.

Notwithstanding all the abuse that has been levelled against it, mercury has stood its ground, and it is curious to note that to this drug is due, in great measure, the boasted success of Fricke of Hamburgh, and his school of non-mercurialists.

This gentleman performed experiments on a large scale, in order to decide to what treatment the superiority was to be assigned. Under a mercurial treatment Fricke administered mercury in this way. Three grains of corrosive sublimate were dissolved in eight ounces of water, and of this solution the enormous dose of one ounce was administered thrice a day, and the result was what might have been expected. "It was impossible to remove the foul smell from the wards." . . . "The air was tainted with the offensive odour of salivation, or syphilitic caries, and filth was the order of the day;" and so Fricke came to the illogical conclusion that mercury was not to be tolerated.

Under a so-called *non-mercurial* treatment, Fricke found all this reversed. "There is not a trace of this air in wards containing sixty, seventy, or sometimes one hundred patients; and the venereal department of the hospital rivals the other divisions in purity of the air and cleanliness." This was indeed a desirable reformation; let Fricke tell the treatment by which it was brought about. "Corrosive sublimate baths (ʒss. of the drug to each bath) were often employed, and were of great service." . . . "They seemed to remove the eruption *more speedily* than even the nitric acid baths." So then it appears that it was not non-mercurial, but reasonable mercurial treatment that brought about this happy change. Fricke believed, no doubt, and others have subscribed to his belief, that the unbroken skin has not the power of absorbing drugs in solution; this, however, is a physiological error. See cases of poisoning in this way, Taylor 'On Poisons,' head "Corrosive Sublimate."

The anti-mercurialists have attributed to mercury results known to be due to the syphilitic poison *per se*. At a meeting of the Harveian Society last year, Dr. de Gorrequer Griffith stated that the worst forms of bone disease, &c., were met with in China, where no mineral whatever is employed; and Dr. Wilks has stated that experiments have been made repeatedly on animals, and that all observers have agreed that the bones are not affected by the drug; and that, moreover, mercurialism is continually produced in artificers in quicksilver, where, in fact, the whole body was undergoing decay, and yet the bones escaped.

Mercury has been pronounced useless in the treatment of many diseases, because these diseases sometimes appear whilst the patient is under the action of this drug for some other disease. Now this argument would have had much weight but for the statement of Professor Aitken, that "morbid poisons are not acted upon by medicinal substances so long as they continue latent."

Some patients are absolutely intolerant of mercury; and upon this fact has been based the weakest of all arguments against its use. No man can foretell his patient's idiosyncrasies, nor always guard against them, whatever the drug employed. To be consistent, therefore, the supporters of such an argument should "throw physic to the dogs."

On the other hand, some mercurialists have gone much too far in the praise of mercury. Mr. Hunt believes that it has the power of removing all traces of the disease, and all tendency to its recurrence. This is claiming for mercury more than its due. What I think we may fairly claim for mercury is, that it is more certain in its action than other drugs, and will generally succeed when they fail.

But mercury is not necessary in every case of constitutional syphilis; nay, in some it may prove absolutely injurious. It is difficult, however, nay impossible, to lay down precise rules for its employment. The skilful practitioner can best discriminate for himself, and it is absurd to ridicule the moderate mercurialist, as some have done, because he is unable to speak categorically on the matter. In this field of practice rule-of-thumb routine is worse than useless.

HOSPITAL REPORTS.

KING'S COLLEGE.

Under the care of Mr. HENRY SMITH.

CASE OF FATTY TUMOUR OF THIGH.

Anne C., æt. thirty-five, unmarried, a servant, was admitted for the purpose of having a tumour removed from the back of the thigh.

History.—Is a healthy-looking woman, and has always been strong. About seven years ago she noticed a swelling on the outer and under part of her left thigh at about its lower third; this she attributes to a fall down the stairs, since nothing was observable previous to the accident. Lately it increased very rapidly.

The tumour is about 4½ inches in diameter, being in size somewhat equal to a swan's egg. It is painless.

Operation.—Sept. 10.—The patient was brought under the influence of chloroform, and, while in that condition, Mr. Smith removed the tumour with the greatest facility, after that he had made a free incision over it. Four ligatures were required. The tumour proved to be of a fatty nature.

Sept. 12.—She is very comfortable; nor has she felt any inconvenience from the operation: but she suffers from retention of urine.

Sept. 13.—To-day she passed water of her own accord, after she had been in a hot bath. The wound is rather red and inflamed; a poultice was ordered, and she has become again pretty comfortable.

Sept. 14.—There is a blush extending some distance round the wound and down below the outer part of the knee; the wound is discharging profusely, and that which is poured out is of a foul description. All the sutures were removed and a poultice applied. The red portion of the thigh was painted with collodion.

Sept. 16.—The leg is better to-day, being not so red as heretofore ; and she is pretty well in her general health.

Sept. 17.—She is still more improved. The ligatures came away to-day.

Sept. 21.—The wound is rapidly healing: all the inflammation has gone. Poultice to be still continued.

Sept. 26.—Doing very well : she is allowed to leave her bed : simple water dressing is being applied.

Oct. 3.—Is getting on quite well.

Oct. 10.—Discharged, cured.

Operations by Mr. FERGUSSON.

The first patient placed upon the operating-table was a woman of the middle age ; the affection for which she required an operation was true scirrhus of the left breast. Sweeping the knife from above and externally, and then bringing it downward and inward, Mr. Fergusson made his first incision over the diseased mass, but quite above the nipple. The line of this incision was curved, the convexity being directed upwards : from the same point at which the knife was first sunk, it was again carried downward and then upwards and inwards, and in such a manner that an ovoid-shaped portion of the breast was mapped out by the two incisions and included between them. In the centre of this ovoid mass was the retracted nipple.

The diseased structures having been wholly removed, the margins of the wound were apposed and were kept together by means of thread sutures. Some ligatures were required to secure the bleeding mammary vessels. The operation was completed by placing pads and compresses upon the wound, and by maintaining them in their places through the aid of a wide chest-bandage.

The affection was first observed about ten months since. Already had it attacked the skin and involved the nipple. On making a section of the mass after it had been removed, the true cancer nature of the structures was distinctly seen, and in the diseased mass were apoplectic spots ; that is, spots infiltrated with blood. There was no implication of the glands in the axilla ; and, altogether, the case was a most favourable one for operation. No cachexia obtained.

CASE II.—A young woman with an aperture in the soft palate. Some time since she was operated on at another hospital ; the original cleft in the palate had been closed throughout its entire length except at a point corresponding to the junction of the hard and soft palates, and this it was that Mr. Fergusson now sought to close, by the method of operation which he adopts in cases similar to the present, and which we have described in former numbers of our Journal.

We do not remember having ever before seen Mr. Fergusson operate for this lesion in a patient of as mature years as those attained by the one now under consideration. This circumstance respecting age will not, however, militate against the ultimate good effect of the operation ; on the contrary, it may the rather tend to its success, since the patient, having a full knowledge of the advantage gained by quiet, seeks to give the parts the greatest possible rest.

CASE III.—A patient with an ununited fracture of the humerus. This man some years ago sustained a simple fracture of the bone just mentioned, and at the same time a compound or comminuted fracture of the bones of the arm and of the leg. The latter united in the ordinary course of time and without any other than the usual treatment. Not so, however, with the injury to the bone of the upper arm, the break in which did not become repaired under any kind of treatment, though both ordinary and extraordinary treatment had already been put into practice.

There was, no doubt, some idiosyncrasy on the part of the patient's constitution, which occasioned the continuance of the lesion above described, but what that peculiarity was could not at present be detected.

Upon a previous occasion an operation had been performed, which it was hoped would have effected a cure. It consisted in passing a wire between the broken ends of the bone, with the hope that a sufficient amount of inflammation would be excited to bring about an effusion of plastic material, and, as a consequence, the joining together of the fragments. The operation had, however, proved a failure ; and the present one was undertaken in order to give a last chance to the limb of righting itself, as otherwise it would be necessary to perform amputation.

The wound was enlarged both upwards and downwards ; the soft parts were well cleared away from the bone ; the ends of the fragments—covered as they were with a kind of fibrous tissue—were sawn off ; holes were drilled in each piece of the broken humerus ; wire was passed through the holes and by means of it the fragments were drawn together. The wound was then closed by means of the silk sutures, the wire being covered in, and the entire was then swathed in the folds of a calico bandage.

Under the care of Mr. WOOD.

Disease of the Wrist.—Admitted May 22, 1863. Condition on admission :—He is a nervous-looking man and trembles a good deal ; the left wrist is red and swollen and discharges a good deal, but is not very painful, being very much easier since he came into hospital.

Some years since he suffered from inability to hold his water, and that fluid kept constantly dribbling away ; besides, it was at one time very thick. He has never been under any surgical treatment for stricture.

May 27.—Mr. Wood made a counter-opening at the back of the wrist. The swelling seemed to be much the same size as on admission. He has no stricture of urethra.

30.—Complains of soreness of the throat on swallowing, and there is slight pain on pressure.

On the 27th he was put upon

℞ Quinæ disulph., gr. iii. ;
Acid sulph. d., ℥x. ;
Spts. eth. chlor., ℥x. ;
Liq. morph. mur., ℥x. ;
Aquæ, ℥j. M. ft. haustus.
Ter in die sumend.

℞ Liq. morph. mur., ℥xx.
Omni nocte sumend.

June 2.—Slept pretty well last night ; his throat is still sore ; appetite is pretty good and regular.

6.—He was placed under chloroform in the operating theatre, and Mr. Wood performed a flap amputation by transfixion, the flaps being long. This method of operation was adopted in preference to the circular, because the limb was too much diseased. During the operation the patient threw the limb about very much, and it was strongly pronated, till the pronator radiiteres muscle was divided.

8.—Slept last night for an hour or two ; during the remainder of the time he was very restless, and the muscles of the stump started at times. He had a slight rigor after the operation, but not since. The stump is painful and discharges freely ; the bowels are confined ; tongue is clean ; takes his food well ; pulse is 98. He throws the stump about as though he had no feeling in it.

9.—Does not seem so nervous to-day ; he slept from eleven to three P.M. The stump is not so painful as it was ; bowels confined ; tongue cleaner ; appetite pretty good. Pulse 103.

10.—He sleeps pretty well ; tongue is clean ; appetite is pretty good ; he has had no rigor ; the stump does not discharge much and is a little red. Yesterday a little abscess was opened in the palm of the right hand over the muscles of the thumb. Pulse 104.

11.—Says the stump is not painful ; he sleeps pretty well ; the tongue is clean ; bowels are open ; has had no rigors ; there is a little more discharge from the wound ; his appetite continues much the same, but the throat pains him when he swallows ; pulse 90. Ordered to used gargarisma aluminis.

13.—He does not appear so well to-day ; the stump was painful before it was dressed ; the wound is sloughy ; had a slight rigor last night, and did not sleep well. He has gargled the throat, and a mustard poultice has been applied to it externally ; he says he feels better ; bowels are regular, but appetite is not at all good. His pulse is weaker than it was, and now beats only 93 in the minute.

15.—There was bleeding on the evening of the 13th, on the afternoon of the 14th, and on the morning of the 15th ; on the last occasion a vessel was tied. This morning he seemed very low, and said that he felt very ill ; his pulse

was weak and his skin cold and clammy. He is evidently sinking.

17.—Died at eight A.M.

Post-mortem Examination.—Lungs quite healthy. Heart: there was atheromatous degeneration in the valves; a plug of fibrin in the right ventricles. Liver: there was a collection of fine curdy pus on the surface; it did not, however, look like a deposit; the weight of the viscus was 3 lbs. 6 ozs. Brain: the pia mater was opulescent; there were slight specks of atheroma on the vessels; the entire organ was ensanguined; choroid plexuses were pale; some fluid in the ventricles; the lateral ventricles and the floor of the fourth ventricle had in them a peculiar deposit, which gave the appearance of a cat's tongue. Spleen was healthy. Kidney small, pale, and granular; capsule adherent; the left weighed 2½ oz. and the right 3¼ oz. Stump: there was no appearance of adhesion between the flaps of the stump; the tendons were sloughy; there was also a slough extending up the tendon of the biceps muscle.

Case of Fistula in Ano.—G. B., æt. twenty-one, admitted June 4, 1863, into the Fisk Ward.

History.—Is unmarried; a labourer, living at Gravesend; always enjoyed good health till about three or four months ago, when he noticed a swelling on the right side of the anus, which was hard and painful. This he poulticed and it burst, discharging a good deal of pus; this was about a month after its first appearance; two open sinuses remained, which have discharged ever since a thin, sanious, purulent matter. He states that his bowels were regular previous to the appearance of the abscess, that his family is quite healthy, and that he has never suffered from severe cough nor from any spitting of blood; he is short-winded, though he is stout and healthy-looking.

June 7.—Mr. Wood operated on the fistula, which was on the right side and of the simplest nature, the wound being afterwards stuffed with oiled lint. Chloroform was administered. Before stuffing the wound with lint, Mr. Wood vivified the side of the abscess by drawing the knife across it.

June 20.—Discharged, cured.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XXVII.

FERRI IODIDUM.—Iodide of iron is ordered in the British Pharmacopœia in three states, in the crystalline fused condition, in the state of syrup, and in the form of pill. To what purpose the crystalline iodide is to be applied we do not know; it certainly is not used for the preparation of either the syrup or the pill. Although nothing is easier than to prepare a pure and definite solution of iodide of iron, it is very difficult to obtain the salt in the solid state; it would have been very desirable, therefore, to have dispensed with its presence in the Pharmacopœia.

Iodine and iron in the dry state combine together with explosive violence, but in the presence of a *small* quantity of water combination takes place quietly and rapidly, the temperature of the liquid being at the same time sensibly augmented. In the presence of a large quantity of water, combination occurs very slowly, and the application of heat becomes necessary. To separate the salt from its solution is attended with difficulty. Crystals may be obtained by care, but owing to the very soluble and, at the same time, changeable nature of the compound, it is more usual to evaporate the solution until it solidifies on cooling.

The Pharmacopœia process for preparing the solid iodide consists in gently heating one ounce and a half of iron wire with three ounces of iodine and twelve ounces of water until the red colour of the liquid disappears; then filtering the solution into a dish of *polished iron* and boiling down until a drop of the solution taken out on the end of an iron wire solidifies on cooling; then pouring the liquid out on a porcelain dish, and, as soon as it has solidified, breaking the mass into fragments and enclosing it in stoppered bottles.

The quantity of water here ordered is much too large; one-third of the amount is amply sufficient, and obviates the necessity for heating the materials together, while it diminishes the bulk of liquid to be afterwards evaporated. The advantage of using a polished iron dish is also very questionable. Messrs. T. and H. Smith, of Edinburgh, who have been very successful in the production of pure iodide of iron, and who have published several papers on the subject, have recommended a Florence flask as the most suitable vessel for conducting the evaporation in; and we certainly think it is very superior to an iron dish. The liquid should be actively boiled down in the flask to the point indicated in the Pharmacopœia process; the volume of steam thus filling the flask prevents to a great extent the contact of air with the surface of the liquid. The salt may be allowed to solidify in the flask, which can be afterwards broken.

The free access of air during the evaporation gives rise to the formation of sesqui-oxide of iron and free iodine—

$$2\,Fe\,I + 3O = Fe^2\,O^3 = 2\,I.$$

The iron dish is intended to supply iron to the iodine as fast as it is liberated, and so prevent its escape and loss; but it has the bad effect of causing the production of a large quantity of oxide of iron, which remains in and contaminates the product.

The salt obtained by the above process is not anhydrous, but retains some water of crystallization; by pushing the evaporation however the anhydrous iodide may be obtained.

Iodide of iron is fusible, volatile, very deliquescent, and very soluble in both water and alcohol. By exposure to the air it absorbs moisture, liberates iodine, and deposits peroxide of iron. It has been suggested that a sesqui-iodide of iron is formed, but there are no good grounds for the assertion.

This salt is represented by the Pharmacopœia as having the composition $Fe\,I + 4\,H\,O$. We have already frequently referred to the inconvenience which attends the definition of bodies in the Pharmacopœia by chemical formulæ; iodide of iron only forms another illustration. It is extremely improbable that this salt, prepared as directed, will contain an even number of atoms of water. It may indeed be reasonably expected that different operators by evaporating a solution of iodide of iron till it solidifies, will obtain products in which the amount of water will vary to an appreciable extent. The perfect crystals of iodide of iron are generally stated to contain five atoms of water, which corresponds to 22½ per cent.; the Pharmacopœia formula would indicate about 19 per cent., but Mr. Scholefield has stated that the fused salt generally contains from 10 to 15 per cent.

The only test given by the Pharmacopœia for iodide of iron is, that it dissolves in water, leaving but a very small quantity of red sediment.

SYRUPUS FERRI IODIDI.—This is the form in which iodide of iron is most generally used in practice; its preparation, therefore is of more practical importance than that of the dry iodide. The process of the Pharmacopœia is, we believe, unobjectionable. The directions given are, to prepare a syrup by dissolving twenty-eight ounces of sugar in ten ounces of water; to digest one ounce of iron wire with two ounces of iodine in three ounces of water till the froth becomes white, and then to filter this solution while hot into the syrup and mix. The product, it is stated, should weigh two pounds eleven ounces, and should have sp. gr. 1·385.

PILULA FERRI IODIDI.—This pill is new to the Pharmacopœia. It is prepared by a process very similar to that adopted in the case of the syrup. Forty grains of iron wire and eighty grains of iodine are agitated with fifty minims

of water in a stoppered ounce phial until the froth becomes white; the solution is then poured on to seventy grains of powdered sugar in a mortar, and, after trituration, 140 grains of powdered liquorice root are gradually incorporated.

PARISIAN MEDICAL NEWS.

A Serious Complication of Retroflexion of the Uterus.

A woman aged twenty-eight, suffering from dull, permanent pain in the abdomen, was recently admitted into M. Velpeau's wards. No fever was present, but the patient complained of deep-seated pain; she walked with much difficulty, and when she coughed or stumbled, she experienced twinges and a sensation of dragging, which checked her further progress. Examination *per vaginam* betrayed the existence of retroflexion of the womb. This is by no means an unfrequent affection, but it gives rise to extremely variable symptoms, and the prognosis cannot, therefore, be the same in all cases. M. Velpeau remarked that in very many women the disease gives rise to little if any derangement of health, whereas in another equally large series of subjects inflexion of the womb induces a variety of morbid manifestations, amongst which may be noted erratic pains in the abdomen and back, and sometimes merely an uneasy sensation in the inferior extremities. In some women, however, the entire nervous system is disturbed by the uterine deviation, or the patients suffer from obstinate constipation, a sense of weight in the rectum, or severe dysmenorrhœa. The disease, in addition, occasionally becomes an unconquerable impediment to impregnation.

To uterine retroflexion may also be traced a more unusual complication, an instance of which is supplied by the patient who suggested the present remarks. M. Velpeau invited attention to the fact that in this woman the pelvis was filled by a hard, irregular, lardaceous tumour formed by the uterus and its appendages. From this circumstance it might be inferred that the retroflexion had coincided with chronic suppurative inflammation of the peri-uterine cellular structures; puriform matter had been found in the motions, doubtless supplied by an abscess which had opened into the rectum.

"This complication," remarked M. Velpeau, "is not of frequent occurrence; indeed, retroflexion is, in general, a mere deformity often coincident with an otherwise perfectly healthy condition of the womb. If the fundus, however, presses upon the adjacent organs, a certain amount of mechanical irritation may be the consequence; and during defecation, coughing, or retching, the viscera, impelled downwards by the action of the diaphragm, weigh upon the fundus uteri, and thus become an active cause of congestion and inflammation of the peri-uterine cellular structures. Such a condition is undoubtedly serious, and must induce the practitioner to pause in forming his prognosis. In this region, abscesses of the cellular tissue are not in communication with each other, but lie disseminated around the sacral or lumbar plexus, the broad ligaments, &c. These puriform collections, however, sometimes open into the rectum, and the patients recover after having for a time suffered from diarrhœa and hectic fever; but many perils still threaten the life of women afflicted with this form of disease—a fact abundantly evident even on superficial inspection in the case under consideration. Organs previously unconnected are now attached to each other by morbid adhesions; viscera hitherto free to expand or contract without impediment are now firmly bound in a lardaceous shell which interferes with every movement; hence, a more or less considerable disturbance of the functions of menstruation, micturition, and defecation. Pregnancy, under these circumstances, is an event much to to be apprehended, distension of the womb necessarily involving a certain amount of laceration and pelvic inflammation, which, although it may not actually destroy life, must inevitably bring on miscarriage."

The patient at present in the wards is, therefore, in a highly perilous position, although, in point of fact, the pains she complained of have yielded after a few days' rest, and although she might, by a superficial observer, be deemed to be labouring under uterine symptoms of very inconsiderable importance.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

A Manual of Materia Medica and Therapeutics: including the Preparations of the British Pharmacopœia, and many other approved Medicines. By J. Forbes Royle, M.D., F.R.S., and Frederick W. Headland, M.D., B.A., F.L.S. Fourth edition. Pp. 776. London: Churchill and Sons. 1865.

Elements of Materia Medica: containing the Chemistry and Natural History of Drugs; their Effects, Doses, and Adulterations; with Observations on all the New Remedies recently introduced into Practice, and on the Preparations of the British Pharmacopœia. By Dr. William Frazer, Lecturer on Materia Medica to the Carmichael School of Medicine. Second edition, pp. 453. London: Churchill and Sons. Dublin: Fannin and Co. 1864.

Both these books are known to the Profession, the first having gone through three editions in this country, and the second having gone through an edition in Ireland, where Dr. Frazer is well known as a writer and teacher on Materia Medica. But the recent appearance of that much-abused volume, the British Pharmacopœia, has induced both authors to rearrange their materials in some measure, in order to make their treatises harmonize with the existing condition of British pharmacy.

The manual of Dr. Royle and Dr. Headland is a complete, and we might say almost an exhaustive, treatise on materia medica, containing a full description of chemical laws and of botanical and zoological classification, so far as the selection and preparation of drugs are concerned; a detailed account of the drugs themselves, arranged in their natural order, with their uses in Medicine, and their doses; and a copious interspersion among the text of illustrative woodcuts representing the general form and the structure of the objects described. It is a book particularly well adapted for students whose eyes are good, and who will find no trouble in perusing, over the midnight oil, the great mass of information contained in its closely-printed pages, which contain the essence of many more bulky and ponderous volumes, reduced into a small compass. Dr. Headland has faithfully performed his duty of preparing the book, which is in all respects worthy of the previous editions, and equal to any of the excellent manuals which have emanated from the Messrs. Churchill's establishment.

Dr. William Frazer's 'Elements of Materia Medica' is externally a more bulky-looking book than that of Drs. Royle and Headland, but the pages are fewer in number, and the type much larger, so that the materials are not so copious as those of the English volume. But Dr. Frazer tells us in his preface that his pages are intended for every-day use by the practising physician, who requires condensed and trustworthy information on the properties and doses of the medicines to be employed, and he has therefore endeavoured to restrict the limits of his book; but nevertheless, in order to increase its usefulness, he has included notices of all those substances which, though not official, appear to possess claims to attention. These latter form a list of considerable dimensions; but on looking over them we cannot much regret that the compilers of the British Pharmacopœia left them out, as the efficacy of most of them is at best problematical, and is supported by no very strong evidence. The arrangement of the matter by Dr. Frazer is pretty nearly the same as that adopted in the English manual, the substances being grouped according to their positions in the three kingdoms of Nature, and the descriptions being short and distinct. The present edition of Dr. Frazer's 'Elements' fully maintains the character already gained by the first issue of the volume, and its value is of course enhanced by being brought down to the existing state and arrangement of the materia medica.

THE SURGERY OF THE AMERICAN WAR.

A Medical officer in the United States' army writes as follows to the 'Cincinnati Lancet and Observer':—

"More than three years of bitter experience in this war have taught us many things; and, based upon that experience, many improvements have been made in the different departments of the army. But threescore years of war would hardly suffice to bring the Medical department up to a rational degree of efficiency and system, at the rate at which it has been progressing; for though changes have been numerous enough, yet improvements have been lamentably few. For, at the present day, the system upon which the Medical affairs of the army are conducted is full of inconsistencies and absurdities; consequently the important duties expected of the army surgeons are less efficiently performed than they should and might be. The management of the sick and wounded in the division to which I belong is, I presume, in most particulars, similar in all other divisions throughout the army—it is this: A division hospital is established at a safe distance in the rear, to which all wounded and sick men who cannot be treated in their regiments are transferred. As no change of diet can be obtained in the regiment, and the only quarters are the little 'pup' tents, of course no really sick man can be treated there; neither can any of the wounded, except those whose injuries are of the most trivial character, be kept with their companies for transportation, for even a single tin wash basin is not allowed. The only medicines which can be kept on hand constantly are eight or nine small bottles of opium, chloroform, quinine, cathartic pills, &c., which, together with a few rollers, a piece of plaster, and a couple of sponges, are carried in a field-case by the hospital steward. A medicine chest, or pannier, is also allowed to each regiment, but is seen only occasionally, as it is generally carried in the ambulance train; it becomes, therefore, necessary to transfer all sick men to the division hospital. Out of some forty-four Medical officers present with this division, five are detailed to do all the work at the hospital, a surgeon-in-charge, and four assistant-surgeons to attend to the details. When an action comes off, the Medical director, I believe, rides to the front with the rest of the staff, for the purpose of taking care of the general commanding the corps; the chief surgeon of division takes care of his general, and the brigade surgeon does the same kind office for the brigadier. Perhaps they also wished to prove that the doctors are no less brave than others, although they are non-combatants.

"As the wounded are brought back to the hospital they are placed on the tables and operated on when such a proceeding is necessary, and sometimes when it is not. But I am satisfied more errors are made on the side of convalescence, so-called; and that many a life is sacrificed in the attempt to save a limb. Especially do I think that resections of the bones and joints are operations very rarely admissible in the field. The idea of removing the head and three, four, or five inches of the humerus, in view of the after treatment the case is to receive, is perfectly preposterous. Such operations are not at all unfrequent; but would soon become much more so, I am satisfied, if the operators only knew something of the results. But as in a few hours, or days at farthest, the wounded are sent back to Chattanooga or some other point on the railroad, the operator neither sees nor hears anything more of them, and is of course at liberty to fancy the most favourable result he could desire. We, however, hear some fearful rumours of amputations at Chattanooga following the fancy resections at the front; and of still other cases of resection going the way of all flesh without any further aid from the operators. What I conceive to be a great mistake, is the custom of keeping the wounded at the front for days after being operated on, or until inflammatory action and suppuration are established, instead of immediately transferring them to the permanent hospitals at the rear, thus subjecting the unfortunate men to the exhausting and painful journey when the system is suffering from irritation and debility, and the parts wounded have become highly sensitive Sometimes the early advance of the army after an action necessitates the immediate removal of the wounded, but I do not think I ever saw such a proceeding carried out as a matter of choice. The operators at the division hospitals are usually designated, but it sometimes happens from disinclination on the part of individuals and other causes, that after a time it becomes a matter of doubt who is to perform the operation, when a case is presented requiring any such interference. When an action occurs, some of the regimental Medical officers seek the hospital in the rear, while others remain with the troops or at the primary depôts in close proximity to the line of battle. This selection of posts of duty seems to be in great part optional with individuals; unless in the case of those who consider themselves the regularly detailed operators. Others, again, seem to feel at liberty to return to the hospital only when men belonging to their regiments are wounded and sent there. This circumstance they consider sufficient authority, or excuse, if you will, for appearing at the hospital themselves. At some of the hospitals, gentlemen, ambitious to distinguish themselves as operators, 'go in' indiscriminately at the tables of other brigades as well as their own, though I must state that the rage for surgery seems to be at a rather low ebb in this army at present, and I suppose there are good reasons why it is so. As a contrast to this looseness of arrangement or organization, I will give you a specimen of the system that prevails. On last evening the brigade chief surgeons received an order to ascertain and report the number of men in their respective brigades who would be 'unfit for duty for three weeks;' but unaccompanied by anything explanatory of any action contemplated. One brigade reported twenty, and another twenty-five men who would probably remain unfit for duty for the period specified. The consolidated estimate was forwarded to the medical director by the chief surgeon of the division, who in return received an order next morning to instruct the brigade surgeons to select five of the worst cases in each brigade and transfer them to hospital. Furthermore, they had to examine the cases personally; being of course better qualified to judge of their fitness or unfitness for admission to hospital than the officers who had had immediate charge of them, and consequently were in constant observation of their nature, tendencies, and progress. When it is considered that each brigade contains eight or nine regiments, the order limiting the number of sick to five will appear sufficiently ridiculous; and the absurdity of such dictation is not diminished by the fact that the functionary who issues his mandates from corps head-quarters, three or four miles off, is not seen in the camps from one end of the month to the other."

GENERAL CORRESPONDENCE.

THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

To the Editor of the Medical Circular.

SIR,—I observe by the MEDICAL CIRCULAR of the 30th ultimo that a most useful and important discussion has taken place before the Obstetrical Society of London, on a paper read by Dr. Henry Eastlake with regard to the management of the third stage of labour, and retained or adherent placenta after childbirth. In the first place, I would beg to concur in the remark made by Dr. Greenhalgh and others, "That the best thanks and gratitude of the Profession are due to Dr. Eastlake for the very able manner in which he has brought this most important subject under their notice," and a subject, too, concerning the proper management of which there is still to be found, unfortunately, a very wide difference in the opinions of Medical men. It is not my intention, sir, to detain you very long at present, but only to beg if you will be kind enough to allow me a short space in your most useful Journal to make a few remarks upon the above subject, which I do consider to be one of the deepest interest, not only to the great body of the Medical Profession, but to mankind in general. After long experience and many a serious

thought and reflection on the above mysterious subject, I came to the opinion at last that a great deal of difficulty is often owing to premature meddling and traction at the funis before the poor woman has had sufficient time to rally from the prostrate and exhausted state in which she is so often left in bringing forth her child to the world; and, besides, I am strongly of opinion that both the hour-glass and other irregular contractions of the uterus are caused for the most part by too much fuss and hurry, and the premature attempts on the part of the accoucheur at traction of the umbilical cord, because the uterus itself, being a sort of automatic organ, begins, perhaps, to take a sort of fright or alarm at this too early meddling with, or traction at the funis, something like the sensitive plant, or the limpet, which clings more firmly to the rock at the least touch or approach of danger; and thus, also, the uterus, by some mysterious or inherent power of its own, immediately sets up a sort of antagonistic action against such premature meddling on our part,—and thus it is, perhaps, that many of those irregular spasmodic contractions so very often occur—viz., the uterus grasping, of its own accord, the placenta more firmly at the least touch or approach of danger.

Now, I would only beg to know from Dr. Palfrey, how it is possible for him or any other gentleman to write down so dogmatically, or to tell us that thirty exact minutes is all or the utmost limit as to the time to be allowed to pass before forcible means should be resorted to, to extract the placenta in cases of irregular contraction of the cervix uteri? And I should like to know Dr. Palfrey's reason for all this hurry in such cases, unless he was aware that actual hæmorrhage and imminent death were at hand; but that gentleman makes no remark whatever concerning these affairs, nor does he seem to pay the least attention either to the prostrate and very exhausted state or condition in which the poor woman may chance, perhaps, to be in at the time. No; he would have us tear and pull away at all hazards, so as to have the operation entirely completed and set to rights all within those exact thirty minutes. I might also beg to ask Dr. Palfrey, what is the *modus operandi* that he would recommend us always to adopt, so as to be able, within the exact thirty minutes, to accomplish safely all that he recommends? For as far as I can see, by the MEDICAL CIRCULAR of the 30th ultimo, he has made no attempt whatever to give us any information on that part of the subject. Then, all that we need say farther on this point is, that neither Dr. Greenhalgh nor Dr. Eastlake would recommend anything of the kind, but would both wait a little longer than the exact half-hour, and would rather be guided (as I myself would be also) by the state and condition the sick woman would appear to be in at the time, than by any such limited and exact minutes as proposed by Dr. Palfrey. No; but taking all circumstances in such cases into account, and seeing that there was no actual hæmorrhage or other very apparent symptom of danger approaching to the woman, I would much rather, then, wait a whole hour, or an hour and a half, and even two hours sometimes, as I have been several times before now obliged to do, before I did, or even dare attempt to use any forcible means at extraction of the retained placenta, and yet I have had the good fortune, at the end of two hours or so, to see and observe a smart pain or two start up and expel the placenta in a few minutes without any traction whatever on the cord, or other manipulation, external or internal, unless that of fixing on the binder with a secure though moderate tightness. Thus I consider it to be a very difficult matter indeed to fix any definite or exact limits as to the proper time at which we might be necessarily called upon to interfere, as we all know that it is most desirable and salutary that the uterus should be allowed to expel the placenta always, if possible, by its own natural contractions and efforts, for there is nothing so really dangerous, in my humble opinion, in many of those tedious cases, combined with irregular and spasmodic contractions of the uterus, as the unskilful or *nimia medici diligentia*.

I am, &c.,

Drogheda, December 12th, 1864. NEIL MCGREEVY.

THE GOSS TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—With the third and final list of subscribers to the above fund, I beg to tender you the best thanks of the committee for your kindness in having aided them in the object they had in view.

The sum required having been subscribed, will at once be handed over to Dr. Day Goss.

30 Newington place, S., December 14, 1864.

I am, &c.,

NOWELL STOWERS.

	£	s.	d.
Robert Bianchi	0	10	6
George Brennan	0	10	6
J. Hutchinson	0	10	6
Edward Pinder	0	10	6
L. Weaver	0	10	6
The South London Medico-Ethical Society	2	2	0

THE INDIAN MEDICAL SERVICE.

The Indian Secretary of State, in a despatch dated November 7, reconstitutes the separate Medical service for India, throws over all the recent ideas, and offers liberal terms. Under the new regulations surgeons appointed to the Indian service will not be required to serve out of India except with their own consent, but will retain their full rank in any part of the world. This provision reconstitutes, in fact, the old service, with the additional privilege of receiving general instead of local commissions, in itself an acceptable grace, but Sir Charles has not stopped there. Formerly every assistant-surgeon had to wait for a death vacancy to become a full surgeon—often a period of seventeen years. His salary during that time might remain almost unaltered; there was no surgeon-major, and the few prizes in the strict line of the Profession were always held for life. The new despatch orders that every assistant shall, after twelve years' service, become a surgeon, whether there is a vacancy or no; that the grade of surgeon-major shall be introduced, that separate inspectors and deputy inspectors-general shall be appointed to the local service, and that they shall hold office only for tours of five years each, thus greatly accelerating promotion. Moreover, the pay is fixed on an entirely novel scale. The assistant-surgeon begins his career on a *minimum* pay of 350*l.* a year, as he did before, but it is to rise steadily with length of service till he receives as unemployed or *minimum* pay per annum:—After five years, 365*l.* per annum; after six years, 472*l.*; after ten years, 492*l.*; after twelve years (surgeon), 770*l.*; after fifteen years, 812*l.*; after twenty years (surgeon-major), 1,022*l.*; after twenty-five years, 1,065*l.* This, be it remembered, is when unemployed—*i.e.*, the absolute *minimum* wage, the allowances for employ being according to the rules laid down in the despatch, at least. 250*l.* more. As an Indian officer is never, except for a few months in a lifetime, left out of employ, the true *minimum* rates may be roughly stated at 350*l.* to begin with, 560*l.* after five years, 700*l.* after ten, 1,000*l.* after fifteen, and 1,200*l.* after twenty years' service. These rates, moreover, are independent of prizes, of an inspectorship on 3,000*l.* a year, and at least three sub-inspectorships on 2,200*l.* each, of a monopoly of stations with practice, of irregular cavalry regiments, and of various other profitable incidents of the career. This, however, is not all. The rates of pension have also been revised, and amount for the future to—After seventeen years' service, say forty-one years of age, 220*l.*; after twenty-one years' service, say forty-five years of age, 292*l.*; after twenty-four years' service, say forty-eight years of age, 365*l.*; after twenty-seven years' service, say fifty-one years of age, 465*l.*; after thirty years' service, say fifty-four years of age, 550*l.*; independently of the 300*l.* a year granted by the Medical Retiring Fund, which fund, with all its liabilities, now very great, is henceforward to be managed and guaranteed by the State. To put the matter in ordinary English, out of official formulas, a young surgeon who enters this service at twenty-four will receive 350*l.* a year; rise 50*l.* a year as a *minimum* for twenty years, and return home at fifty with a pension of 650*l.* a year, enjoying meanwhile extra chances, depending on special ability, special services, or special interest made by himself in India.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 21, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

If the Medical Council had been what it ought to be, namely, a representative body of the Medical Profession, there would be no difficulty in making it understand the deep dissatisfaction which at present prevails as to the working of the Medical Act, and in conveying to its members the universal desire for modification or amendment. But constituted as the Medical Council is, representing only the Crown or the Government of the day, or the interests of the Medical Corporations, it has very little opportunity of hearing the complaints, the remonstrances, or the wishes of the great body of the Profession except through the medium of the Medical press. It is on this ground, as well as on many others, that we urge as strongly as we can the points on which the Medical Act stands in need of amendment, in the hope that our observations may have some weight with the members of the Council, and induce them to bestir themselves before the next meeting of Parliament, in preparing an amended Act to be submitted to the Legislature.

This urgency on our part is by no means uncalled for, since, although many members of the Council are earnestly desirous of rectifying the defects of the present measure, there are others, we fear, who are satisfied with the existing state of things, and are content with drawing their salaries and indulging in a periodical outbreak of talk, without any practical aim in their oratorical displays. The feeling obviously manifested by a portion of the members of the Council is still less defensible than that of the obstructive party to which we have just alluded, for some appear at the Council Board only as the thick and thin supporters of certain Corporations, and are the uncompromising advocates of some of the very abuses which it was the object of the Medical Act to remove.

We have so often alluded to the heterogeneous nature of the materials of which the Council consists, and to the conflicting views entertained by its members, that it is unnecessary to recur to the subject; but as a certain amount of good has already been accomplished, notwithstanding this variety of interests and opinions, it is our duty to urge upon the Profession the necessity of pressing for more, until the Medical Act has actually borne some fruit to repay the cost and labour expended on its introduction and passage through the Legislature.

It is generally understood that Dr. Burrows, the President of the Council, is deeply impressed with the necessity of making the Act practically beneficial to the Profession and the public, and that he is warmly in favour of introducing such amendments as may make its clauses intelligible to all parties concerned, even although its provisions may fail in accomplishing all the objects which may have been desired by Medical reformers. With a view to the discussion of questions connected with the proposed amendment of the Act, Branch Councils have been summoned to meet, or have already met. The Irish Council has met, and we believe has arrived at certain resolutions of a very important nature; the Scotch Council has not yet assembled, but it will do so at an early day; and the English Council has already met once, and will meet again on Friday next. In order that the united deliberations of the three Councils may be fairly placed before Parliament, the General Council will be summoned to meet at an earlier date than usual, the first week in April of the ensuing year being the period at present fixed upon.

The main grievances, as we take it, under which the Profession labours, in respect to the Medical Act, are, first, that the measure affords very little, or no, protection to those who have qualified and registered over those who have done neither; and that, secondly, the Act does not even fulfil the objects set forth in the preamble, namely, to enable the public to distinguish between the educated and licensed practitioners of Medicine and the mere pretenders.

Under present circumstances, as is proved by notorious instances, a gentleman of the highest qualifications as a physician or a surgeon may set up in a given street or square, and a quack, with no qualifications at all, and perhaps with a fictitious name besides, may set up next door to him, and both these persons are exactly equal in the eye of the law. It is true that the qualified and registered physician or surgeon can hold a Poor-law appointment, and (unless a bye-law of his College prevents him) can sue for his fees, but he probably does not care for either of these privileges, and thus he is on exactly the same level with the quack, who does not aspire to any public Medical appointment and never gives trust to his patients. Here the law clearly gives no protection; and can it be said that the Medical Act enables the public to distinguish between the qualified and unqualified practitioner? The public see the name of Dr. W. on one door, and that of Dr. X. on another, and, moreover, Dr. X. advertises himself in the penny newspapers and Dr. W. does not; and how can the public, comprising, of course, tradesmen and advertisers of all descriptions, distinguish between the quack Dr. X. and the respectable and honourable physician Dr. W.?

Our Irish brethren have shown no lack of zeal in grappling with this most important subject, which is exciting the warmest interest in every department of the Profession, and on which some efficient legislation is imperatively required. Strangely enough, it excites less interest among the English branch of the Council than among the Irish or Scotch branch, but this difference is not difficult of explanation, when we regard the composition of the former section. It will be perceived by a glance at the names composing the English branch, that its members are for the most part gentlemen who have no very active sympathies with the Profession, and are personally very well satisfied with things as they are. Some of them, indeed, are not in

practice at all, and most of them are so well provided for by public appointments or other sources of emolument, that they care very little for the annoyances or the losses which their less fortunate brethren may endure from the shortcomings of the Medical Act, and from the general encouragement given to quackery. Still, they are all men of good sense, high honour, and good feeling, and as they probably only require matters to be explained in order to secure their support for legitimate Medicine, it is to be hoped that by public meetings, or communications in the Journals, or by other means, they may be made acquainted with the real state of opinion upon the subjects to which we have referred.

The Irish Branch Council have, we believe, made some very important suggestions, especially in reference to the amendment of the 40th clause, and these suggestions, we feel sure, will meet with the hearty support of the Profession. As the clause now stands, it will be remembered that the punishable offence consists, not in assuming any Medical or Surgical title, but in pretending to be registered under the Act of 1858, so that no protection whatever is afforded to the registered practitioner, for the quack may rest his impunity on his open disregard and contempt of the Act. But the Irish Branch Council propose that the assumption of any Medical title, so as to impose upon the public, is a punishable offence, and the clause, so amended, would at once purify the Profession of a host of pretenders who now prey upon its vitals, and bring disgrace upon the name of Medicine.

It now becomes the duty of every member of the Profession, however weak his individual co-operation may seem to be, to put his shoulders to the wheel in the present emergency, recollecting that if anything beneficial is to be accomplished, it must be done by means of united effort. Let, then, the Medical Council be addressed as much as possible with facts exhibiting the faulty working of the present Act, and the inconveniences and hardships which it entails upon the respectable members of our body. Those Medical men who live in the provincial towns and rural districts should also exert themselves in making the members of Parliament for their respective localities fully acquainted with the wants of the Profession and the necessity for an amendment of the Medical Act; and no time should be lost in adopting this course, for the application for such amendment will be made in the forthcoming session.

SUMMARY OF THE WEEK.

THE CASE OF STONE *v.* STONE AND APPLETON.

In this very important case, which was first tried in the Divorce Court, at the beginning of last year, it will be recollected that a member of our Profession was accused of having had improper intercourse with a married lady, under the influence of chloroform, during the absence of her husband in India. A child was born between seven and eight months after the husband's return, and it was alleged to be the offspring of the previous illicit connexion; and Mr. Appleton's absence from England, under the pressure of pecuniary difficulties, was considered as a corroboration of his guilt. When the case was first tried, the jury gave a verdict against Mr. Appleton, with 2,000*l.* damages, and an application for a new trial was made to the late Sir Cresswell Cresswell, who then presided over the Divorce Court, but it was refused by that judge. Afterwards, however, the case was brought before the full Court, and the application for a new trial was granted. In the meantime, Mr. Appleton, who was in America, wrote to this country, stating that his only motive for absenting himself from England was the state of his pecuniary affairs, and that he not only strongly denied the charge made against him, but was wholly unaware that he was accused or suspected of it, until he received news that the action had been decided, and that he had been condemned in the damages above alluded to. As he was, of course, liable to arrest if he returned under these circumstances, he expressed his determination to remain abroad, and, being unable to provide security for the payment of costs, the new trial proceeded in his absence, and has just terminated. Such is the glorious uncertainty of the law, or, we might add, such is the triumph of common sense over prejudice, that although the facts and opinions adduced, and the witnesses called, were almost precisely the same as on the first trial, yet on this last occasion the jury returned a verdict in favour of the wife, and being by technical circumstances compelled to assess damages against Mr. Appleton, they valued them at a farthing. Our own opinion has always been adverse to the first verdict as being against the evidence, or, at any rate, as unsupported by it; and we have on previous occasions remarked upon the preposterous nature of the charge that a Medical man would or could seduce a woman under the influence of chloroform, an imputation which has, indeed, been made on more than one occasion, but which has never been hitherto supported on anything like trustworthy evidence. In one of our articles on the subject we remarked, that "we were the more emphatic on this point, because ignorant men and women are to be found who invent such stories, and, what is worse, there are judges and juries who believe them."

A LATE CASE OF HOMŒOPATHY AT ROME.

It is known that the Count de Willesen, the Prussian Minister at Rome, lately died under so-called homœopathic treatment, and some remarks have been made on the folly of allowing an important public functionary to die under the do-nothing system alluded to, the more especially as the disease of which the late Minister died was ague, which is known to be usually amenable to treatment. The homœopathic party, being nettled by the remarks in question, have volunteered a statement, showing that other causes besides malarious fever conduced to the fatal result, but they also defend themselves by showing that the late Count, under the advice of his globulistic attendants, took two grains of quinine! every twenty minutes!! We

know nothing of the circumstances under which the quinine was administered, as the quantities only are mentioned, and we make no allegation that any treatment would have saved the life of the Prussian nobleman ; but we point to the monstrous absurdity of a system which professes, in theory, to cure disease by the administration of infinitesimal doses, and, in practice, gives large quantities of a powerful tonic for the cure of ague. If, again, there were any truth in the jargon *similia similibus*, &c., how can quinine be expected to cure ague at all ? Did anyone ever see or know of a case where quinine has caused shivering, heat, and sweating, such as constitute a paroxysm of intermittent fever ? We have often characterised Homœopathy (so-called) as a system compounded of folly and dishonesty, and the case to which we have just referred is strongly corroborative of our remarks.

THE OBSCENE ADVERTISING QUACKS AND THE PRESS.

Our contemporary, 'Punch,' still continues his vigorous and wholesome exposure of the disgusting quack fraternity. His recent number contains for its chief illustration a figure of a quack advertiser of the "Manly Vigour" school undergoing the punishment of the pillory, and being pelted with rotten eggs and other missiles, including his own "nervine tonics," "restorative elixirs," and the like A correspondent in the same number writes a letter pointing out how the system of obscene quackery might be suppressed; but here, we fear, 'Punch's' correspondent displays more zeal and goodwill than knowledge of the subject. He proposes, for instance, that the Medical Council should take steps to expose the indecent quacks and to punish them ; but, unfortunately, the Medical Act gives the Council no power to do anything of the kind, as all quackery (indecent quackery included) was carefully protected by the Legislature when it passed the Act. The next suggestion is equally futile, namely, that in courts of justice the claims of the quacks should be disallowed, inasmuch as the quacks always get their money beforehand, and never trouble the law-courts for its recovery. The third suggestion has more weight, and, if acted upon, may do much to purify the Press at least, even if it does not eradicate the system of quack extortion. This suggestion is to the effect that the public should cease to buy such papers as contain the filthy and indecent advertisements by which victims are entrapped ; and this course would, no doubt, bring the proprietors of such journals to a true sense of what is due to public morality. It cannot be too often repeated that, by inserting such advertisements, the newspapers become the panders to immorality and vice, and partners in the system of robbery and extortion which has lately been so fully exposed. There is no excuse whatever for the continuance of such announcements in the newspapers, except the miserable one that they are profitable to the proprietors, who thus sacrifice at the shrine of Mammon every consideration of decency and self-respect.

THE DINORNIS.—Great interest has been excited, says the 'Sydney Morning Herald,' amongst the naturalists at that place by the news of the discovery of the moa's egg recently in New Zealand.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. A. H. HASSALL contributes "Some Clinical Remarks on Cases of Bright's Disease," which occured in the practice of the Royal Free Hospital. The cases are two in number, selected from among the out-patients, and in both the urine was subjected to a careful and rigorous microscopical and chemical examination. In the one case, there was granular degeneration, or desquamative disease of the kidney, but the urine was secreted in abundance ; in the other case, the microscopical examination showed a large quantity of oil-globules in the urine, proving that the kidneys were undergoing a process of fatty degeneration. The former case, therefore, presented a more favourable prognosis than the latter, but both derived benefit from the treatment they received in the hospital. The therapeutical management of such cases consists in the use of the vapour-bath for removing superabundant water from the system, and the use of nutritious food, especially eggs. When there is fatty degeneration of the kidneys, fatty kinds of food are contra-indicated. Dr. Hassall appeals to these cases as proving that the microscopical and chemical investigation of diseased structures and secretions is often of the highest importance in practical Medicine.——Mr. HOLMES COOTE offers "Some Clinical Observations on Lithotomy," his remarks being entirely of a practical character. The mortality at St. Bartholomew's Hospital is stated to be about 1 in 10, being nearly the same ratio as in the time of Cheselden. Among other practical points, it is mentioned that at this hospital the bladder is not emptied and injected with water before the operation, but the rectum is emptied by means of an injection, and the patient is enjoined to hold his water as much as possible.——Dr. NORMAN W. KINGSLEY, of New York, contributes a paper "On the Treatment of Congenital Cleft Palate ;" but as the paper itself and the illustrative woodcuts are precisely the same as those which appear in the 'Medical Times and Gazette' for this week, we have alluded to them elsewhere.——Mr. G. G. GASCOYEN continues his "Observations on the Unity of the Syphilitic Virus," and criticises the views of those who maintain that there are two distinct forms of syphilis. Even the advocates of the duality of the poison admit the existence of a form of disease which they call a *chancre mixte*, capable of producing both the hard and soft chancre. Mr. Gascoyen states, as the result of his inquiries, that "a careful perusal of the dualistic opinions so ably advanced by Bassereau, Rollet, and others, has failed to convince him of their accuracy ; and the extreme practical need which has called into being the accommodating sore, the *chancre mixte*, completes, to his mind, the fallacy of the double virus theory."——Mr. GEORGE RIGDEN relates "A Rare Case in Midwifery Practice," the peculiarity consisting in the extrusion of the uterus soon after the birth of the child, and before the expulsion of the placenta, which was peeled off from the exposed mucous membrane, and the uterus replaced in its natural position. The only cause of

the extrusion seems to have been that the patient made a slight expulsive effort in order to assist in the removal of the placenta. She entirely recovered, without any bad symptoms.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY continues his lectures "On the Urine and Urinary Organs," selecting for the subject of his present lecture "The Clinical Significance and Pathological Importance of Inosite in the Urine, of Creatin and Creatinin, of Cholesterin, &c." Cystin consists of, in quarter of its weight, sulphur; it is a pale yellow, opaque, amber-coloured crystalline substance, without smell, taste, or reaction. Exposed to light and air, it assumes a sea-green hue. The microscope shows it to be, as regards its crystals, hexagonal, or somewhat hexagonal; to be arranged as plates which may or may not be placed in a laminated manner. The crystals may be mistaken for those of uric acid, than which, however, they are smaller and are soluble in a mineral acid. The urine must be acid in order to show the cystin; and when it does contain this substance it is of a pale greenish colour, or of a sweet-briar-like odour. The best test for cystin is, that when it is burned on a piece of platinum, the latter is turned in colour to a deep greenish blue colour, which disappears as the heating increases. In its physiological bearing it is supposed to have some connexion with hepatic functions. Cystin in the urine is altogether abnormal; but it does not indicate any grave affection. Persons suffering from it are not liable to any other kind of diathesis; hence, the calculi formed of this substance are not compounded with any other material except in very rare instances. Phosphates have an accidental tendency to be mixed with cystin; where they occur together they may be separated by acetic acid. It is by some supposed to be an hereditary diathesis; with this view Dr. Harley does not coincide. Its presence cannot be said to be dependent upon peculiarity of nation, climate, food, or drink, since all classes of people seem to be alike subject to it. Dr. Harley considers the substance to be "an interrupted metamorphosis of some of the hepatic products." The diathesis is congenital rather than acquired. The treatment to be pursued ought to be, as regards diet, an avoidance of all kinds of food and drinks containing sulphates. Concerning medicines: sulphates, sulphuric, acetic, tartaric acids, carbonate of ammonia, or even ammonia in any form should not be administered; alkalies, be they what they may, are not admissible. Ferruginous tonics, combined with nitro-muriatic acid, is the treatment most beneficial. The value of a thorough knowledge of hemistry, in order to be able to prescribe chemical therapeutics chemically correct, is forcibly shown. Cystin calculi exist in the kidney as well as in the bladder; and this fact would go to prove that even at the moment of excretion the urine is unable to retain that substance in solution. The calculi begin to form at an early period, but the age at which they demonstrate themselves specially is between the years twenty and thirty. This form of calculus is very rarely of a mixed kind; still more rarely of a complex character. Till the stone has attained considerable size, patients do not generally seek relief. Again, the stone does not produce much vesical irritation, owing probably to its not being covered with a phosphatic coating.——Dr. KINGSLEY, New York, contributes a paper "On the Treatment of Congenital Cleft Palate." He advises the use of an artificial velum, made of elastic vulcanised rubber, specially adapted to the deficiency, and of a flexibility which will allow it to be carried by the muscles as they move in action.——Deputy Inspector-General HARE continues his paper "On the Treatment of Malarious Fever." It is in those cases of fever wherein head symptoms occur that the drug is especially applicable in the largest doses and at the earliest period. Instead of exciting, it occasions deadly coldness of skin, feeble pulse, sometimes intermitting, complete deafness and amaurosis from its powerfully sedative, almost paralysing effect on the brain; delirium, not active, but of a low muttering kind. It is, in fact, when given in large doses, a most potent sedative, and in order to produce contrary action, wine, &c., require at times to be administered. When the quinine, given, as recommended, in large quantities, induces sickness, it is best to get the patient to take it in brandy, wine, soup, and in the form of pill rather than as a powder. Quinine and calomel administered synchronously help each other, and each tends to a development of the effects of the other. Mr. Hare recommends this combination, and more particularly in the case of child-patients and where the quinine occasions emesis. He uses it in ℈j. doses to adults, two quantities being all that he has in most instances ever found to be requisite. The vomiting will be checked and the quinine can be steadily continued till the mastery is gained over the fever. The calomel can be put on the tongue and then swallowed; while the quina can be given in the form of pill. The latter is first used, if vomiting takes place, the calomel is then given. The mercurial must be given to children in quantities of only two or three grains, and the quina may be wrapped in a piece of jelly and the entire mass then put into the little patient's throat on the point of the finger. The mercurial is to be laid aside as soon as the fever subsides, but the quinine must be continued till it has acted in wholly eradicating the affection. Calomel and quina are both, individually, supposed to be antidotal to the fever; but combined, they are so much more powerfully. Salivation must not be sought, as it is prejudicial rather than otherwise. The time to be selected, if selection be in our power, is when the sweating stage has come on, as then the system is able to absorb the remedies. The diet at the onset of an attack in a young patient must be almost nil for the first day or two; but if the fever have lasted for a week previous to the adoption of treatment, in such a case we should give small quantities of food, even though there should be a loathing to all articles of diet. The food to be preferred is arrow-root, soups, milk; and if the patient be a free liver, wine and the accustomed spirits may be necessary. Let it be distinctly understood that malarious fever is not at all inflammatory, but the diametric condition, and therefore to be cured, not by depletory measures, but by quinine and proper nourishment.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 6.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

A report, by Dr. HARLEY and Dr. MURCHISON, was read on

DR. ROBINSON'S CASE OF MENINGITIS WITH ATROPHY OF THE LIVER.

After having examined, microscopically and otherwise, the liver and kidneys of the above-mentioned case, your reporters have arrived at the conclusion that it is one of acute atrophy of the liver. The reasons which chiefly induced your reporters to adopt this opinion are the following:—Firstly. The liver is very much under the normal weight, being only 2½ lbs.; whereas, the normal liver of a man of the size and development described in the author's paper ought to weigh about 4 lbs.—viz., 1-36th of that of the body. Secondly. When the liver is examined microscopically, scarcely any hepatic cells are to be found, and the few which do exist are very granular and much stained with bile pigment. The field of the microscope, however, is chiefly occupied with free granular matter and oil globules, apparently the escaped contents of disorganised cells. It is necessary to remark that as the specimen is somewhat old, the almost universal destruction of the hepatic cells may be in part due to commencing decomposition. Thirdly. The tissues of both kidneys, when examined microscopically, is seen to contain numerous crystals of tyrosin. The crystals are mostly in the form of spiculated balls and stellate groups of fine, needle-shaped prisms. As many as five sets can occasionally be counted in the field of the microscope. Their distribution is, however, by no means uniform. Fourthly, and lastly. The history of the case, the size of the liver, and the presence of tyrosin in the kidney, completely accord with the view of its being one of acute yellow atrophy.

Dr. HERMANN WEBER exhibited

KIDNEYS WITH SO-CALLED FIBRINOUS DEPOSITS FROM EMBOLISM OF THE RENAL ARTERIES.

The patient, a woman aged twenty-six, had been admitted into the German Hospital, on October 3, with old mitral disease and pulmonary apoplexy. On October 5 she was suddenly seized with violent pain in the right side, just below the twelfth rib, coupled with great collapse, vomiting, and diarrhœa, the pain being increased by pressure. The symptoms abated after about two days. On October 12 a similar, but still more violent attack occurred, the pain being this time on the left side, lasting almost a week, with varying intensity, and being only relieved by frequent subcutaneous injections of morphia. The urine, which had exhibited only a very small quantity of albumen before these attacks, became highly albuminous during, and for about a fortnight after, this occurrence, containing many tube casts of various kinds, but principally transparent ones. From the end of October, however, until the time of death the urine was free from albumen and casts. Traces of blood only had existed during a few days at the time of the attack. Anasarca of the lower extremities, which had been moderate before the attacks, had much increased immediately after them, but diminished again with the disappearance of the albumen from the urine. Intense icterus during the last fortnight. Death occurred from pulmonary apoplexy and pleuritic effusion on November 11. The post-mortem examination manifested mitral stenosis, with roughness of the edges of the very narrow oval-shaped opening, and great dilatation of the left auricle; and also moderate contraction of the tricuspid orifice (from adhesion between two of the folds, and slight thickening of all three), and corresponding dilatation of the right auricle. The right lung exhibited the products of pulmonary apoplexy in various stages of progress, and the right pleural cavity was filled with sero-purulent fluid. The mucous membrane of the small intestines swollen, closing the opening of the gall duct. Liver nutmeg, commencing atrophy, tissues very tense. Spleen likewise hard and tense; as also the suprarenal capsules. The right kidney contains in the centre a pale, yellowish deposit, shrunk and depressed below the surface of the surrounding tissue; the left kidney contains several larger deposits likewise of pale yellow colour, but slightly raised above the level of the surrounding normal tissue; the deposits occupy the greater part of the upper portion of the kidney; the corresponding artery is obliterated by an old fibrinous plug, while the artery supplying the normal portion is free. The plug in the obstructed branch of the artery is slightly adherent to the walls—can, however, be separated without injuring them; it does not obstruct the whole length of the branch, but terminates at two ramifications rather abruptly, leaving the remainder free. Dr. Weber remarked that amongst the many points of interest the case showed, with regard to the so-called fibrinous deposits of the kidney, their embolic nature by the presence and the characters of the plug in the upper branch of the left renal artery; that it further elucidated the symptoms of embolism of the kidneys, which affection in this instance had been diagnosed by Dr. Baeumber, the resident Physician of the Hospital, at the time of the occurrence; and that it manifested also the changes taking place in these "deposits," that in the right kidney having occurred thirty-eight days before death, being already shrunk below the level of the surrounding tissue, while the deposits in the left kidney having occurred between a week and a fortnight later, were still slightly prominent above the level of the surrounding tissue, but without the elevated red margin seen in still more recent cases.

The time of the Society being much occupied, Dr. Weber did not enter into the description of the microscopic appearance of the deposits.

Dr. HARLEY asked Dr. Baeumber to describe the circumstances which led him to the diagnosis.

Dr. BAEUMBER then mentioned the symptoms related in the case—viz., the sudden occurrence of violent pain in the region of the kidney, great collapse, sickness and diarrhœa, coupled with the changes in the urine, in a patient affected with old mitral disease, and, therefore, predisposed to embolic affections.

Dr. CRISP thought that this, like many other cases of so-called embolism, did not properly come under this head. In many inflamed parts the arteries contained fibrinous deposits, and it was impossible, he thought, that fibrine could be carried from the heart, and thus plug several small arteries of the kidney.

Dr. WEBER replied that Virchow had clearly proved by experiments that much larger pieces of fibrine than that forming the plug in the case before the Society could be propelled by the heart, and carried by the blood to distant organs until they were arrested by the diminished size of the artery, or by a bifurcation, and thus led to plugging of some arterial branch or branches.

Mr. FERGUSSON read the following communication sent to him by George Harday, Surgeon, West Haddon:—

CASE OF EXCISION OF THE HEAD OF THE RIGHT HUMERUS AND GLENOID CAVITY OF THE SCAPULA FIFTY YEARS SINCE.

N.B., aged seventy-eight, by trade a sawyer, a tall, well-made man, came under my observation in the year 1844 (then in his fifty-ninth year). A peculiar flattened appearance about the right shoulder-joint which attracted attention was explained by the absence of the head of the humerus and articular surface of the scapula. From his own account, in the year 1812 he received a severe injury to the shoulder-joint, inflammation and suppuration resulted, exfoliation followed:—caustics, incisions, and general treatment did not avail to relieve the constitutional irritation. In 1814 Dr. Locock, assisted by Dr. Kerr, at the General Infirmary, Northampton, removed the carious head, and about an inch of the shaft of the humerus and glenoid cavity of the scapula. He made a good recovery, and for some years after followed a lighter occupation than his laborious calling: he, however, resumed his trade, and the narrator has often seen him wielding his axe to prepare the butt of a

tree for the sawpit. The power of the right arm was all underhand, and when the axe was raised the left arm was the elevating member. As he had promised to bequeath to me the shoulder, he enjoined his friends to inform me of his death. The parts were hurriedly removed the day after his death, April 21, in the presence of his relatives. Before turning back the skin from the flattened shoulder three deeply attached cicatrices presented. The deltoid muscle was small, the supra spinatus much wasted, the other muscles much wasted. The part from which the glenoid cavity was excised will be seen to be bifid; the ligamentous connexion of the shaft of the humerus to the scapula is in the line of the greater tuberosity, the unattached portion in that of the lesser. For fully thirty-five years this man's arm did him useful service.

Mr. FERGUSSON then brought forward a specimen of

MILK-LIKE FLUID REMOVED FROM A HYDROCELE.

The fluid, removed on two occasions, looked exactly like milk. It was so striking, Mr. Fergusson never having seen a similar case, that he brought it before the Society. He did not believe much in analysis, but it might be a feast for the imagination of some gentlemen. It had already been examined with great care by Dr. Thudichum; but as it was a very rare specimen, Mr. Fergusson thought it would be well that it should be reported on by the Pathological Society.

In reply to Mr. Fergusson, the PRESIDENT said that he had not seen such a case.

Mr. FERGUSSON, in reply to the President, said the fluid was, he thought, more of a fatty than of a milky character.

Dr. BROADBENT said that Dr. Thudichum had found that the milkiness was due to fat, but in the form of fatty acids.

Dr. Harley and Mr. Francis Mason were requested to analyse the fluid, and to report on it to the Society.

Dr. SEDGWICK then brought before the Society a child, who had been the subject of

KELOID.

A report of the case is to be found in the twelfth volume of the 'Transactions' of the Society. The child's head had improved very much, and all the fourteen patches were gone, nothing being left but brownish stains. The skin generally was healthy, except in one point, where was a glossy white patch. This resembled the early stage of the other patches, but it had not undergone any changes. There was a shallow groove on the tongue where there had been a patch of keloid. The disappearance of the disease began soon after the report. Cod-liver oil had been given, but probably time had been the great element towards cure. The same occurred in a case described but not named by Dr. Alderson.

Dr. HILLIER thought the disease resembled that which had been called sclerema by Dr. McKinnon, of Glasgow. Sclerema generally ended in evolution, and differed from Addison's keloid in not being claw-like. In one or two of Dr. McKinnon's cases the tongue had been affected.

Dr. BALMANNO SQUIRE thought the disease was not true keloid, but that it was allied to lupus.

Dr. SEMPLE said care ought to be taken in spelling the form of the disease. It was sometimes written "keloid," and sometimes "cheloid." The first term merely meant a tumour, the second a tumour like a claw. The disease in Dr. Sedgwick's case did not present the appearance of a claw. He (Dr. Semple) thought sclerema would be a safe designation.

After some further remarks by Dr. Schulhof and Mr. Chalk,

Dr. SEDGWICK said the disease had been called keloid by three hospital physicians, but the term was, he agreed, not a very appropriate one.

Mr. POWER exhibted a

CASE OF ENCEPHALOCELE,

which had occurred in the practice of Dr. Tebay. The expanded plate of the occipital bone was entirely deficient, and the brains were, for the most part, contained in a large sac at the back of the head, formed by the expanded and attenuated dura mater and integuments. Examination of the brain showed the absence of corpus callosum, fornix, and commissures, so that the hemispheres were only connected by some transverse fibres occupying the position of the anterior perforated space. The cerebellum was absent, and the medulla oblongata presented a truncated appearance, the restiform tracts appearing as a few loose strands. The anterior pyramids could be traced into the hemispheres, forming the crura cerebri. There was no pons Varolii. Examination of the heart showed the following remarkable arrest of development:—At the upper part of the septum ventriculorum was a large foramen, which opened just below the semilunar valves of the pulmonary artery. This trunk, however, after giving off the right and left pulmonary arteries, continued as the thoracic aorta, curving over as usual to the left side, and giving off the vessels for the supply of the head and arms, presenting, consequently features which were not dissimilar to those characterising the circulation of the higher reptilia.

Mr. CHRISTOPHER HEATH brought before the Society

THREE CASES OF ENCEPHALOCELE OF THE ANTERIOR PART OF THE HEAD.

1. The first specimen was from a case which occurred in the practice of Mr. Riley, of Charlwood street, and consisted of the head of a child born at full term, which presented a large tumour of the forehead, measuring twelve inches in circumference transversely and ten inches in circumference from before backwards. This tumour was the presenting part in the labour; and as it prevented the delivery of the head, it was punctured, when about a quart of clear serous fluid escaped. The child lived ten hours, fluid and particles of brain matter coming away from the puncture during that time. The tumour proved to be an encephalocele, the dura mater being bulged out between the halves of the frontal bone, which were widely separated, and containing a portion of the brain. The brain was very soft; but there appeared to be no communication between the cavity of the tumour and the ventricles. The child was otherwise well formed, with the exception that it presented a single hare-lip immediately to the right side of the median line.

2. The second case was that of a little girl, aged eleven, who at birth had a pulsating tumour at the root of the nose, evidently dependent upon some communication with the interior of the skull, and probably connected with the anterior lobes of the brain. The child had been first seen by Mr. Heath when five years old; and a photograph of it at that age was exhibited, no material alteration having taken place since that date. The tumour had expanded the nasal bones, but did not encroach upon the nasal cavities, and was presumed, therefore, to depend upon some want of development of the base of the anterior form of the cranium, and probably the cribriform plate of the ethmoid bone.

3. In this case the protrusion was almost precisely similar to the second case as to position, but the tumour was more prominent, and about the size of a very large marble. The child was three years old. The growth seemed to have increased in proportion to the child's age only. During the first four months of life the sac appeared to be perfectly transparent; and at the end of that time Mr. Paget tapped it, and evacuated a considerable quantity of fluid. Afterwards, iodine injections were used on three occasions, and caused so much inflammation that serious symptoms were developed. However, after this, the walls yielded, and a large quantity of fluid looking like dirty water was evacuated. Soon after—within twenty minutes—it re-filled; and since, nothing has been done.

The child is strong and well, and suffers no inconvenience except from the deformity produced by the tumour; for this he was brought to Mr. Heath last summer, but the case was evidently one not admitting of operation.

Dr. GREENHOW showed a specimen of

DISSECTING ANEURISM OF THE ABDOMINAL AORTA.

On admission into the Hospital, the patient, a young man of twenty-eight, had a large fluctuating tumour at the left side of thorax posteriorly. A few days later another swelling appeared at the right side of spine, and it was soon evident that there was communication between the two

tumours. Some doubts being entertained as to their nature, a very small trochar was introduced into the left tumour, and drew nothing but a little arterial blood. The wound was dressed with collodion and lint, and healed readily, no injury resulting from the operation. The tumours continued to enlarge, and the patient died of asthenia. At the autopsy, the liver and kidneys were found displaced and protruded forwards by a large aneurismal tumour which occupied the posterior part of the abdomen from the diaphragm downwards as low as the ilium, and was deeply grooved along its middle by the aorta, which was in front of it. The sac was distended with thin, claret-coloured blood, and lined with dense layers of fibrine. The diaphragm was pressed upwards on both sides by the tumour. Immediately below the diaphragm the aorta opened abruptly into the aneurism, two-thirds of its circumference posteriorly presenting a free even margin, as if cut with a knife. Anteriorly the wall of the artery was spread out so as to form part of the anterior wall of the aneurismal sac. The inner coat of the artery could be traced passing over the free margin of the vessel and lining part of the sac. The exit of the aorta from the sac was also abrupt, but somewhat less so than its entrance, and the vessel appeared of normal calibre both above and below the aneurism. The breach in its posterior wall was 1¼ inches in length, extending from the diaphragm nearly to the renal arteries. The cœliac axis and the superior mesenteric artery opened directly into that portion of the anterior wall of the artery which formed part of the aneurismal sac. The vertebral column was for several inches entirely included in the aneurism, which had eroded part of the bodies of several vertebræ, and had displaced and partly divested of periosteum some of the lower ribs on both sides.

Dr. GREENHOW also showed several specimens of

TÆNIA MEDIO-CANELLATA,

which had been obtained from patients under his care during the last few months. Two of them were perfect. He said that this species of tape-worm, generally considered so rare, was in his experience more common in London than tænia solium. The T. medio-canellata was distinguished from T. solium by its much greater length, the greater breadth and thickness of its proglottides, the larger size of the head, and, above all, by the absence of hooklets It was also of very rapid growth, and gave off segments in such profusion that they frequently passed spontaneously without any action of the bowels. One of the specimens exhibited was remarkable for the extraordinary length of some of its segments, one measuring as much as 2½ feet. The case from which two of the other specimens were obtained well illustrated the peculiar tenacity of this species of tænia. For nearly two years the patient, who had two parasites, suffered from a recurrence of the symptoms at regular intervals of ten to twelve weeks, and it was only in May and August of the present year that the two heads were successively expelled by treatment, so as to effect a permanent cure.

APPOINTMENT.—Mr. Philip John Simpson, M.R.C.S.Eng., L.S.A., of Gower street, Bedford square, was elected House-Surgeon to the Westminster General Dispensary, on Wednesday, the 14th inst.

LETTS'S DIARIES.—The approach of Christmas again brings before our notice the publication of Letts's Diaries, the circulation of which is stated to approximate to 300,000, and to be steadily increasing. Thesse diaries are to be had in almost every conceivable form, and we might add at almost every conceivable price, and are distinguished for the value, copiousness, and variety of the matter they contain, and the excellency of the workmanship they display. Some of them are specially adapted for pocket use by Medical men, but others, and the great majority, may be used by all classes of society, and their enormous sale is fully explained by their neat and handsome appearance, and the convenient arrangement of the different departments into which each is divided.

LEGAL INTELLIGENCE.

COURT OF COMMON PLEAS.—DUBLIN.

(Before Chief Justice MONAHAN *and a Special Jury.)*

TRAVERS *v.* WILDE.

This was an action for libel. The plaintiff, Mary Josephine Travers, is the daughter of Dr. Travers, Professor of Medical Jurisprudence in the School of Trinity College, and sub-librarian of Dr. Marsh's Library, and the defendants are Sir William Wilde, the eminent oculist, and Jane Francesca, his wife. Damages were laid at £2,000.

The alleged libel was contained in the following letter, written by Lady Wilde to Dr. Travers, the father of the plaintiff :—

"Tower, Bray, May 6.

"SIR,—You may not be aware of the disreputable conduct of your daughter at Bray, where she consorts with all the low newspaper boys in the place, employing them to disseminate offensive placards in which my name is given, and also tracts, in which she makes it appear that she has had an intrigue with Sir William Wilde. If she chooses to disgrace herself, that is not my affair ; but as her object in insulting me is the hope of extorting money, for which she has several times applied to Sir William Wilde with threats of more annoyance if not given, I think it right to inform you that no threat or additional insult shall ever extort money for her from our hands. The wages of disgrace she has so basely treated for and demanded shall never be given to her. "JANE F. WILDE.

"To Dr. Travers."

The defences pleaded were—first, a plea of "no libel;" secondly, a denial of the defamatory sense imputed by the plaint; thirdly, a denial of the publication alleged; and fourthly, a plea of privilege. The latter plea was grounded upon the following circumstances :—That the plaintiff, who had been an acquaintance of Lady Wilde, took umbrage at some supposed slights which she thought her ladyship had put upon her, and that from that time forward she conceived the desire of insulting and annoying her by various ways and means, and, amongst others, by publishing a certain scandalous pamphlet, under the title of 'Florence Boyle Price; or, a Warning,' by "Speranza," thereby causing the public to believe that such publication was the composition of Lady Wilde, who had previously been known as an authoress under the name of "Speranza," in which she (Miss Travers), under the assumed name of Florence Boyle Price, would make it appear that a person therein styled "Dr. Quilp," whom the plaintiff afterwards admitted to have been intended for Sir William Wilde, had made an attempt upon her virtue, and that, in furtherance of her design, she caused divers doggrel verses and editorial articles to be inserted in a newspaper, signing some of them with the assumed name of "Speranza ;" and that she also wrote and addressed to the defendants divers insulting and offensive letters. The defences also set forth that, for the purpose of further annoying and insulting the defendants, the plaintiff, on an occasion of a public lecture being delivered by Sir Wm. Wilde to the Young Men's Christian Association, and for the purpose of exposing him to ridicule and contempt, caused a number of large placards to be exhibited on the evening of the lecture, having upon them the words, in large letters, "Sir Wm. Wilde and Speranza," and that for the purpose of directing attention thereto, she employed a person bearing one of the placards to continuously ring a large hand-bell ; and that she further caused divers persons to sell copies of the same immodest pamphlets, falsely alleging it to be the intended lecture of Sir Wm. Wilde, thereby causing great disturbance and confusion in the place where the lecture was to be delivered; and that she further, for the purpose of inciting public attention to the transaction which she herself had originated, wrote a letter to 'Saunders' News-Letter,' signed "Inquirer," begging to be informed what caused the tumult at the Metropolitan Hall on the occasion of the lecture. The defendant further pleaded that after the lecture was delivered the plaintiff continued to publish the immodest pamphlet; that for that purpose she employed a number

of boys at Bray for hire to vend quantities of it immediately about the vicinity of Lady Wilde's then residence, accompanying some with the large placard referred to, and that they did so under surveillance and guidance. The defence contended that the plaintiff, for the purpose of further annoying Lady Wilde, caused one of the boys to offer for sale to her and her servants a copy of the pamphlet in the house in which she (Lady Wilde) and her family then resided, and in which pamphlet the plaintiff would have it to be believed that she had an intrigue with Sir William Wilde. Another averment in the defence was, that the plaintiff, on several occasions before the writing of the alleged libel, had applied to the defendants for money, and that she had accompanied some of such applications with threats of more annoyance, if her request was not acceded to. The pleas then went on to aver that the only publication of the alleged libel was in the form of a letter written by Lady Wilde to Dr. Travers, the father of the plaintiff, who was then residing in the same house with her, and which letter was enclosed in a sealed envelope and addressed to him; and that she so wrote the letter with the *bonâ fide* and honest desire of informing Dr. Travers of the scandalous and disgraceful conduct of his daughter, and with the sole object and view of endeavouring, if possible, to induce him to use his parental influence and authority over her, and thereby stop her from further disgracing herself and her family, and annoying and insulting her ladyship; and that at the time she so wrote same she honestly believed the statements therein made to be true, and that she wrote it without malice, and solely with the view and for the purpose stated.

The trial of the suit occupied the whole of last week, having commenced on Monday morning and terminating only on Saturday evening. The plaintiff, Miss Travers, was examined as a witness, and deposed to facts stated in her counsel's opening speech, but no other witness was called in support of her case. Lady Wilde was called for the defence and testified to the matters set forth in her pleas. The nature of the evidence on both sides will be gleaned from the following summing up of the judge :—

Chief Justice Monahan reviewed the evidence at much length, and went into the circumstances pleaded by Lady Wilde in justification, remarking that it was impossible to conceive a greater insult than that put upon her by the plaintiff, as regards the offensive placards and pamphlets. There was no doubt that Lady Wilde wrote the letter containing the alleged libel, and it was for the jury to say whether it was true ; whether she was justified under the circumstances ; and whether she had acted without malice. If the jury should be of opinion that the plaintiff was entitled to a verdict, the defence set up might be taken into account in considering the question of damages. The peculiar acquaintanceship represented to have subsisted between the plaintiff and Lady Wilde before the allegation of any improper act, his lordship thought a very dangerous sort of intimacy. As to the alleged violation, the case must be decided by the jury without reference to that. The plaintiff could get no damages in regard to it. The allusion of the learned judge to this portion of the case is thus reported: In October of the same year (1862) Miss Travers got a letter from Dr. Wilde asking her to call on a certain day, which she did, but he was engaged, and asked her to call on the following day. This she did. She suggested that he should examine a burn on her neck. His lordship then proceeded to detail the plaintiff's evidence with regard to the alleged outrage. He proceeded to state that, after recovering from the state of unconsciousness, she saw Dr. Wilde throw something into the fire—a paper or kerchief, or something which it was important should not be allowed to remain in existence. She stated that she knew she had been violated. According to the evidence, Dr. Wilde followed her up to the drawing-room, where she became more tranquil, and returned to her father's house that evening. Dr. Wilde's answer to that, by his counsel, is, that whether that statement be a fabrication or an exaggeration, it is not material for him to answer it, as it has no bearing on the issue in this case. It was most true, as eloquently stated by Mr. Butt, that true or not, material or not, Dr. Wilde might have come into the witness-box and contradicted it if false, or given his own version if exaggerated. But, supposing it to be true, the conduct of the lady seems very odd. In a case of forcible violation no civil proceeding can be taken until justice is first satisfied by a criminal prosecution. The conduct of this lady was very odd certainly, in not having brought the matter at once under the notice of her father, and in afterwards having correspondence with the defendant and accepting favours from him. Under these circumstances, a criminal prosecution would be scouted from the court. The difficulty in this case was, that Sir William Wilde did not come forward to contradict her allegations if they were false.

The jury retired at half-past four o'clock, and remained in their room for a considerable time. During their absence the utmost excitement prevailed in and about the court, the outer hall and passages being crowded by persons anxious to know the result of the trial. At a quarter to six o'clock the jury returned into court, finding for the plaintiff—one farthing damages.

We quote the following remarks, bearing on the above case, from the Dublin correspondent of the 'Times' :—

"A trial has been proceeding in the Court of Common Pleas since Monday morning, which has excited a degree of interest second only to that produced by the case of Major Yelverton. It is an action for libel, brought by a lady named Travers against Lady Wilde, and her husband Sir William Wilde, before the Chief Justice Monahan and a special jury. The heroine is not so romantic, so brilliant, or gifted as Miss Longworth, but she, too, is a literary lady, and remarkably clever. She is the daughter of Dr. Travers, a Professor in the Dublin University, and sub-librarian in Marsh's Library. He is very learned, but, like most bookworms, he is negligent with regard to his dress and his private affairs, being known as a very eccentric though a very worthy man. He has two sons, who emigrated to Australia, and three daughters, the eldest of whom has brought the present action. His wife, who is a Roman Catholic, has been separated from him for some years ; and while he was engaged in his professional duties, and devoted to his books, his daughters were living without protection in a small house in Williamstown avenue, near Blackrock. Sir William Wilde has long been a distinguished public character in this city. He has had extensive practice in his profession as an oculist and aurist. He is a leading member of the Royal Irish Academy ; he is one of the Census Commissioners for Ireland ; he is the author of several books, and in consideration of his public services he received the honour of knighthood in January last from the Earl of Carlisle. Lady Wilde also has been long distinguished as a literary character under the *nom de plume* of 'Speranza.' Some of the most spirit-stirring poems that appeared in the 'Nation' during the years preceding the outbreak of 1848 emanated from her pen. She was the writer of one of the articles in that journal for which Mr. Gavan Duffy was prosecuted, and when he was arraigned at the bar she stood up in the gallery and courageously avowed the authorship. She is the translator of a philosophic romance called the *First Temptation*, published anonymously in Germany, from which extracts were given during the course of the trial."

THE PHYSICIAN'S, SURGEON'S, AND GENERAL PRACTITIONER'S VISITING LIST, DIARY, ALMANACK, AND BOOK OF ENGAGEMENTS FOR 1865. Nineteenth year. This small, but very useful book has now been a long time known to the Profession, and the mere announcement of its appearance at the present period is sufficient to secure for it its customary appreciation and its extensive use. Besides the almanack, it contains a list of fees legally claimable by Medical men, a life table, a table of expenses, income or wages, and then a series of pages, comprising a visiting list and journal, with obstetric, vaccination, and other engagements, and many other features of importance in a pocket-book intended to be used by the Medical Profession. The present annual is quite equal to its predecessors.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the last meeting of the Council, Jonathan Clerke, of Dublin, diploma of membership dated April 18th, 1828, was admitted a Fellow of the College by election. The next preliminary examination for students about to commence their professional studies will take place at the College of Surgeons on Tuesday next, the primary or anatomical examination on the 14th proximo, and the pass or surgical on the 21st of January.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—Bryan Holme Allen, University College Hospital; Charles Forrester Bullmore, Falmouth; Vaughan Carnley, Church street, Barnsley; Thomas Bridgend Collier, Glamorganshire; John Reuben Bathurst Dove, London Hospital; Frederick Manser, Chatham, Kent; George Brigg Peirson, Sherburn, Yorkshire; Charles Henry Spooner, Newington, Surrey; Thomas Charles Spyers, Faversham; Thomas Wiltshire, Abingdon, Berks.

The following gentlemen also on the same day passed their first examination:—Joseph Goodall, St. Bartholomew's Hospital; Charles George Langdon, St. Bartholomew's Hospital; James Forbes Sargent, St. Mary's Hospital; Edward Seymour Wright, London Hospital.

TESTIMONIAL TO MR. RICHARD RUGG.—The presentation by the members of the Manchester Unity of Odd Fellows of a testimonial to Mr. Richard Rugg, in appreciation of his services as lodge surgeon for upwards of a quarter of a century, has recently been made. It consisted of a handsome silver cup with a suitable inscription.

STAFFORDSHIRE INFIRMARY.—At a special meeting of the governors of this institution, held on the 1st inst., it was resolved that, after five years' deliberation, no other site than that which was already in possession of the governors could be obtained within three miles of the present infirmary; the meeting, therefore, adopted the land at The Mount for the erection of the new building. A rider was also added to the resolution recommending the committee to consider the question of accommodating the more distant parts of the districts by dispensaries and similar institutions.

CAMBRIDGE NATURAL SCIENCES TRIPOS, December, 1864.—*Examiners:* Peter Wallwork Latham, M.D., Downing College; Churchill Babington, B.D., St. John's College; Samuel George Phear, B.D., Emmanuel College; William. Henry Brown, M.A., Caius College. *First Class.*—Dr Danby, Down.; Dr. Bradbury, Down.; Dr. Rankin, Trin.; Dr. Cooper, Caius; Hon. Dr. A. Strutt, Trin. *Second Class.*—Dr. Layton, Queen's; Dr. Hodgson, Trin.; Dr. Darroch, Trin.; Dr. Callis, Cath.; Dr. Barclay, Trin. *Third Class.*—Dr. Chambers, Trin.; Dr. Wilson, Caius; Dr. Jones, Queen's; Dr. Berens, Trin. Hall.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 21.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, DEC. 22.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, DEC. 23.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 24.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 26.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 27.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Letts's Medical Diary for 1865; Letts's Appointment Diary for 1865; Letts's General Diary for 1865. London: Letts, Son, and Co., Royal Exchange.

Medical Errors: Fallacies connected with the Application of the Inductive Method of Reasoning to the Science of Medicine. By Dr. A. W. Barclay. London: John Churchill and Sons, New Burlington street.

Curvatures of the Spine: their Symptoms, Pathology, and Treatment. By B. E. Brodhurst, F.R.C.S. Second edition. London: John Churchill and Sons.

On the Treatment of Rheumatic Fever in its Acute Stage, exclusively by Free Blistering. By Dr. Herbert Davies. London: John Churchill and Sons.

Observations and Notes on the Arteries of the Limbs. By Thos. W. Nunn, Esq. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Dr. Mackinder, Gainsborough	0	5	0
Dr. Bryan, Northampton	0	5	0
G. John Hinnell, Esq., Thingoe	0	5	0
Amount previously announced	108	4	6
Received at the 'Lancet' Office	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Dec. 14, 1864.

DR. GEORGE KEMP.—The letter has been received, and the subject shall be noticed.

A CONSTANT READER.—*5l.*, unless the qualification was obtained before January, 1859, in which case the fee is *2l.*

IMPERITUS.—Our contemporaries, the 'Lancet' and the 'Medical Times and Gazette,' must have thought the communication of Dr. Norman W. Kingsley, of New York, to be one of very great and special importance, for they both produced it simultaneously last week.

ANXIOUS.—There is not the slightest reason for supposing that any measure relating to Pharmacy will interfere with the privileges already possessed by the members of the Medical Profession. "Anxious" need be under no apprehension upon the subject to which he alludes.

MR. S.—Opinions are divided as to the efficacy of the pulvis antimonialis, which consists of a mixture of oxide of antimony and phosphate of lime. It is supposed to have the same composition as the celebrated James's powder.

MR. NEIL MCGREEVY.—The letter has been received.

VIGILANS.—We are not acquainted with the name of the University or College from which the person in question obtained his diploma, if he ever obtained one at all, which is doubtful.

A FATHER.—The London Medical Corporations all insist that the examination in Arts must be passed previously to registration as a Medical student. It is not of the slightest use to attempt to evade this regulation.

MR. NOWELL STOWERS.—The letter is inserted.

A CITY PRACTITIONER.—We cannot form any opinion upon the question in dispute until all the facts are laid before us.

DR. R., *Liverpool.*—We believe that the gentleman alluded to has not yet been reimbursed the expenses which he sustained in his disinterested efforts.

DR. SISSON.—The paper is published.

MR. B.—The sulphites of the alkalies have been given with advantage in certain forms of disease characterised by the development of parasitic fungi, on which sulphurous acid exerts a poisonous influence. The sulphites are decomposed by the acids of the stomach.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 358.)

The After Treatment.

After the flooding has to all appearance ceased, the uterus should be still kept under command by the hand for at least half an hour, and an ocular examination ought to be made every now and then, to see whether there is any return of the hæmorrhage. If, during that time, the uterus has remained well contracted, and there has been no loss of blood, or merely a slight draining occurring at long intervals, and of short duration, the patient may, with few exceptions, be placed comfortably into bed. Obstetric writers usually advise that a woman after a flooding should not be moved for ten or twelve hours. In some cases, where the patient is in a most precarious state from the loss of blood, it will not be safe to disturb her for several hours. If the patient has been confined in her stays, and morning dress, with the mattress turned up, it will be also advisable not to move her for a considerable time, as taking off the various articles of clothing, putting on clean night-things, and dragging or half carrying her over the mattress into bed, may bring on a fresh attack of hæmorrhage. In all other instances, however, the patient may be placed into bed from half an hour to an hour after the cessation of the flooding, with safety and advantage. I feel convinced that allowing women after flooding to lie with their hips surrounded with clothes soaking wet is fraught with very considerable risk. Not only are the clothes wet and uncomfortable, but long before twelve hours have elapsed they become very offensive. When the patient is confined, dressed in the manner I have recommended, with a clean night-dress and chemise well drawn up round the waist, and the lower part of the body enveloped in one or two skirts, the patient may be put to rights with very little disturbance. The wet things have merely to be drawn away and the clean clothes to be drawn down. The plan usually followed by the upper class, of being confined in their night-clothes, is not so safe; the wet night-dress has to be taken off and a fresh one put on, which entails a good deal of exertion. In flooding cases, the surgeon should himself assist in getting the patient into bed. She should not be allowed to do anything herself; everything should be done for her. The only movement the patient will have to make is to raise the hips slightly, while the wet things are being drawn away, and the clean things drawn down. She should be placed on her left side, unless from some reason or other she cannot lie on that side. Dr. Tyler Smith states that he has noticed there is less tendency to fainting in this position than in any other. I have also noticed that myself, and, for that reason, I prefer keeping a woman who has flooded on the side for some hours rather than on the back. A broad bandage should next be passed under the patient's hips and drawn tightly, and pinned on the right side, after having first placed over the uterus two folded napkins, or, what is better, a roll of napkins round the uterus, as already described in the preventive treatment. Not more than one pillow should be placed under the patient's head; all excitement of any kind ought to be carefully avoided as much as possible, such as talking, noise, &c. The room should be kept at a moderate temperature, and dark. Food or drink at first must be taken cold, afterwards tepid. If the bladder is at all full, the catheter should be used, as the removal of the urine not only allows the uterus to contract well, but it saves the patient the necessity of exerting herself for several hours to pass water.

Both while the flooding is going on and after it has ceased, it is requisite to give brandy neat or diluted with cold water, whenever the patient shows any signs of fainting or great depression. It is wonderful what a large amount of spirit women can imbibe without exhibiting the ordinary effects, and it may be hailed as an excellent symptom when they do show signs of being under its influence, such as talking and praying incoherently. The brandy should not be given up immediately that the faintings cease and reaction is brought about; but it ought to be continued for twenty-four hours or so in table-spoonful doses in the same quantity of water every three or four hours. Some Medical men recommend large doses of opium to rally the patient instead of brandy. Dr Gunning Bedford, of New York, advises a tea-spoonful of laudanum to be given every fifteen minutes until reaction sets in. I should certainly be afraid to use such doses myself, and have always at present found the effects of brandy-and-water quite satisfactory. There are instances, however, in which the loss of blood has been so great that no amount of brandy will prevent the patient from sinking, and in such cases we have to resort to the operation of transfusion. Transfusion will probably be had recourse to more often than it has hitherto been, but it will never become a common operation, because the cases which necessitate its employment are so rare. Dr. Graily Hewitt, who has written the most masterly paper on the subject,* and has invented the most simple and convenient instrument for the performance of the operation, mentions the following symptoms which indicate the necessity of transfusion. Any one of these symptoms *continuing for any length of time* are very rarely observed, and unless they are persistent, and not relieved by the ordinary remedies, transfusion is not required:—1. Absence of power to swallow. 2. A number of symptoms combined, such as a deadly pallor and coldness of the body and extremities; absence of pulsation or extreme feebleness of pulsation at the wrist, and laborious respiration, whether very slow or very quick. 3. Jactitation. 4. Loss of consciousness. 5. Under certain circumstances obstinate vomiting, in combination with collapse from loss of blood. 6. Convulsions. 7. A dilated immobile pupil.

Transfusion is not applicable until the hæmorrhage has ceased.

I should liked to have described Dr. Graily Hewitt's instrument, and the mode of using it, but without an engraving it would be of but little use. Anyone who has studied the operation would, without hesitation, consider it far superior to any of the others which have been previously devised, both in simplicity of construction and of application.

Women, after severe floodings, are very liable to uterine inflammation and disorders proceeding therefrom. The proneness may be attributable to many causes: the free application of cold; the patient being kept with the lower portion of her body soaking wet for many hours; the extraction of the adherent placenta by the hand; offensive discharges arising from the decomposition of small portions of the placenta, membranes, or clots in the uterus; the severe manipulation of the uterus externally; and the low state of the patient, which makes her liable to pyæmic diseases. If the uterus is found to remain tender for the first three days after labour, a large linseed meal poultice should then be ordered to be placed over the *whole* surface of the abdomen. The only exception I make to this is when there is a rather free sanguineous discharge. In most cases, after the flooding has been arrested, the sanguineous flow soon ceases, and the lochial discharge comes on unusually early. The poultice should be changed every eight hours. If the discharge is ofiensive, the vagina must be syringed out once, twice, or three times daily, according to the degree of offensiveness and the amount of discharge. I generally order simple water to be used; others recommend the addition of balm. In a few cases where the discharge has been unusually offensive, I have added a small quan-

* 'British Medical Journal,' August 29, 1863.

tity of a solution of chlorinated soda to the injection. If the case presents any bad symptoms, the Medical man ought to syringe the vagina out himself, and not leave it to the nurse. In two or three days, unless the case has been treated properly from the commencement, generally symptoms of strong reaction set in. There is great thirst; the mouth is dry and the tongue slightly furred; the patient cannot bear any light or noise; she cannot get any sleep, and if she does, she is troubled with bad dreams and is constantly waking up in a fright; the pulse is quick and jerking; there is great and distressing headache; the patient complains of noises in the head of various kinds. The most common and characteristic sound is that which Dr. Francis Ramsbotham alludes to. The patient likens it to the "thumping of a small hammer within the skull, or the ticking of a clock." In a few cases reaction is so severe that there is delirium present. It is very satisfactory to know that, by proper treatment, most of these annoying symptoms may be entirely avoided, or, at all events, very much mitigated. Hæmorrhagic fever, as it is called, ought to be quite of exceptional occurrence. Part of the treatment I have already mentioned, such as keeping the room quiet and dark, and not allowing the patient to speak, except she wants anything. The baby, if it is cross, should be kept in another room. The following prescription should be made up as soon as possible after the cessation of the flooding, and the patient should at once begin to take two table-spoonfuls every three hours for the first three doses, and then every four hours; and this mixture must be continued for several days, until the chance of the distressing symptoms coming on is past:—

℞ Ammon. carb., grs. xx.;
Æth. chlor., fl. dr. j.;
Liq. opii sed., fl. ds. j.;
M. Aq: æ camph., ℥vj.

If the hæmorrhagic fever should set in, the treatment is the same. No lowering remedies must be used. Some practitioners have mistaken the symptoms for an affection of the brain, and have bled the patient, as if she had not lost already too much. If the headache is very bad, cloths soaked in vinegar-and-water, and applied to the front part of the head, will give great relief. As soon as they begin to get warm, they must be re-moistened.

The diet, after flooding, should consist for the first three or four days of *fluid* and *nourishing* food. I keep a patient, after flooding, for the first few days entirely on *beef-tea* as strong as it can be made, unless she particularly asks for anything else; and afterwards I allow her to have her ordinary diet, of course giving preference to the most digestible meats. If the patient is very thirsty, she may drink simple water, in which a certain quantity of chlorate of potash has been dissolved—a drachm of the salt to a pint of water in twenty-four hours; otherwise she may drink weak port wine-and-water. On the fourth day the bowels may be opened either by castor oil, compound rhubarb pills, or an enema, according to the strength of the patient. An enema is least likely to depress the patient, and, therefore, should be used in the worst cases in preference to purgatives. It is hardly necessary to say that when the bowels are moved the patient must not be allowed to sit up, and a bed-pan must be put under her.

The patient may suckle the infant if she is in not too weak a state, but if subsequently she does not go on satisfactorily, the child had better be weaned. After the fifth or sixth day the following mixture may be administered in the place of the stimulant and sedative medicine:—

℞ Ferri ammonio citrat., gr. xl.;
Æth. chlor., fl. dr. j. ℥xx.;
Aquæ, ℥viij.
M. Cap. coch. ij. mag. quaque quarta hora;

and this should be continued for several weeks.

As soon as the patient is able, she should be sent into the country or to the seaside; and nourishing diet, with a daily allowance of stout, chalybeate medicines, and fresh air, will complete the convalescence. The pallor of countenance remains generally a long time as a painful reminder to the patient and her friends of the nature of the complication which had endangered her life.

HOSPITAL REPORTS.

KING'S COLLEGE.

(Under the care of Mr. WOOD.)

Case of Epithelial Cancer.—G. M., æt. forty-four, admitted into the Victoria Ward on January 20, 1863, suffering from epithelial cancer of the left cheek.

History.—His general health has been bad for some time; he has been in the habit of smoking, and chiefly used a clay pipe. About six months ago a swelling appeared on the inside of the cheek. This soon ulcerated and speedily increased in size, till it attained a diameter of about three inches; an abscess then formed and burst on the outside of the cheek; there was a considerable discharge. The pain having become extreme, the patient consented to an operation, which Mr. Wood performed on Wednesday, Jan. 21.

21st.—The patient placed under the influence of chloroform, Mr. Wood commenced by cutting through the lip at the angle of the mouth and widely excised the disease. There was a good deal of hæmorrhage, and a number of ligatures were required. The margins of the wound were brought together by three hare-lip pins, a gap in the centre being left, which Mr. Wood said would heal up by granulations. An enlarged gland in the submaxillary region was removed.

23rd.—Pulse 104; the wound looks well and discharges healthily; he complains of discharge in the mouth, to correct the fetor of which a chlorinated gargle was used. Water dressing and strapping were employed in the dressing of the wound.

28th.—Mr. Wood to-day removed another portion of the submaxillary gland, which he thought had become hard.

Feb. 2nd.—The wound looks healthy and is granulating rapidly around the margins of the incision. The wound under the chin is discharging freely; ordered to have a small poultice applied to it.

10th.—Both the wounds are closing up rapidly; ordered to be tightly strapped. The discharge continues to be very profuse.

20th.—The lips of the wound in the cheek have now very nearly approximated; the wound under the chin is fast closing, and the discharge is less.

27th.—Discharged.

Case of Varicocele of the Left Side.—C. S., æt. twenty-two, unmarried; by occupation is a salesman in a timber-yard, and at times is obliged to engage in very hard work. He is healthy and temperate; he has been in the habit of self-abuse. Has noticed the enlargement of the veins in the scrotum for about the last fifteen months, but has experienced at no time any very particular pain in the course of the cord or in the testicles. The left testicle is soft and considerably atrophied.

Mr. Wood adopted that method of operating which is done by means of the rectangular needles.

July 25th.—Is doing very well; there is no bad symptom present, nor has any arisen since the operation.

27th.—Needles removed.

August 4th.—Patient discharged, cured.

(Under the care of Mr. SMITH.)

Epithelial Cancer of Lip.—W. P., æt. fifty, was admitted into hospital on January 9th.

In 1847 the patient noticed a hard lump in his lip, which was burnt with caustic and was dissipated for a time. It, however, gradually returned, and in April, 1862, it was removed "by a cutting operation." Again it returned, and was again removed in September, 1862, by Mr. H. Smith. It has again recurred, and the patient was admitted into hospital on the date above mentioned.

His condition on admission was as follows:—On the very border of the cicatrix and towards the right side of the lip is a hard lump, which extends down to the chin; there is another hard growth on the border of an incision made to remove the former growth. With the exception of this affection, he has always enjoyed very good health. He has been in the habit of smoking a short clay pipe.

Jan. 10th.—Brought into the theatre; no chloroform administered. Mr. Smith then made two incisions through

the lip downwards on each side of the growth as far as the chin, removing the entire piece and scraping the bone. One ligature was applied and three hare-lip pins introduced. The growth beneath the chin was also ooped away, and the bone in this place was likewise scraped. The patient bore the operation remarkably well.

12th.—Mr. Smith applied the actual cautery to the wound below the chin.

13th.—Feels low and out of sorts; but in the evening he felt refreshed by a walk he had during the day.

20th.—The wound in the lip is quite healed; that under the chin is granulating healthily. Discharged, cured.

Tumour in the Thigh.—B. S., æt. thirteen, was admitted Jan. 17th as a patient, from a tumour in the thigh.

History.—Four years and a half ago she fell down and hurt her left thigh, after which it became so very painful as to confine her to her bed for six weeks and to require leeching; soon after this she noticed a swelling in the middle of the left thigh, which has been gradually getting larger, but especially during the last six months. The swelling has been mistaken for an abscess, and it had been intended to make an opening so as to allow of the exit of matter.

Present Condition.—There is a deep-seated tumour in the outer part of the left thigh and near its centre; in length it is about five inches, and in width about three; the circumference of the affected thigh is, at its middle, eighteen inches, while that of the sound limb is only sixteen. The margins of the tumour are not well defined, but gradually pass into the surrounding parts; the tumour itself is firm and elastic, and is not painful on pressure. There is no lameness; owing, however, to an aching and sometimes to a shooting pain, she is prevented from walking any very great distance; of late this pain has become aggravated. She is a strong-looking girl, and has always enjoyed pretty good health.

17th.—The patient being under the influence of chloroform, Mr. Henry Smith punctured the tumour, but nothing issued from it. He then made a longitudinal incision over the centre of the tumour, through the integument and the subcutaneous tissue, and then another of equal length through the vastus externus muscle; the tumour was thus exposed and was dissected from its attachments—one of which was by its base—to the great trochanter, from which it was torn away by means of the lion forceps; in the disruption some small pieces of necrosed bone came away, leaving the femur bare for about the length of two inches. Three ligatures were required for the divided branches of the external circumflex artery, and the wound was sewn up by the interrupted suture, strips of plaster being also employed to keep the sides of the wound in apposition; water dressing was then laid over all. Not more than four ounces of blood were lost during the operation. On opening into the tumour some sero-gelatinous fluid escaped, and a cavity was found, the walls of which were of dense fibrous tissue and fully three-quarters of an inch in thickness; filling this cavity there was a quantity of material like the fibrin of the blood. This tumour may be considered to be one of a fibro-cystic nature, and no doubt arose from effusion of blood in consequence of the fall she had sustained four years and a half ago. She perfectly recovered from the effects of the chloroform and the operation, but was in a great deal of pain all the evening, and passed a very restless night, notwithstanding that she had an opiate draught at five P.M. and another at twelve P.M. During the evening she also took some tea and some beef-broth.

18th.—She has been pretty well all the morning and in less pain, and has taken some nourishment. At one P.M. she became delirious and remained so with only slight intervals of consciousness till four P.M., when she became comatose, the right pupil being dilated and the left contracted, the breathing being stertorous. At eleven P.M. she died.

19th.—Post-mortem examination at three P.M. Brain: healthy; scarcely the normal amount of serum in the ventricles; there was no evidence of chloroform in this serum. Stomach: very much distended, though healthy. Lungs: a slight smell of chloroform could be detected from them, but they were quite healthy. Heart: firmly contracted; there was a pale clot in the right ventricle. Liver: fatty. Kidneys: very fatty, and admitting of the capsule being easily peeled off. There was no blood in the wound in the thigh, nor, indeed, anything to be discovered that could account for death.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. SOLLY contributes a clinical lecture "On Scriveners' Palsy, or the Paralysis of Writers." This is a rare affection, although a great number of persons in London, who gain their bread by writing, are liable to it. It is, of course, more common in the male sex, but Mr. Solly knew of the case of a lady who suffered from the affection. It presents some symptoms which might induce the practitioner to attribute it to an incipient disease of the brain, but it really only affects the muscles concerned in writing. Mr. Solly relates some cases of this affection, two of which occurred in bankers' clerks, and both resisted treatment, the patients being obliged to discontinue the use of the pen. In another case, which was that of a gentleman who had resided in the East, and who was engaged very much in official and private writing, the result was a complete recovery.——Dr. HYDE SALTER continues his contributions to the "Pathology and Treatment of Asthma," and his present paper is on "Uterine Asthma," by which term he designates a form of the disease associated with uterine symptoms. He classifies his cases of this nature under four heads: 1. As they observe a monthly periodicity and are worse at the menstrual periods. 2. As they are produced by parturition and occur at no other time. 3. As they cease at the commencement of child-bearing; and 4. As they commence at and are co-existent with pregnancy, and cease immediately on delivery. A few interesting cases are related in illustration of these forms of asthma.——Mr. G. G. GASCOYEN continues his papers "On the Unity of the Syphilitic Virus," and maintains the unity of the syphilitic poison, relying on analogy, experiment, and clinical observation in support of the old doctrine. After comparing syphilitic inoculation with that of vaccinia, and showing that in both cases the results are in great measure determined by modifying circumstances, as the constitution of the patient and the period at which the virus is employed, Mr. Gascoyen arrives at the conclusion "that the indurated chancre is not a primary affection; that it is not a distinct variety of sore derived from its own special virus, as has been claimed for it of late; and that, when the induration is fully established, it is not capable of propagating itself, whether by artificial or physiological inoculation, but on the contrary, that the induration is really the commencement of the secondary manifestations of syphilis, the certain index of constitutional infection, removing therefore the ulcer, which is accompanied by this characteristic symptom, from the list of *primary* venereal diseases."——Mr. ROBERT ELLIS contributes a paper "On the Radical Cure of Prolapsus Uteri." He asks the question whether this malposition admits of a radical cure, and he answers in the

affirmative. The disease is so common, is generally attended with so little pain and inconvenience, and is so readily relieved, at least temporarily, by the use of a pessary, that few women are willing to seek for surgical aid. Mr. Ellis thinks that by plastic operations it is in the power of the surgeon, having replaced the uterus, to retain it *in situ* and thus to dispense altogether with the use of pessaries. The mode of performing the operation is not indicated in the present paper, which appear to be the first of a series.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs;" Xanthin, as a urinary deposit and as calculi, being considered. This substance was first discovered in a calculus by Marcet (senior), and since then has been only twice mentioned as occurring in the same condition. It is white, beeswax-like, non-crystalline, slightly soluble in hot and insoluble in cold water; contains no sulphur and but a small quantity of nitrogen; soluble in ammonia and in caustic potash, from which it is precipitated by acids; is found in the healthy tissues, and is an intermediate metamorphosis of protein substances; can be prepared from guanin, with which it is closely allied; it is to be found in the healthy urine. Rarely it is met with as a urinary sediment; still more rarely as a urinary calculus. On burning it, it becomes charred, no flame nor any disagreeable odour being given out, and it may be dissipate dwithout leaving any perceptible residue. "Leucin, and its Clinical Significance," are subjects next passed in review. Leucine is white, has neither taste nor smell, is not capable of crystallisation, and resembles an organic fat, from which, however, in its chemical reactions it differs materially, being very soluble in water, sparingly so in alcohol, and totally insoluble in ether. In strong acids and in alkalies, it is soluble; it may be prepared from any protein substance by decomposing this latter with acids or alkalies, or by a fermentative process; it is readily oxidised, and is then changed into ammonia, water, and carbonic acid. The best chemical test is nitric acid. The microscope shows its particles as being somewhat like circular oil-discs; these float in water. Leucine is always deeply coloured with whatever colouring matter may at the time of its presence happen to prevail in the urine; thus, in jaundice, it is tinged with dark yellow. It is a normal product, but of what exact nature is not yet clearly defined. In acute atrophy of the liver, it is abundantly present in the urine; in typhus associated with jaundice, and in small-pox, it is likewise to be found. The liver is probably the organ which excretes it in largest quantity.——Mr. LAURENCE also continues his paper "On the Optical Defects of the Eye." In it is given an account of Asthenopia. The causes assigned for this condition of light are:—1st. Optical defects of the eye. 2nd. Deficient power of the internal recti-muscles. 3rd. Hyperæsthesia of the retina. Deputy Inspector-General HARE concludes his original communication "On the Treatment of Malarious Fever."

'THE JOURNAL OF MENTAL SCIENCE.' Published by Authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by C. L. ROBERTSON, M.D. Cantab,. and HENRY MAUDSLEY, M.D. Lond. October, 1864.

The number opens with a lecture by Dr. W. A. F. BROWNE, Commissioner in Lunacy for Scotland, "On the Moral Treatment of the Insane," and the lecturer commences by contrasting the condition of the insane under the old system of coercion and punishment with the more enlightened plan of treatment which now prevails. Dr. Browne then proceeds to review the different moral methods of treating insanity, and deprecates the idea of any uniform plan being adopted, because the peculiarities of each case should be studied, and appropriate amusements or exercises recommended. For this reason, the aggregation of enormous numbers of lunatics under one building, and under one or two Medical superintendents, is considered objectionable; and the palatial mode of building pauper asylums is condemned, as being inconsistent with the former mode of living of the inmates. While admitting that medication by drugs is of very limited use in the treatment of insanity, Dr. Browne thinks that the superintendent of a lunatic asylum should be a Medical man, able to study all the features of each case placed under his care, and ready to adopt appropriate moral treatment.——M. MOREL communicates a paper "On the Present State and Future Prospects of Psychological Medicine," read by him at the late Annual Meeting of the Association of Medical Officers of Asylums. It was delivered in English; and one of the principal subjects considered is the colonisation system for the insane. M. Morel, while admitting that the erection of enormous asylums is in some respects objectionable in treating insanity, does not concur in the opinion that the colonisation or family treatment of such patients is in all cases advisable.——Mr. E. TOLLER offers some suggestions for a Cottage Asylum, his attention having been directed to the subject by observing, soon after his appointment as Medical Superintendent of the Gloucester Lunatic Asylum, that the institution was in a crowded condition, and that many of the chronic and harmless cases might be accommodated in cottages, if they were provided. Mr. Toller appends a plan illustrative of the construction of the building he recommends.——Dr. LAYCOCK, of the University of Edinburgh, contributes a lecture delivered to his class of Medical Psychology "On the Legal Doctrines of the Responsibility of the Insane and its Consequences." In this lecture, he refers particularly to some cases which have lately occurred in the criminal law, showing the inconsistent and contradictory principles on which judicial dicta are often founded, and he points out that many homicidal lunatics are now being hanged while other lunatics, who have committed similar crimes are acquitted on the ground of insanity. Dr. Laycock believes that thousands of persons are now shut up for life in large lunatic asylums, who might be advantageously placed in private families and in cottage homes; while, on the other hand, homicidal and dangerous lunatics are allowed to go loose into society, and to commit crime, because they do not show the popular signs of insanity. "As the worst and most dangerous kind of criminal lunatic," says Dr. Laycock, "offers in the early stages none of the symptoms of popular or legal lunacy, he is, of necessity, left uncertified, and wanders abroad in society, free to commit the vices and crimes to which his insane nature impels him, until, with increase of his malady, he finds his way to an asylum, or a workhouse, or a gaol, or the hulks, or the gallows, according to the character of his insanity."

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 13.

RICHARD PARTRIDGE, Esq., F.R.S., President.

DR. ISAAC PIDDUCK read a paper on

THE CAUSES AND PREVENTION OF INFANT MORTALITY.

The design of this paper is to designate the causes of excessive infant mortality with a view to its prevention. These causes may be regarded in a twofold aspect—the hygienic and the Medical. Under the former are comprised all that relates to the health of infants; under the latter, everything that pertains to the health of the parents. It was to the last two points that the attention of the Society was more especially invited, since it has not hitherto received that anxious consideration which its infinite importance demands. This is the standpoint upon which the whole question rests. Statistics reveal the appalling fact that more than one-half of the children born die within five years of their birth. But this only comprises children born at the full term; it does not include miscarriages, still-born infants, and those who die immediately after birth; not to mention numerous cases of infanticide, whose deaths are not registered; if these were added, it is obvious that the death-rate would be very much higher. The preventible causes which produce this alarming result are comprised under the following heads:—1. Sexual excesses. 2. Syphilitic diseases. 3. Excessive indulgence in tobacco-smoking, snuff-taking, and chewing, and of spirit-drinking. 4. Unhealthy occupations, such as mining and metallurgic operations. These principally pertain to the fathers: those which more especially belong to mothers are—1. Indulgence in idle, luxurious habits. 2. Sedentary occupations, factory and agricultural labour. 3. Deficient nutriment, the want of which is too often supplied by excessive tea-drinking, if not by stimulants of a more pernicious kind. Mental distress arising from domestic troubles and from the loss of children. And lastly, as a consequence, debility occasioned by hæmorrhage and leucorrhœal uterine and vaginal discharges, especially during utero-gestation. It is by the combined operation of these causes that the health and vigour of the parents is undermined, which tends to the production of a puny, non-viable offspring. These are *fons et origo malorum*. The proximate causes of infant mortality are as various as the diseases to which they are liable, and as such they are registered; but the remote, which are the true causes, are the enfeebled constitution of the parents. A brief statement of a few out of the many cases presented at the Bloomsbury Dispensary follows, in which one child after another, in some as many as five out of six, in others all the children, have died in infancy. In all these cases the cause is clearly traceable to the habits and health of the parents, and for the most part is preventible. The question arises—To what state of infantile constitution does the action of the remote causes give rise? It may be answered in one word—*tuberculosis*. The symptoms of tuberculosis, being a *blood* disease, may be manifested in all the tissues of which the body is composed; in short, there is scarcely a disease which is fatal in infancy and childhood that may not be referred to some form of tuberculosis, and that this is in the great majority of instances congenital, post-mortem investigations of infants clearly demonstrate. In the temperance movement it was long before people could be made to believe that intemperance is destructive of health and real enjoyment of life; but by reiterated statements of facts and reasoning upon them a deep impression has been made, and habits of intemperance amongst respectable classes have been considerably diminished. So in this case, by a repetition of the causes producing such excessive infantile mortality, an impression may be made upon the minds of parents favourable to the health and longevity of their offspring. To this end would be conducive early marriages, the marriage of our sailors and soldiers, extending to children the motives for temperance in parents and newly-married couples; the duty of capitalists to promote the health of their labourers by every means in their power; and lastly, subjecting mothers who are suffering under exhausting discharges during utero-gestation to a course of treatment directed to their cure.

DR. WEBSTER said that he agreed with the author in attaching importance to the condition of parents before the birth of the children, but he thought the author had not paid enough attention to the circumstances of the children after birth. The practice of feeding children artificially he felt certain was one great cause of infant mortality. Nearly fifty per cent. of children under five years of age die from want of breast-milk in London. He thought also that improper clothing tended greatly to increase the mortality, and related an instance in which a child was much exposed to cold in a perambulator, being dressed in crinoline, his legs being bare and blue. Dr. Webster said that fortunately there were no Foundling Hospitals in this country. Children left at Foundling Hospitals often died in a few hours. In the Foundling Hospital at Oporto nearly seventy per cent. died in one year. The largest Foundling Hospital in the world was at Moscow. Since that hospital was founded there had been half a million entries, and lately twelve thousand annually. The mortality in this institution was, Dr. Webster said, dreadful. He then remarked that, contrary to what was generally supposed, the mortality of infants in London was less than in the provinces. It was forty per cent., but in the whole of England forty-five per cent. In manufacturing towns it was fifty. On the Continent it was worse, and in New York worst of all—viz., fifty-nine per cent. In Russia, on account of the severity of the climate, it was very large. During the winter in Russia children are not allowed to go out at all, and this long confinement no doubt tended to increase the mortality. Dr. Webster thought the influence of tobacco-smoking in the parents ought to be taken into account, but he believed its pernicious influence was chiefly manifested in preventing procreation. He thought with the author that the use of spirits by the parents was very pernicious, but spirits were often also given to children, as they frequently were, Dr, Webster said, in Scotland. Again, it was often remarked in that country that the first-born was deficient in mind and body, and this was ascribed to the circumstance that the bridegroom was generally drunk on his wedding-night.

DR. GREENHOW said he could not help thinking that the author had gone rather wide of the mark. All would allow that unhealthy parents would have unhealthy offspring, and all would admit the bad influence of unhealthy habits on the offspring. Yet there are other causes of far greater moment in manufacturing towns. He (Dr. Greenhow) thought that Dr. Webster had hit on the chief thing when he spoke of infant feeding. Then as to occupation. No doubt it had an influence, but not in the way the author imagined. The author had instanced mining as an occupation likely to increase mortality in children. Now, having been one of a Royal Commission to inquire into the health of miners, he (Dr. Greenhow) could say with confidence that the wives and children of miners were remarkably healthy. He believed the real and great cause of excessive infantile mortality in manufacturing towns was the employment of women in factories. They kept at work nearly up to the time of their confinement, and went to it again soon after. Thus, their children were improperly fed, and besides were drugged. One druggist in a manufacturing town stated that he sold four hundred gallons of laudanum yearly, and that most of it was given to children. The sale of Godfrey's cordial also was immense. There were the same results in those agricultural districts where women were employed in out-door work.

DR. THOMAS BALLARD said that he was much interested in the question of infantile mortality, and thought the author had not rightly estimated its causes. He thought the author was in error in saying that one-half the children under five years old die; it was only one in four. He thought, too, that the author attributed too much to causes

operating before births. He (Dr. Ballard) believed the chief source of danger to life in infancy was the traditional error in the nursery that the child's bowels should be kept in a state of looseness. Everything in the way of treatment seemed to resolve itself into mercurial purgatives, under such names as teething and cooling powders. He held that if a child was brought up without any abdominal disorder it was likely to thrive.

Dr. MERRIMAN said that no one had spoken on the way in which food ought to be given. It was generally given too thick, and if a child had food too thick purges must be administered. If, on the contrary, the child were allowed to suck, purgatives would not be required.

Dr. GRAILY HEWITT added his testimony to that of other observers as to the relative importance of what occurred after birth. He attached the greatest importance to breast milk during the first few weeks, but less afterwards. The importance of breast milk was well illustrated by a case he had recently seen. A woman brought to him her fourteenth child—puny, jaundiced. All the others had died in infancy, She had never been able to suckle one of them. He thought also that the author took too hopeless a view of the curability of tuberculosis. He (Dr. Hewitt) had seen cases get well.

The AUTHOR said that his attention was directed to the subject of his paper forty-eight years ago. He was then told that the children of mothers who had had leucorrhœa and other vaginal discharges were subject to hydrocephalus, and he still believed this had a great influence. He agreed that great attention should be paid to the circumstances of the children after birth, but he thought we ought to begin with the parents. If children were born with a low vital capacity they would be more liable to suffer from unfavourable circumstances after birth.

Mr. JOHN MORGAN read a

CASE OF ULCER OF THE LOWER PORTION OF THE ILEUM, COMMUNICATING WITH THE BLADDER.

A gentleman, aged sixty, having been much in tropical climates, but without having had severe dysentery, in March, 1862, first complained of a fulness in the left groin, which, though undefined for some weeks, increased in the following six months to a considerable size. It was attached posteriorly, painful on handling, and seemed to interfere with the functions of the bowels, which, from having been generally relaxed, became unusually torpid. In April, 1863, he began to pass fæces by the urethra, at first slight in quantity, but soon the whole intestinal contents were discharged through this channel. Under the pain and irritation thereby produced, the health soon gave way, and he died six months after the first appearance of fæces in the urine. A post-mortem examination showed that the tumour had quite disappeared. On opening the abdomen the ileum was found dilated into a large pouch, for an extent of five or six inches, when within a short distance of its junction with the colon. The coats of the intestine were attached firmly to the inner wall of the abdomen and also to the bladder, and an ulcer, the size of a sixpence, was found opening directly into the bladder, at the fundus of this organ. No other spot of ulceration was observed in any other portion of the intestine.

Mr. MOORE had seen one case somewhat like that related by the author, but the excreta took the opposite course. The bladder was hypertrophied, and very little fæces passed by the urethra, but were returned into the bowel. In this case, too, life was more prolonged, and the patient ultimately died of red softening of the hemispheres of the brain. There was greater suffering than occurred in any form of disease except cancer.

Dr. JOHN CLARKE said that the reading of the paper reminded him of two cases, in one of which there were adhesions of the descending colon and bladder, but no opening in the bladder. Death took place from peritonitis, and at the autopsy the walls betwixt the colon and bladder were found to be as thin as tissue paper.

Mr. CURLING said the case related by Dr. Clarke differed from the one related by the Author, as in such a case had perforations actually occurred relief might have been afforded by opening the colon in the loin.

PARISIAN MEDICAL NEWS.

PREPARATIONS OF NARCEIA.

M. Cl. Bernard has shown that narceia is one of the most important ingredients of opium, and he stated, in his communication to the Academy of Sciences, that MM. Debout and Béhier had tested its efficacy in the human subject.

M. Debout took it himself in the shape of a syrup, prepared as follows :—Narceiæ, gr. iv. ; syrupi, ℥x. ; acidi acetici, q. s. The narceia is dissolved in a few drops of the acetic acid, and each table-spoonful of the syrup contains about one-sixth of a grain of the alkaloid. M. Debout began with one table-spoonful and gradually increased the quantity to three and a half table-spoonfuls, morning and evening. At this dose the sedative and hypnotic properties of the drug are much more marked than those of morphia or codeia, and induce sound sleep, unattended with dreams, and no headache is experienced on awaking.

M. Béhier exhibited narceia, at La Pitié, to fourteen patients, twelve of whom were affected with tuberculosis and two with chronic diarrhœa. In twelve cases the medicine was given in pills, and was twice administered in hypodermic injections; the solution was injected in drops and contained equal proportions of water and of the active ingredient. Each pill contained one-sixth of a grain of narceia. At first three pills were prescribed every night at intervals of two hours, but the dose was gradually increased to fifteen and even twenty pills. The remedy promptly checked diarrhœa and allayed the cough and expectoration. M. Béhier opines that narceia is, in every respect, a more convenient remedy than morphia ; it causes neither headache nor constipation, but when exhibited in doses exceeding one grain, slightly interferes with the excretion of the urine. This disadvantage, also observed by M. Debout, would appear referable to circumstances which this gentleman expects he will soon be able to counteract.

TREATMENT OF ASTHMA.

Botanists have failed in acclimatizing in Europe the *Lobelia inflata*, a common weed in the United States, and M. Favrot recommends the use of the tincture made as follows with the American leaves :—

Macerate ℥iv. of *lobelia* for a fortnight in *alcohol* ℥xxx. ; drain off and filter the solution. The dose is half a teaspoonful daily in a four-ounce mixture, in the early stage of the paroxysms of spasmodic asthma. M. Barallier has also prescribed this preparation in pulmonary consumption for the purpose of allaying dyspnœa, and he remarks, that the results were invariably satisfactory, except when pulmonary emphysema existed as a complication.

The fumes of unsized and nitrated paper have also been often found useful in asthma. But certain particles of the paper escape combustion and induce cough and sneezing, and M. Guyot-Dennecy proposes as a substitute, in the 'Journal de Médecine de Bordeaux,' the fresh leaves of the white mullen, of digitalis, of borrago, or of comfrey, which are wide and tomentous, after twenty-four hours' maceration in a solution containing one-tenth of their weight of nitrate of potash. When the leaves have been dried in an oven, they burn without evolving any pyrogenic fumes or any vapour calculated to cause inconvenience.—'Journal of Practical Medicine and Surgery.'

FRENCH REGARD FOR POLAND.—The Minister of Public Instruction has just made known to the rectors of the different faculties of the kingdom that by the Emperor's wish Polish students should be admitted to all lectures without fees.

UNIVERSITY OF LONDON.—The following is a list of gentlemen who passed the late M.D. Examination :—John Wale Hicks, B.A., B.Sc., St. Thomas's Hospital ; James Usher Huxley, King's College ; Henry Thomas Lanchester, St. Bartholomew's Hospital ; John Nicholas Miller, University College ; Walter Moxon, Guy's Hospital ; Philip Henry Pye-Smith, B.A. (Gold Medal), Guy's Hospital ; Thomas Stevenson, Guy's Hospital.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 28, 1864.

THE MEDICAL COUNCIL AND THE AMENDMENT OF THE MEDICAL ACT.

The Branch Medical Council for England met on Friday last, and that for Scotland met on the same day. At the meeting of the Branch Medical Council for England, although for technical reasons no specific resolution was passed, the subject of the proposed amendment of the Medical Act was fully considered. We have much pleasure in announcing that the most cordial unanimity exists among the members of all the branches as to the necessity of amending the Medical Act, more particularly in relation to the 40th clause; and whatever differences of opinion may have formerly existed, they are now reconciled. We believe that it is intended to take immediate steps in the forthcoming Session of Parliament to procure such an alteration in the existing Act as will render any assumption of Medical titles on the part of unregistered and unqualified persons punishable by law. The resolutions already passed by the Branch Council for Ireland, which we noticed last week, are substantially the same as those which will be submitted to Parliament. In pursuing their present course, the Medical Council deserve, and will no doubt receive, the general support of the Profession, who are deeply interested in the present movement, which, while not aiming at the impossible object of suppressing quackery, is intended to effect the separation of the quacks from the Medical Profession by such a distinct line of demarcation, that the public can no longer be deceived as to who are the true men and who are the rogues.

A RETROSPECT OF THE YEAR 1864.

At the termination of the year it is an interesting and not an unprofitable task to cast a glance backwards, and to consider the past course of events, wherever they deserve notice either as an encouragement or as a warning for the future. The year just elapsed, although it presents no very remarkable features to the practitioner of Medicine, is by no means barren of incidents which are of more or less importance to the advancement of our art or the maintenance of our social position.

From the great Parliament of the nation we have never, as a Profession, received much consideration, owing, no doubt, mainly to the fact that we have never had any efficient representation in that assembly. The House of Lords, it must be said with regret, reckons among its members many of the most prominent votaries of quackery, and scarcely any who vindicate or defend the legitimate interests of Medicine: while the House of Commons also abounds in the quack-patronizing element, and gives but a feeble and unwilling support to measures calculated to advance the dignity or respectability of our Profession. The Parliamentary Session of 1864 forms hardly an exception to the general rule, for scarcely a measure was passed or a discussion entertained which had any important bearing on the Art or Practice of Medicine. The slight boon accorded to Mr Griffin, on behalf of the Poor-law Medical Officers, was the recommendation to the Poor-law Guardians to supply the more expensive kinds of drugs at the expense of the ratepayers, which recommendation, by the way, has, we believe, not yet been adopted. The Army and Navy Medical Service have uttered their complaints in vain, and their grievances are still unredressed, although it would be uncandid on our part not to admit that the Indian Medical Service has, indirectly, benefited from a discussion in the House of Commons towards the close of last Session; and that Sir Charles Wood has accorded to this portion of our Professional brethren a measure of justice and liberality for which, whether it has been extorted from him by pressure or granted from better motives, we have equally cause to be grateful.

Turning from the Parliament of the nation to what may be called our own Parliament, namely, the Medical Council, the retrospect of the past year, although not very brilliant or encouraging, is not altogether unsatisfactory or unproductive of good results. There seems to be, amidst much useless talk and the advocacy of special interests, a straining after the attainment of some solid good, and the very opposition and clashing of personal objects and feelings may, perhaps, eventuate in the adoption of measures for the general benefit. By the plan of registration, and one or two successful appeals to the Court of Queen's Bench, ome of the black sheep have been eliminated from our fold, and other delinquents may, possibly, share the same fate when the powers of the Act are better understood, and its provisions put in force with more vigour. The compulsory regulations relating to preliminary education, although not yet adopted in Scotland, have come into active operation in this country, at least in the Metropolis, and the result has been that, while the number of Medical students has been somewhat diminished, in consequence of the weeding out of many who are unfit to enter the Profession, the quality of those commencing their studies has very much improved, and we may entertain the most satisfactory expectations of the class of young men who are now aspiring to join our ranks.

The British Pharmacopœia, on which the Medical Council has been engaged ever since the passing of the Medical Act, at last made its appearance in the early part of the year just passing away. We ourselves never formed any extravagant anticipations of this long-expected volume, and on its publication we bestowed upon it no eulogistic rhapsodies; but, on the other hand, knowing the difculties which must have been encountered by its compilers, we refused to join in the shout of censure and depreciation which succeeded its first eager and enthusiastic reception. That we were not ignorant or unmindful of its defects is sufficiently proved by the numerous articles we have published on its contents, which articles have, we believe, done very much in familiarizing the Medical pub-

lic with the features of the new Pharmacopœia, and with the alterations which have been made as compared with former books of the same nature. If those who indulged in unmeasured detraction of the book had taken the same pains as ourselves to master its contents, they would, probably, have come to the same conclusions as we did, namely, that, considering the difficulties of the work, and the urgent necessity for its accomplishment, the British Pharmacopœia is a great improvement on all its predecessors, and that it is the duty of all Medical practitioners to unite in endeavouring to adapt their prescriptions and formulæ to the arrangements it sets forth. Notwithstanding the attacks made upon it, the British Pharmacopœia has stood its ground, as we predicted that it would, and no intention exists of recalling the present edition or of substituting a second, until the period has arrived when the existing volume requires revision in the ordinary course. At the same time we wish to guard our readers against the supposition that we regard the book in any other light than as an attempt to harmonize pre-existing pharmacopœias, and to place the art and principles of British pharmacy on a satisfactory and uniform basis.

Thanks to the extensive adoption of sanitary measures, or to the peculiar, though mysterious, operation of meteorological laws, we have been visited but little in Great Britain by epidemic scourges during the past year. Scarlet fever has, indeed, been prevalent in certain localities, and in some instances has shown itself in its most destructive aspects: and small-pox, although much mitigated in its severity, has developed itself in a sporadic form, as if to indicate that its virulence has not yet worn itself out, and to rouse the dormant vigilance of those who have the power to abolish this pestilence altogether by enacting suitable laws in relation to vaccination. In reference to meteorology in connexion with the prevalence of ordinary disease, it is worthy of notice that, although the past summer was an unusually fine and dry one, the ratio of sickness and mortality was above the average, thus showing that, in all probability, the seeds of disease are neutralized by a moist condition of the atmosphere, but roused into fatal activity under the opposite condition.

Turning from the contemplation of physical to that of moral disease, we remark, that a blow, though not yet a severe one, has been struck against that fearful system of indecent quackery and its associated iniquities of plunder and extortion which have too long disgraced our age and country. The detection, exposure, and punishment of two disreputable, but by no means leading members of the infamous gang of obscene quacks, was brought about, not by virtue of any laws relating to the Medical Profession, but by the ordinary laws of the country, set in motion by a victim who had been plundered of considerable sums, and threatened with exposure if he did not contribute more. Some previous attempts, made to punish the obscure quack fraternity, by the operation of the Medical Act, had entirely failed, owing partly to the incompetence of those who took the matter in hand, though we doubt very much whether the results would have been different, however skilfully the prosecution might have been conducted. At present, all we can say on the subject is, that although two insignificant quacks of the indecent advertising school have been sent to the treadmill, the system of indecent quackery, allied as it always is with extortion and robbery, flourishes as vigorously as ever. As we write with a daily newspaper before us (and most of the cheap papers are equally culpable), we find the advertising columns profusely seasoned with the prurient announcements made by the quacks to allure their victims; and so long as newspapers lend themselves to this vile purpose, so long will the infamous trade flourish among us.

The grim destroyer, Death, has this year been less busy than usual with our ranks, at least in our own country, but the casualties of war and the virulence of epidemic disease in some of our colonial possessions have swept off some of our brethren in the military service, and have shown that they, as well as the so-called combatant officers, are alike exposed to the perils of military life. At home, some of our body have been gathered to their fathers at a ripe old age; others, like Professor Miller, of Edinburgh, have been struck down in the midst of their career; and others, like the lamented Mr. Price, of King's College Hospital, and Dr. Kirkes, of St. Bartholomew's, have been swept away almost before they arrived at the full maturity of their powers, and before they were able to gather even a portion of the harvest which they might expect to reap from their labours.

For ourselves, in closing our editorial labours for the year, we have little to say, except to state that every promise we made at the commencement of the year has been by us faithfully and punctually performed. We look back upon the pages of the MEDICAL CIRCULAR for the year 1864 with a feeling of satisfaction, unmixed with regret, except that the imperfection of human powers prevented our accomplishment of all that we might have hoped or intended. In wishing our readers a happy New Year, we feel that we deserve their good wishes in return, as our objects, kept steadily in view, have been to advance as far as lay in our power, the interests of Medical Science and to uphold the dignity and honour of our Profession.

LEGAL INTELLIGENCE.

NORTHERN CIRCUIT.—LIVERPOOL, DEC. (*Before Mr. Justice* BLACKBURN *and a Special*

PRYCE AND WIFE *v.* BOWEN.

This action was for negligence by a Medical man treatment of a broken arm.

Essex Bowen, the defendant, was the first witness for the defence, and proved as follows:—I am a Fe the Royal College of Surgeons, and a Doctor of M of St. Andrews. I had considerable experience Thomas's Hospital. I was assistant-surgeon to th Artillery, and served in the Crimea during the whol received a Crimean war-medal with two clasps, and Sardinian war-medal. I have been hon. surgeon to Infirmary, and am at present surgeon to Bir Hospital. The witness then stated that he was call see Mrs. Pryce on the 16th of December, 186 minutely described the mode in which he had trea He said, that though a simple fracture it was a se

loose fracture. He denied having placed his hand in a "prone" position; he placed it in a "semi-prone" position —*i.e.*, with the thumb upwards. He attributed the present want of power to rotate the arm in part to the glueing together of the bones.

Edwin Robert Bickerstaff, honorary surgeon to the Liverpool Infirmary, said that Mr. Bowen's treatment, as described by him, was a correct and proper mode of proceeding. He would have done the same. He said he had lately examined the arm. The bones were not united or glued together, though they were certainly united by intermediate tissue in a manner not natural. He attributed this to the severe inflammation that the arm had undergone. This witness explained what had previously been a difficulty in the case. He said that when a broken arm was set, it was not uncommon to raise the arm to a level with the shoulder for that purpose; the arm should then be properly in a prone position, but when lowered to the side of the patient it would be in a semi-prone position.

James Long, hon. surgeon to the Liverpool Infirmary, and James Hakes, hon. surgeon to the Northern Hospital, were next called, and stated that they agreed with the opinions expressed by Mr. Bickerstaff.

John Flynn South stated that he had been for thirty years surgeon to St. Thomas's Hospital, and had also been Professor of Surgery to the Royal College of Surgery; that he was a member of the Council and Board of Examiners, and had been twice President of the College. He was present at the defendant's examination for the fellowship; he had passed a remarkably good examination. He agreed that Mr. Bowen's treatment, as described by him, was perfectly proper. He had examined the arm, and he described the condition in which he had found it. The bones were not united; that is to say, there was no bone union. He had himself been able to move them slightly. He attributed the present state of the arm to sloughing, which was not due to the defendant's treatment at all. He thought Mrs. Pryce might easily be mistaken as to the position of the arm.

His Lordship, in addressing the jury, said all that a professional man undertakes to do is to take reasonable care and to exercise reasonable skill. In this case there could be no imputation of a want of careful attendance, but the question was, had he used reasonable skill? That he had skill seemed plain, and why he should not use it did not appear.

The jury almost immediately returned a verdict for the defendant.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:—William Clement Daniel, Heath House, Commercial-road; Charles William Dawson, York; Warren Edger, Kirkby-Stephen, Westmoreland; Edward Cresswell Haden, Dudley; George Jackson, Plymouth.

The following gentlemen also on the same day passed their first examination:—Chaston Benjamin Gowing, Guy's Hospital; Henry Wm. Alex. Mackinnon, King's College Hospital; John Raby, St. Thomas's Hospital; Robert Gear Roper, St. Bartholomew's Hospital; Joseph William Smith, King's College Hospital: Frederick Henry Ward, St. Thomas's Hospital.

UNIVERSITY OF LONDON.—SECOND M. B. EXAMINATION, 1864: EXAMINATION FOR HONOURS.—*Medicine:* First Class, Palemon Best (scholarship and gold medal), University College; Thomas Fairbank (gold medal), St. Bartholomew's Hospital, ; Edward Lloyd Harries Fox, University College; Charles Albert Hingston, St, Bartholomew's Hospital, and Henry Law Kempthorne, King's College, equal. Second Class, William Carter, Charing-cross and St Thomas's; Edward Casey, King's College; John Harward Hooper, St. Thomas's Hospital; and Frederick Simms, King's College, all equal. Third Class, John Albert Nunneley, Leeds and Guy's Hospital; Ebenezer Ludlow, St. Bartholomew's Hospital.

Midwifery: First Class, E. L. H. Fox (scholarship and gold medal), University College; John Jones Phillips (gold medal), Guy's Hospital; Thomas Fairbank, St Bartholomew's Hospital. Second Class, Henry Law Kempthorne, King's College; Charles Albert Hingston, St. Bartholomew's Hospital; Edward Casey, King's College; William Carter, Charing-cross and St. Thomas's; John Harward Hooper, St. Thomas's Hospital. Third Class, Ebenezer Ludlow, St. Bartholomew's Hospital; John Albert Nunneley, Leeds and Guy's Hospital.

Forensic Medicine: First Class, Edw. Ll. H. Fox (scholarship and gold medal), University College; Thomas Fairbank (gold medal), St. Bartholomew's Hospital; William Carter, Charing-cross and St Thomas's. Second Class, Edward Casey, King's College; Henry Law Kempthorne, King's College. Third Class, Frederick Symms, King's College; Charles Albert Hingston, St. Bartholomew's Hospital Ebenezer Ludlow, St. Bartholomew's Hospital.

MEMORIAL TO THE LATE DR. KIRKES.—On Saturday week, a meeting was held in the College Hall of St. Bartholomew Hospital, when it was unanimously resolved that a public subscription be raised among the friends and former pupils of the late Dr. Kirkes, to provide some fitting memorial of his excellence. It was agreed that this memorial be a gold medal, to be given yearly to the student who shall pass the best examination in the diagnosis and treatment of Medical cases in the wards of the hospital. Dr. Andrew kindly consented to act as Treasurer, and to receive subscriptions, which may be sent to him at the College of St. Bartholomew's Hospital, or to Mr. Callender or Mr. Maberly, also at St. Bartholomew's Hospital.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—This Society has received a handsome present of £150 from Mrs. Penn, at the hands of W. Owen Lucas, Esq., of Taunton-place, Regent's-park. We learn that this Society has just ordered the payment to fifty-two widows and twenty-one children of its deceased members their half-yearly grants, amounting to £1,100, the largest sum it has ever reached.

NORTH STAFFORDSHIRE INFIRMARY.—A movement is in progress for the decoration of the walls of this institution with a selection of interesting pictures. Many of the friends of the infirmary have contributed towards the project, and it is expected that this desirable object will be immediately carried out.

A TESTIMONIAL, in the shape of a very handsome claret jug and fish knife and fork, was presented to Dr. Odling, at the International Hotel, London-bridge, on the 30th ultimo, by the students of Guy's Hospital, as an expression of their high appreciation of his services as Professor of Practical Chemistry for many years, and to commemorate the good feeling which existed between him and them on their separation.

JUNIOR MEDICAL SOCIETY OF LONDON, DEC. 14TH.—Mr. Sutcliffe (Charing-cross Hospital) read a paper on the "Division of the Ciliary Muscle." After discussing the relative merits of this operation and that of iridectomy, he pointed out the advantages of the former on account of its simplicity; that the arteries are not wounded to such an extent, and consequently the escape of blood into the anterior chamber is not so great; also, that it does not disfigure the eye at all. Mr. Sutcliffe related cases in which sight had been lost for some time, and in consequence of the great pain the operation was performed for the purpose of affording relief; in most of these the vision was partially restored, and in one case of severe glaucoma, in which the sight was entirely lost, it was completely restored by the operation. A long discussion followed, in which Messrs. Freeman, Howse, White, Travers, &c., took part; after which the members retired to the board room, in which Mr. Steward, of the Strand, had arranged some very good microscopes and objects interesting to Medical students. Mr. O. W. Berry was in the chair.

MEDICAL RETIRING ANNUITIES.—The six annuities granted by the Bengal Annuity Fund to Medical officers retiring from the service have been granted to the following

gentlemen :—Drs. John McClelland, Dickson, G. Paton, A. McCrae, W. Pitt, and W. Martin.

CHLOROFORM IN AMERICA.—The latest details of cases and statistics (those from America, 1862) prove incontestably the safety of a simple handkerchief. This is stated to show that we must look in some other direction for the cause of accidents, as they are, unfortunately, just as frequent with inhalers as without. In this memoir, read by the leading obstetric professor in America to the Academy of Medicine at New York, the superiority, and possibly the safety of chloroform, as compared to ether, was admitted, even in general practice. The true value of ether, I now believe, is as an anæsthetic in reserve ; to be given alternately with chloroform, if the operation, such as ovariotomy, is long, or the pulse fails. There was something additionally instructive in the fact that, after considerable experience of ether in midwifery (the favourite anæsthetic in America), the Academy gave an undivided preference to chloroform ; more especially in cases of rigid os uteri, what we have elsewhere termed exhausting labour with agonising pain, instances of eclampsia and undilating perinæum most particularly of all ; but in inversion, and exhausting labours in other patients, ether seemed slightly preferable. In one case of marked mitral regurgitation, the labour pains " absolutely powerless," it was thought that ether acted better than chloroform. Doubts were expressed as to the advisableness of anæsthetics after or during the bleeding of placenta prævia ; for an additional reason, probably correct, that where blood-vessels are emptied by such bleeding, absorption of the chloroform is very much increased. The chloroform then, as expressed by one speaker, " takes like a lightning flash "; so, at least, it occurred in some cases of convulsions with hæmorrhage, where chloroform was given immediately after venesection ; the woman stopped breathing as if dead, though ultimately recovering very well. One of the speakers had taken chloroform himself " thirty or forty times ; had given it to his nearest friends and relatives ; and at all ages, from a child of thirteen days up to the most advanced periods of life." He had given it in extensive heart disease, also with entire safety. He was rather inclined, however, to fear hæmorrhage and syncope than anything else. Of forceps cases, he cited sixty-nine, as only a small part of his practice, which succeeded unusually well with chloroform ; and in a proportionate experience of convulsion and version patients, he expressed a belief in chloroform as " the most precious agent " of modern practice. Another speaker referred in similar terms to eighteen cases of forceps operations and fourteen of version cases under chloroform, and he was " fully persuaded that no one should attempt them without having recourse to anæsthetics "; he did not approve of the latter, however, in craniotomy. He had not witnessed post-partum hæmorrhage ; and he believed labour, on the average, was shortened by a judicious exhibition of chloroform.—DR. KIDD'S Work ' On Chloroform.'

BEQUESTS.—Some seasonable bequests have been made to the following Medical charities under the will of the late Joseph Underwood, Esq., of Hyde-park gardens, who has. bequeathed 200*l.* to the Cumberland Infirmary, and 200*l* to the Norfolk and Norwich Hospital. Miss Maria Harman' of Calverly Lodge, Tunbridge Wells, lately deceased, has bequeathed 50*l.* to the Dispensary of that place, and nineteen guineas each to the Maidstone Ophthalmic Hospital, the Brompton Consumption Hospital, and the Eye Infirmary.

MEDICAL CORONER FOR THE LEOMINSTER DIVISION OF HEREFORDSHIRE.—The following circular has been issued to the members of the Herefordshire Medical Association : —" Dear Sir,—As a vacancy has occurred in the office of Coroner to the Leominster division of this county, I shall probably offer myself as a candidate. The very valuable serv ces of Dr. Lankester and others who have so much advanced Medical science and statistics by their researches —whilst at the same time, the special duties of their office have been performed with acknowledged efficiency—have apparently excited general interest, and a considerable portion of the public seems convinced of the advantages accruing from the appointment of Medical coroners. If favoured with your support, it will be my earnest study to prove myself worthy of your confidence.—I am, dear Sir, yours faithfully, GEORGE KEMP, M.D. Cantab., Fellow of the Cambridge Philosophical Society. Hereford, December 12, 1864."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 28.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; Great Northern Hospital, Caledonian road, 2 p.m. ; University College Hospital, 2 p.m. ; London Hospital, 2 p.m.

THURSDAY, DEC. 29.—*Operations* at St. George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Surgical Home, 2 p.m ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; Royal Institution, 3 p.m.—Prof. Frankland, " On the Chemistry of a Coal." (Juvenile Lectures.)

FRIDAY, DEC. 30.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 31.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Royal Institution, 8 p.m.—Prof. Frankland, " On the Chemistry of a Coal." (Juvenile Lectures.)

MONDAY, JAN. 2.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 3.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

An Effectual and Simple Remedy for Scarlet Fever and Measles. By Charles Witt, M.R.C.P., &c. Fourth Edition. London: Trubner and Co., 60 Paternoster row.

Functions and Diseases of the Stomach. Part I.—Sea Sickness: its Nature and Treatment. By John Chapman, M.D., &c. London: Trubner and Co.

Varicose Veins: their Nature, Consequences, and Treatment. Palliative and Curative. By Henry T. Chapman, F.R.C.S. 2nd Edition. London: John Churchill and Sons, New Burlington street.

Acupressure,—a New Method of Arresting Surgical Hæmorrhage and of Accelerating the Healing of Wounds. By James Y. Simpson, M.D., &c. Edinburgh: A. and C. Black.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

ERRATUM.—In our last number, by a typographical mistake, the initials Ds. (or Dominus) prefixed to the names of the gentlemen who passed in the Natural Sciences Tripos at Cambridge were misprinted Dr. It is almost unnecessary to state that, by some accident, the misprint was not submitted to editorial supervision. The ' Lancet ' of last week has made an exactly similar mistake in printing the list.

THE INDECENT ADVERTISING QUACKS AND THE PRESS.—We are happy to learn that many of the newspapers have resolved to decline, for the future, to open their advertising columns to the vile purposes of the advertising quacks. All respectable men should cease to allow the newspapers which still contain these indecent announcements to enter their houses.

MR. BALMANNO SQUIRE'S paper shall appear next week.

DR. STURKEY'S paper shall also appear next week.

WE have to apologise to many of our correspondents for the necessary postponement of their communications, owing to the length of our Index.

